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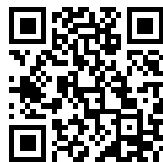
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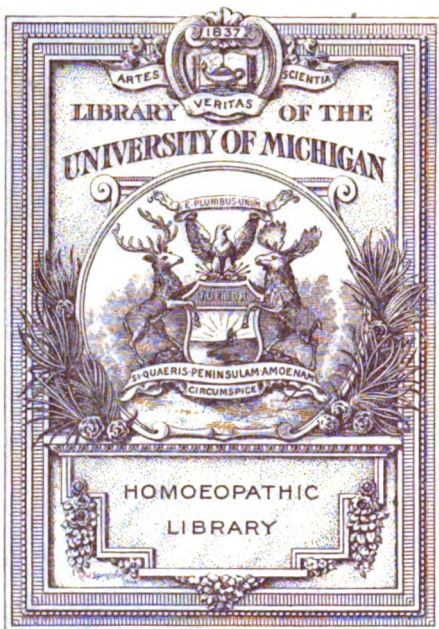




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**THE  
MONTHLY HOMŒOPATHIC REVIEW.**



75  
**THE**  
**MONTHLY HOMŒOPATHIC REVIEW**

**EDITED BY**

**ALFRED C. POPE, M.D.,**

**AND**

**D. DYCE BROWN, M.A., M.D.**

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THE MONTHLY  
HOMŒOPATHIC REVIEW.

OUR JUBILEE.

THIS year, 1906, we attain our JUBILEE. It is a thing we are proud of, as it is not every Medical Journal that can boast of its existence for fifty years, the first number of the *Monthly Homœopathic Review* having appeared in the year 1856.

The aim of the *Review* has been, and still is, to advance homœopathy in every possible way. We have been, and still are, an independent journal, tied to no Society or Institution, and thus are free to express our opinions and views without feeling that we are bound to modify them in deference to any body of men. In doing so, however, we endeavour to voice, as accurately as possible, the views and aims of the homœopathic section of the profession, giving thus not individual ideas, but those of our colleagues in general, and so guiding the sentiment and feeling of the homœopathic body. In thus acting, we try to further the cause of homœopathy, to stand up for its importance, and for the essential truth of the Law of Similars, which we believe to be the greatest therapeutical law ever brought to the knowledge of the profession, and which is not only true theoretically, but stands the daily test of practice. For it stands to reason that any theory of medical treatment, however clear and beautiful in idea, is worthless unless it

answers to the practical test of success in every-day prescribing. This we know to be the case ever since HAHNEMANN'S enunciation of the law down to the present day, and this is our chief *raison d'être*. Our great law in therapeutics has made its way steadily, notwithstanding the virulent opposition it created and still creates, not only in the minds of the public, but also in that of the profession in general. We find now that the old abuse has gone, the statement that homœopaths were either knaves or fools, or both, has been given up, while many in the old school are personally as friendly as possible, and would be so professionally also if they dared. An amount of pure homœopathy is now believed in practically by the old school, and adopted largely, without, however, any open confession that we are in the right, or any acknowledgment of the source of their novel information. Many know very well what that source is, but they are afraid to say so. Still the fact remains that a much wider belief in the Law of Similars and of consequent action on it in practice exists at the present day in the ranks of our opponents than was the case fifty years ago, and it only needs the courageous action of a few leaders in the old school to say what they think without let or hindrance, and without fear of consequences, to induce many to follow their example. Meanwhile everyone is afraid of his neighbour, and of possible consequences. Homœopathy has thus widely leavened the old school, while its practice of to-day is as different from what it was fifty years ago as light from darkness, and this is all due to homœopathy, directly and indirectly. On this we can as a body congratulate ourselves, and feel confident that we have only to wait patiently, and fight for homœopathy manfully and confidently in order to reach the goal, which must come into view, namely the universal recognition of the truth of the Law of Similars, and its open adoption without fear of being tabooed. We fancy that the sturdy advocacy of the *Review* has had a good deal to answer for in attaining this temporary result. We find that in the last fifty years, every one of HAHNEMANN'S views and principles have made their way, and are now admitted by the old school. Not only the belief in, and the use of the principle, though unacknowledged, but the small dose—a corollary from the Law—the single remedy, the efficacy

on the diseased body of the minute dose, the value of symptoms as a picture of the disease and a consequent guide in therapeutics, the more correct notion of what disease really consists of, and what we have to aim at in curing it, the individualizing of patients instead of treating them as routine collections of disease, the importance of constitutional affections causing local disturbance—all these points brought forward by HAHNEMANN, and in their day, and till quite recently, laughed at, are now seen by the old school to be correct, though unacknowledged as to their source, but brought out as new and original ideas. Fifty years of our *Review* have seen and marked all this progress in the right direction.

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We are often told that our *Review* contains too much surgery and general medicine, and too little of pure and simple homœopathy. To this we reply that our *Review* is the leading journal in the homœopathic school, and that the columns of all old school journals are closed to us. The *Review* therefore must fill its own place, and publish papers, written by homœopaths, on surgery and on general medicine, as well as those on pure homœopathy. We aim at making it the leading medium of publishing such papers, and so making it the *vox* of the homœopathic branch of the profession, whether it is read by the old school or not, and we intend to continue this line of action for the benefit of all concerned. We further give an account of anything of interest that happens in connection with all homœopathic hospitals and dispensaries in this Empire, and of anything throughout the world bearing on homœopathy. In fact, we aim at being a journal which shall in every possible way advance homœopathy, and take away the heart-burnings which would otherwise arise when excellent papers are written by homœopaths, and refused admittance into the old school journals.

Such have been for the last fifty years, and still are, our aims and aspirations. Whether we succeed or not is not for us to say, but we leave the verdict to our readers. We do our best, and can do no more, but having done so, we are quite content to let the result be judged by those who read our pages. All the editors have conducted the *Review*

from a pure love of the cause, and a desire to spread a knowledge of homœopathy in the widest sense, without any remuneration save the reward of knowing that they have done their best for a cause in which they are not afraid to say they are enthusiastic, and which is bound some day to triumph.

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Our readers may not think it amiss if, in our Jubilee year, we give a short sketch of the history of the *Review*. This may be a matter of common knowledge to the seniors of the profession, but may not be so well known to those who are rapidly taking the place of others who retire from practice, or who have gone to join the majority.

The *Review* was founded in 1856 by the late DR. OZANNE, a physician of the highest culture, and one full of confidence in the truth of homœopathy. His eyesight failing, however, within a year, he was compelled to desist from editorial work, and it seemed, for a little while, as though the *Review* would have its life cut short thus early in its career. This, however, was not to be. DR. CHAPMAN took hold of it, and he, by DR. ATKINS, of Hull, was induced to introduce DR. RYAN, then living in London, as its editor. DR. RYAN was a comparatively recent convert to homœopathy, and thus but little known to homœopathic practitioners. Consequently, in conducting the *Review* the assistance he received from them was only small. For the work, no one better qualified could have been selected. Abounding in learning, classical, literary, and scientific, DR. RYAN had at one time been the editor of the *Medical Gazette*, he had been on the staff of the *Morning Chronicle*, the *Illustrated London News*, and several other papers. Between 1840 and 1850 he was the Lecturer on Physical Science at the Polytechnic, and was by far the most successful, most attractive lecturer that ever occupied that position. Several of his pupils, SIR FREDERICK ABEL being among them, attained considerable distinction. DR. RYAN afterwards succeeded MR. SMITH, of Sheffield, in a large general practice, and from thence edited the *Review* for five or six years, under very great difficulties. For several years before he asked DR. POPE and DR. BAYES to share the management with him DR. POPE had done what he could

to help him by contributing articles, signed and unsigned. In 1865, however, finding the burden greater than he could bear single-handed, DR. BAYES and DR. POPE were asked to join him in the editorship, and from that time to the present day DR. POPE has been the leading editor of the *Review*. Four years later DR. MADDEN, the revered father of our colleague at Bromley, Kent, added greatly to the strength of the *Review*, and from his pen many valuable articles appeared. Subsequently both DR. BAYES and DR. MADDEN retired, and for a time DR. RYAN and DR. POPE were the sole editors. For a comparatively short period DR. HERBERT NANKIVELL added his strength, and on his resignation, DR. DYCE BROWN, in January, 1876, joined DR. POPE as joint-editor, since when he has remained on the staff. During that long period there has never been a word of disagreement, both editors seeing eye to eye in every detail. For about three years, 1880 to 1883, DR. ARTHUR STODDART KENNEDY assisted them in the work, after which the other two joint-editors once more stood alone.

In 1889, when DR. POPE had completed twenty-five years of editorial work, it was felt by the profession generally that, having had no remuneration save the pleasure of toiling in a good cause, and making his influence to be largely felt for the benefit of homœopathy in every way, he ought to have some tangible recognition of his long and arduous labours. A purse of 344 sovereigns was therefore, in June 1889, tendered to him for his acceptance. A most gratifying address, illuminated on vellum, and bound in Russian leather, signed by ninety names, was proffered to him.

In the same year, as DR. POPE had resolved to retire from the active management of the *Review*, DR. EDWIN A. NEATBY joined the editorial staff, and remained on the staff till the Spring of 1902, when he resigned. His aid in the active management of the *Review*, which fell largely into his hands, was much appreciated by his colleagues, and by their readers, but not being in very good health at the latter part of this time, he found the work too great. To ease him, a fourth editor, MR. C. J. WILKINSON, was appointed, from whose labours much benefit accrued to the *Review*. But in December, 1901, he also resigned, leaving DR. POPE and DYCE BROWN once more to stand alone as

joint-editors, and by them the *Review* is now conducted, with, it is to be hoped, acceptance on the part of our readers, and we fondly trust, approval. Such is a short sketch of the life of the *Monthly Homœopathic Review* up to the present time, and of the fifty years of existence.

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Having said as much of ourselves as our readers will care to know, we once more, at the beginning of 1906, wish them every happiness and prosperity for the New Year. Homœopathy has made steady progress during the past year. Every institution connected with our grand cause, not only in Great Britain, but all throughout the Empire, has been in a highly satisfactory and flourishing condition. The London Homœopathic Hospital, the great centre of homœopathy for the Empire, is able to show a most efficient state of affairs, professionally, thanks to the activity and zeal of the medical and surgical staff; and financially, thanks to the liberal generosity of the Board of Management and to its numerous friends who support the cause with enthusiasm. In the early part of 1905 the expenses connected with the development and growth of the new Hospital, and the very prominent position which surgery had come to take, involved the expenditure, for several years back, of £3000 annually more than the income. Using the reserve funds to meet this outlay, found the Hospital, in the Spring of 1905, in the perilous position of being £12,000 in debt, and the annual income far behind the expenditure in amount. The Board of Management rose to the occasion, made a very vigorous and determined effort to raise the necessary £12,000, and we rejoice to say have succeeded in clearing off the entire debt. The invested funds, which had to be drawn upon to that extent to meet the alarming expenditure, can now be replaced, and the anxiety of the Board and the staff relieved. We congratulate the authorities of the Hospital, and all who so generously and liberally contributed to attain this result. The other Homœopathic Hospitals in the kingdom, though always in need of funds, manage somehow to make ends meet, and so carry on the good work.

The British Homœopathic Association has been most active and alive. There is no doubt of the existence of a

revival in homœopathy in the United Kingdom, a sort of renewal of life. Matters had previously got into an easy-going phase of existence, opposition was less keen, and our colleagues were falling into the mistake of enjoying a quiet life, sliding down with the stream. Such a course spelt retrogression in the end. The formation of the British Homœopathic Association, and its strenuous and well-supported work, brought about what was wanted, namely, a revival of enthusiasm, and a firm determination to leave no stone unturned to further the cause of homœopathy, and to fight for it in a truly militant attitude. It has had the great and inestimable advantage of being supported strongly by the public, who are most of all interested in the spread of the truth. Its work is admirable, but involves on the part of its officials much hard work. This hard work is now given freely and with enthusiasm by them, resulting in healthy activity, and, of course, strength. Its record for the past year is excellent, and we wish it increased progress and development in order to keep homœopathy well to the front in the profession.

The British Homœopathic Society, and the other Homœopathic Medical Societies of the kingdom, all show renewed and increased vitality and energy, while the Annual Congress at Hastings in the past year was a great success. Altogether, wherever we look at homœopathy and its representative institutions, we find in the past year ample ground for congratulation, and we are sure our readers must agree with us.

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We thank our numerous contributors once more for aiding us in sending valuable papers for publication. We should be glad of contributions of cases, not in themselves rare, but of an ordinary type, such as is met with frequently in general practice, where the curative effect of homœopathic medicines is shown, and where the indications for them are clearly pointed out. Such cases are very teaching in their effect, and would, we are sure, be appreciated by our readers. They are really much more valuable as teaching items than rare cases are. The more detailed they are in symptoms, and in the explanation of the reasons why certain medicines are prescribed, the better. In fact,

mere "bones" of cases, with the name of the medicine ordered, are comparatively valueless. Such cases must be at the disposal of all, and we know that the practitioners who meet with them are apt to think that, being ordinary ones and frequently met with, they are of no interest. This is a great mistake, and if sent to us for publication, we are sure that they would be appreciated, especially by the junior members of the profession, who want the aid of teaching cases to help them in their work, and to show them how to prescribe.

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We have again the pleasure of thanking DR. BLACKLEY for his kind aid in translating French and German articles from the foreign journals when they seem likely to be useful; also DR. GOLDSBROUGH for his unfailing short reports of the proceedings of the British Homœopathic Society; and DR. MACNISH, who now has kindly agreed to translate any articles from Spanish and Portuguese journals that he may consider worth reprinting.

We can seldom conclude our survey of the past year without having to notice with much regret the loss by death of members of our body. Our list is by no means a large one in 1905, we are thankful to say. DR. EUBULUS WILLIAMS, of Clifton, was removed from us at a ripe age and after a long and honourable career, and was much respected by all who knew him personally; DR. LOUGH, formerly of St. Leonard's, was taken from us by the sad and sudden capsizing of a boat on an Irish lake, just after he had recovered from a period of delicate health, and was preparing to resume practice; and DR. EDWARD BLAKE was stricken down by illness which proved fatal at the age when so many men give way. Among laymen we noticed with regret the loss of MR. FREDERICK CLIFTON, of Derby, MR. JAMES EPPS, Junr., of Norwood, and LORD GRIMTHORPE, all enthusiastic supporters of homœopathy. We are thankful that our list is so small, as we have said, and we trust that 1906 will be kind to us, as we can ill afford deaths in our ranks, or in the case of prominent laymen. While thus concluding our article in the minor key, we look forward with bright prospects to a New Year, and all that it is likely to bring to us and our Grand Cause.



## THE LONDON HOMŒOPATHIC HOSPITAL.

In our issue for April, 1905, we drew attention to the state of the finances of the London Homœopathic Hospital. We then informed our readers that the annual expenditure at the Hospital had for some years been £3,000 over the income. We further pointed out that this had not been due to any mismanagement on the part of the Board, but simply and solely to the increased cost of working the Hospital, in all its necessary medical and surgical details, on the lines which the new Hospital, the increasing cost of living, the extra staff of nurses, and the increase and development of surgical work involved.

In order to pay for this greatly added cost, funds that were invested had to be withdrawn temporarily, till the enormous sum of £12,000 had been thus utilized. The hospital could not, it was evident, go on at this pace, and either the money had to be got to reinstate the invested funds, or the hospital must curtail its work to the great detriment of this valuable Institution of London, and to that of homœopathy in general. An appeal was sent out by the Board of Management, strongly backed by the medical and surgical staff, with the result that the whole of the large sum asked for has been obtained. We must warmly congratulate the Board, the medical and surgical staff, and the numerous friends of the Hospital on their magnificent success. The members of the Board have been exceedingly generous and liberal in their personal donations, showing their enthusiasm for the institution over which they preside, and their estimate of the value of the Hospital to homœopathy, and to the patients there treated. Were it not for this, and the knowledge that the patients could not get the benefits of homœopathic treatment anywhere else in London—that is, real and true scientific treatment,—the effort to raise the money must have failed. The details of some of the very handsome gifts promised will be found in the leading article of the April number of the *Review*, which the Board considered as so likely to further the appeal, that they asked to have it reprinted and circulated widely. We therefore are proud to think that the *Review* had some little hand in enabling this huge sum to be raised. It is a result which all who have interest in the Hospital's progress and well-being may well look back

upon with pleasure and pride, knowing that once more the funds, temporarily withdrawn from investments, can be replaced as they were before.

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But, as we had to point out in strong and forcible terms, this difficulty must not be allowed to occur again. Generous donors will, if it did, get disheartened, and think that their money has been simply thrown away, and that the Hospital is no better for all they have done, except for the time being. They will, in consequence, get tired of appeals for large sums of money, which will not be readily subscribed.

The only true plan, as we pointed out, was, after raising the funds necessary to recoup the invested funds, and so once more to place the Institution on its legs, to take steps to increase the annual income of the Hospital so that it shall meet, or nearly so, the increased expenditure. We gave certain suggestions for accomplishing this essential problem, a problem which must be taken in hand with earnestness and at once, in order to make ends meet. Most of these suggestions, we are glad to learn, have been under the consideration of the Board; some are already put into operation, and others are still being "sat upon," the Board watching the effect of what they are doing.

First, the *increase* of the annual subscriptions; those who give already being asked to double, or at all events, decidedly increase the sums already donated. This very essential project, which if fully carried out and accepted by the subscribers as the right course, would in itself be sufficient to enable the annual income to meet the required expenditure. We are glad to learn that this course has been so far successful, and close on £700 extra has been obtained annually.

We also suggested that a letter should be sent to each donor to hospital funds, putting before them the inadvisability of dividing their hospital donations, giving a comparatively small sum to various hospitals other than the Homeopathic, so lessening, from very good and otherwise laudable sentiment, the value of one large donation, and thus letting the only Hospital in London where the patients can have homœopathic treatment starve. If the

income of the London Homœopathic Hospital were once secure, we would be the last to stop the donations to other hospitals. But first of all it ought to be a matter of conscience to see that the only Homœopathic Hospital in London is maintained as it requires and ought to be maintained, and that patients should have the benefit of what hospital subscribers value in the treatment of the illnesses of themselves and of their families. It ought also to be not forgotten, but steadily kept in view, that *every other hospital sets its face against homœopathy, and will have nothing to do with it.* If these points were forcibly brought to the consideration of those who subscribe small sums to our Hospital, and several similar small sums to other hospitals, we feel sure they would see the pith of our contention, and act accordingly. The Board have not yet taken steps to bring this point to the front, but we hope they will see their way to do so, as the result of our suggestion would go far to place the London Homœopathic Hospital on a really sound financial basis.

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We also suggested the increase of the "Registration fee" of one shilling for out-patients. This at present yields about £800 per annum, which, if doubled, would yield twice the sum at present obtained. There might be a little grumbling at first, but it would soon be taken as a matter of course, and the experience of Provident Dispensaries goes to show that patients are quite willing and glad to pay two and sixpence a month for homœopathic treatment. The Board have not yet decided on this point, but we understand that they still have it under their consideration.

We likewise suggested that the in-patients, on account of the saving at home during the stay in the hospital, the saving of the expense of surgical and medical advice, and of operations, might be charged half-a-guinea, or even more according to circumstances. This also we are glad to learn has been so far acted upon by the Board. The patients are not charged so much, but on admission, a printed letter is given to each, suggesting that they should give to the hospital for the benefit of others what they can afford, or think right. This course has already yielded

about £80, and the Board are watching the result before taking any further steps, if necessary, to ensure an adequate acknowledgment on the part of the in-patients of the benefits they have received.

Lastly, we suggested that one or two wards at present occupied by in-patients should be transformed into wards for the reception of paying patients, for which there is a persistent demand outside. This is also being, we understand, considered by the Board, but no definite steps have yet been taken in the matter, as it is thought desirable that other plans should be tried before resorting to this expedient.

We see, therefore, that the Board are fully alive to the necessity of somehow increasing the annual income of the Hospital, and are watching the effect of the various schemes put into operation.

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In our former article we stated that a joint committee of the Board and the medical staff were going over in careful detail every item of expenditure in the hospital, but that they had not then finished their investigations. We understand that the result obtained by them is, that while very little of the expenditure can be cut down, there are certain economies that can be effected, with the result that nearly £600 can be saved, and we learn that by the end of the year, when accounts will be finally made up, the saving may come nearly to £700.

We are pleased to hear that from the King's Hospital Fund, which in past years has only given £200—a sum far less than the Hospital ought to have—the sum of £400 has been allocated to us this year. This increase, which it is expected will be still further added to in coming years, is largely due to the energetic influence of the EARL CAWDOR. His Lordship, who is Treasurer of the Hospital, is well-known for his devotion to the cause of homœopathy, and for his energetic and active help whenever it is required. And we understand that it is chiefly him we have to thank for obtaining double the sum that was got before, and we do thank him warmly for this renewed kindness.

It must be also remembered that now that the funds,

formerly withdrawn from investment to meet the annual deficit, have been, or are soon going to be, replaced, the interest accruing therefrom will still further increase the annual income, an element which of late has vanished automatically, though necessarily. The gift from both the Hospital Sunday, and the Hospital Saturday Fund has also been increased this year, and, with sundry other funds which will be available, we learn that the annual income of the Hospital will, in future, be increased to close on £2,000. This leaves about £1,000 of prospective deficit annually, instead of £3,000.

It is very satisfactory to have to record all these facts for a beginning, but we sincerely trust that the Board will leave no stone unturned to make the income fully balance the expenditure in the future.

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## CHILDREN'S DEPARTMENT LONDON HOMŒOPATHIC HOSPITAL.

### TYPICAL CASES BRIEFLY RECOUNTED.

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

Physician in Charge.

**CASE I. *Acute Lobar Pneumonia.***—Florence S., age 1½. Admitted Nov. 13th, 1905, with a cough and pyrexia; herpes on upper lip. Physical examination revealed nothing definite. Acon. 3x and Bry. 3x alt. 2 hours. Nov. 16th. To-day I found a patch of dullness on right side below the nipple, with characteristic tubular breathing. T. 104·4. Admitted to Barton Ward. Nov. 17th. Well-marked tubular breathing. Acon. 3x, Phosph. 3, alt. 2 hours. Nov. 20th. Temperature fell to-day by crisis to sub-normal, having till now remained steadily 104-105; general condition much better, and redux crepitations heard over the lowest right lobe. Phos. 3. Convalescence was now uneventful.

**Remarks.**—This was a typical example of acute lobar pneumonia, and from the temperature chart and disturbed pulse respiration ratio could have been diagnosed. Convalescence is the usual result, and prognosis is far better than in broncho-pneumonia, which is much more commonly met with.

CASE II. *Congenital disease of the heart.*—Mary M., age  $2\frac{1}{2}$ , was kindly sent to me by Dr. Cronin on Nov. 16th, 1905. The parents told me that whenever the child exerted herself, she became blue, and got short of breath. *Physical Examination.*—A very nervous child; the thorax was badly formed, showing at the lower part a well-marked transverse sulcus. The cardiac impulse was very visible, with a marked systolic thrill, and over the whole præcordial area was a loud systolic bruit, heard also at the back. The point of maximum intensity was just to the left of the sternum towards the lower end.

*Remarks.*—These cases are amongst the saddest we meet with. Here was a charming little girl, who, when sitting still, appeared to have nothing amiss, but every exertion distressed her. It is impossible to say what the exact lesion was; probably an incomplete closure of the foramen ovale, associated most likely with some other defect. The older the child grows the more distressing the heart symptoms become. These children are prone to bronchitis and pneumonia, and never attain adult life. I have another girl attending now with chronic bronchitis resulting from congenital heart disease. She is about 12 years old, and I expect she will not survive the winter. Cactus 1x seems to do most to relieve, and an absolutely quiet, protected life.

CASE III. *Enlarged tonsils.*—George T., age 5. Admitted Nov. 6th, 1905, with a cough, tightness on the chest, and enlarged tonsils. Physical examination showed a furred tongue, very large tonsils, and scattered bronchial râles in the chest. The eyelashes were very long. Pulsat. 3x and Glycerine of Hydrastis to paint tonsils. Nov. 16th. Much better; no cough; tonsils reduced in size; is able to blow the nose now, whereas he could not before. Continue treatment.

*Remarks.*—Enlarged tonsils can generally be reduced by medical treatment, as in this case, although at first they seemed to block the pharynx. It is only in exceptional and neglected cases that removal is necessary, especially where they are causing symptoms, e.g., mouth breathing and impeded respiration, deformed chest, deafness, otitis, etc.

CASE IV. *Tubercular disease of bone.*—Winifred B., age

1 $\frac{1}{2}$ , a bottle-fed baby, was admitted July 20th, 1905. Mother had been attending every day at the Tottenham Hospital, "Where they kept on operating and gave no medicine." The left hand showed signs of the disease since Christmas. On examination the second finger of left hand was found to have been amputated! There were two sinuses leading down to the fourth metacarpal bone, which was diseased, and carious bone was felt by the probe. There was also a tubercular nodule on the outer aspect of right foot. Silica. 12 ter., Tuberc. 30 weekly. Sep. 21st. Tubercular nodule on right foot disappeared, and only one sinus on left hand. Very marked improvement. Oct. 4th. Improvement continues; some swelling and redness of left hand, which was now put up in a sling. Nov. 9th. Very great improvement; sinus healed on left hand; for last two weeks had offensive diarrhœa.

*Remarks.*—This is an example of a class of cases which do remarkably well under homœopathy, whereas the old school has nothing to offer but the knife, as in this case. No doubt had the child been brought to us in the first instance the finger need not have been amputated. I can recall a similar case. A child suffering from subcutaneous tuberculous nodules was being treated at the Hospital for Sick Children by having these nodules excised; the mother for same reasons brought the child to us, and in a short time all these nodules melted away under treatment.

CASE V. *Congenital Syphilis and Cranio-Tabes.*—Arthur L., age 5 $\frac{1}{2}$  months, was a 1 $\frac{1}{2}$  child and breast fed (another child died in the London Homœopathic Hospital of posterior basic meningitis). It was crying continually (July 13th, 1905) as if in pain, and the bowels were relaxed and green; 3-4 motions in 24 hours. There was marked cranio-tabes over both sides of the skull, besides the characteristic physiognomy. Cham. 12. July 27th. Left otorrhœa. Bowels still 3-4 in 24 hours. Merc. Sol. 6. Aug. 10th. Otorrhœa continues. Silica 30. Aug. 24th. Motions not so good, green and slimy. Merc. sol. 12. Sep. 7th. Cranio-tabes less marked. Syphilinum 200 weekly. Sacch. lact. Oct. 4th. Rep. and calc. carb. 30. Nov. 16th. Much better; skull ossified well; still snuffles at times, and blood and mucus comes down the nose. Cough bad. Bry. 3x; continue syph. 200 weekly.

*Remarks.*—This is an instance of another all too common class of cases. Although miserable and repulsive enough, it is astonishing how well they do very often, after long, patient treatment. We now give the nosode syphilinum to nearly all these cases, in weekly doses ; it certainly helps the use of intercurrent remedies which may be indicated from time to time. A history of syphilis in the patients is never offered (obviously) and never asked for ; the mothers who usually bring the children seldom *appear* to be syphilitic. If a diagnosis cannot be made from examining the child, no help is to be expected from the parents.

CASE VI. *Hemiplegia following a fit.*—Fanny D., age 2, came to us on Oct. 5th, 1905. She had been fed at the breast till  $\frac{1}{2}$ , and after that bottle fed. The teeth came late. Last Christmas she had a "convulsion fit" and lost the use of the whole of the left side—face, arm, and leg. She was put to bed at 9 p.m. as usual (late hours !), and at 12 had a severe fit, which lasted 5-8 minutes. She continued unconscious during the week after, and the left side was found paralysed. She was taken to St. Bartholomew's Hospital, and remained there 7 days. When we first saw her, she was very rickety, anæmic, and flabby, with only twelve teeth. There was much sweating about the head, and the anterior fontanelle admitted the finger-tip. The left arm and leg were paralysed with rigidity, the hand was flexed, and the arm rotated in, the leg rigid, with talipes varus and marked drawing up of the inner border of the foot. Massage was ordered for the limbs and calc. carb. 6 given for the rickets. Oct. 19th. Continue, and arnica 30 weekly.

*Remarks.*—This is fortunately an unusual accompaniment of a convulsion, for considering how many infants suffer from convulsions, more or less severe, permanent damage to the brain does not often follow. In this case most probably a small hæmorrhage occurred in the Rolandic area of the right hemisphere. The prognosis as regards the life of the child is unaffected by the lesion, thus differing altogether from hemiplegia of adult life, and due to arterial degeneration. As regards the recovery of power in the limbs there is little prospect ; the tendency will be for the contractures to increase, and the paralysed parts will not keep pace with the sound side of the body in growth. The rickets will be cured.



CASE VII. *Ascarides*—Rosetta D., age 2, was brought to us on Sept. 28th, 1905. A weak, miserable child, with poor appetite but no definite physical signs. She had previously been under treatment at the Hospital for Sick Children. Cina. 3x. Oct. 12th. Nux V. 3x, sulph. 3, cina. 3x, each for 1 week thrice daily. Nov. 2nd. Constipated. Bry. 3x. Nov. 16th. Appears much better, more lively, and brighter. Last medicine seems to have improved her wonderfully. Bry. 3.

*Remarks.*—Many children suffer from a chronic catarrh of the gastro-intestinal mucous membrane, and little wonder when we reflect upon the various foods they eat. This condition of mucous catarrh predisposes the parasites and forms a nidus in which they flourish. The above medicines are most efficacious in the treatment.

CASE VIII. *Cardiac debility*.—Chas. B., age 6, was admitted on June 15th, 1905. Last Easter he had varicella, followed by abscesses and profuse perspirations; he became faint after food. He was thin, with a long chest, scattered ronchi, enlarged glands, and bad teeth. The skin was delicate and cheeks flushed. Dr. Tyler, who first saw him, prescribed Tub. 200, weekly, and sacch. lact. June 29. Cough was bad, still had fainting sweats, and the urine was turbid and offensive, but contained neither albumin nor sugar. Headaches in the morning. Calc. phos. 3, and Tub. 200. July 13th. Very much better. No headaches or cough or vomiting. Still perspiring about the head, and goes faint, but not completely off. Treatment was continued till Oct. 16th, when he came with no faintings, and was feeling very much better. Nov. 16th. Only had one attack of pallor since last visit, and that followed on some excitement and romping with other children. Continue Calc. P. 3.

*Remarks.*—There are many rapidly-growing children, and others who have been debilitated by severe illness, who suffer from cardiac weakness, irregularity of pulse, and fainting attacks. Children very easily faint, and irregularity of the heart is common. These patients require great care extended over a long time for complete recovery.

CASE IX. *Pulsatilla in general mucous catarrh.*—Elizabeth S., age 4, first came on Oct. 5th, 1905, suffering from vaginal discharge, and naso-pharyngeal catarrh. Her

appetite was poor and her disposition very nervous. The chest was well formed. Pulsat. 3x. Oct. 19th. Much better; continue pulsat. 3x. Nov. 2nd. Took a fresh cold, yellow discharge streaked with blood from the nose. Vaginal discharge nearly gone. Sepia 30 was prescribed, but on Nov. 6th she was worse, passing lumps of mucus per rectum. She had pain in the hypogastrium, especially after coughing. Repeat pulsat. 3x. Nov. 16th. Very much better; passing no mucus now per anum; nasopharyngeal catarrh ceased, and also the vaginal discharge for the last three days. Eats much better. Continue pulsat. 3x.

*Remarks.*—This case illustrates the action of pulsatilla, which was so well indicated, covering as it did the totality of the symptoms. When the treatment was interrupted and sepia 30 given, a relapse resulted.

CASE X. *Tubercular glands (suppurating).*—Lilian H., age 2, came on Feb. 5th, 1904, with very large glands on each side of the neck behind the sterno-mastoids. On the right side they were suppurating. Hep. S. 3. Feb. 26th. Abscess opened. Continued Hep. S. March 11th. Silica 12. June 10th. Silica 30. July 1st. Silica 30, and Tuberc. 200, weekly. July 4th. Merc. I. 2x, and Pyrogenium 30 m ii daily. July 22nd. Large abscess formed and opened. Hep. S. 6, and Tub. 30. Sep. 19th. Still discharging, and glands can be felt enlarged under the sterno-mastoid. Silica 30, and Tuberc. 30. May 11th, 1905. Abscess opened. July 6th. Appetite poor. China 3x, and Tuberc. 30. July 20th. Silica Fluoride 12. Nov. 16th. Doing very well. Scars only now to be seen, and very little disfigurement. C. Fluorica 12, and Tuberc. 200.

*Remarks.*—Treatment in these common and chronic cases always requires much patience, but in the end the results are better than when the glands are removed surgically. We occasionally get these cases showing long scars with the disfiguring transverse stitch marks. The disease has not been eradicated from the system, for it will happen that some glands which have escaped the surgeon's knife later on take on inflammation and suppurate. Tuberculinum 30 and 200 plays a most useful rôle in all tubercular lesions.

(To be continued.)

REVIEWS.

*The Claims of Cheese as an Article of Diet, both for the Robust and for Invalids.* By FRANCIS T. BOND, M.D., B.A. Lond., F.R.S. Edin., Medical Officer of Health to the Gloucestershire Combined District. The Sanitary and Economic Association, Gloucester, 1905.

THIS pamphlet is well worthy of publication, and Dr. Bond has done well to publish it. There is great ignorance, even among the medical profession, as to the digestibility and the dietetic value of cheese. So often one hears from patients that it does not agree with them, and that they cannot digest it. This is due largely, as one will find by cross-questioning, to the addition of cheese to what is popularly termed a "good dinner," and of course, when the stomach is full to repletion with more than is good for it, indigestion results, and the blame is put on the cheese. We have found that cheese, when taken in a proper or common-sense way, is easily digested, and forms an excellent article of diet, replacing with much benefit the usual albumin of meat. Patients who are fond of cheese are often debarred from its use on account of its supposed indigestibility, and are quite glad when they are allowed to have it in a rational manner. It would be well if our professional colleagues, and the general public as well, would get Dr. Bond's pamphlet, and discover how really valuable, nutritious and digestible an article of food sound, well-made cheese is. Were it more employed, and recommended by our colleagues, the industry of cheese-making in England would get a much needed revival. As Dr. Bond says in his preface, "He will feel the more gratified if the plea on behalf of the claims of cheese should have any effect in reviving an industry which was for many years one of the most remunerative branches of British agriculture, but which an unfortunate combination of circumstances is fast consigning to the list of decadent occupations. It is not many years since Great Britain reckoned cheese among its most valuable exports; it is rapidly becoming one of its leading food imports. And yet there is no country in the world in which better cheese is or can be made." This consideration, is of course, secondary to its use as an article of diet, but the one condition of knowledge insensibly re-acts on the other.

*The Physician's Diary and Case Book for 1906.* London :  
Keene & Ashwell, Ltd.

WE have received a copy of the above from Messrs. Keene & Ashwell. It is a most useful book for every doctor to have in his consulting-room, and we cordially advise every one of our colleagues to possess a copy. There are nine lines for every day in the year, three days for each quarto page, and two hundred blank pages for details of cases for which there may not be room in the daily short record. We find also the usual general, postal, and other information which is helpful for reference.

## MEETINGS.

### BRITISH HOMŒOPATHIC SOCIETY.

THE third Meeting of the Session 1905-1906 was held at the London Homœopathic Hospital, on Thursday, December 7th, 1905, at 8 o'clock, Dr. A. E. Hawkes, President, in the chair.

#### SECTION OF GENERAL MEDICINE AND PATHOLOGY.

A paper was read by Dr. Madden, of Bromley, entitled, "A short account of four cases of Ulcerative Endocarditis, with remarks on the Nauheim Bath Treatment taken at home." of which the following is an epitome :—

Case I. came under treatment in June, 1899, and gave a history of rheumatic fever and influenza. Six weeks later ulcerative endocarditis was diagnosed. The patient's temperature often rose to 104, and rarely fell below 100. Injections of nuclein, ℞ 10, and antistreptococcus serum produced no good results, and the hectic fever continued unabated till the patient's death in January, 1900.

Case II. had a congenital aortic and mitral deficiency, and in March, 1904, after an attack of influenza, the cardiac weakness increased considerably. She was treated more or less like a consumptive going through the "open-air cure." The disease ran a long course, the patient being rarely conscious of being seriously ill, beyond feeling weak.

Case III. The patient thought she had strained her heart cycling, about three years ago. She had a loud mitral systolic bruit, with considerable dilatation and very feeble contractions. On examination of her blood, streptococci were found. For eight days antistreptococcus serum was injected, but it did

no good, and she died five months after the onset of the influenza.

Case IV. The patient was short, fat, and emphysematous, with a somewhat feeble and probably fatty heart. She had collapsed after nursing her husband through a fatal attack of pneumonia, and definite evidence was found of her having been infected with her husband's pneumococci. A loud mitral systolic sound appeared, and a general condition of a typhoid character, until she gradually sank.

It could be seen at once that in all these cases the heart had been previously weakened, the first three owing their origin, undoubtedly, to the infection of influenza.

It is only recently that baths artificially made to imitate the Nauheim Waters could be obtained in the homes of patients with the same results as at Nauheim. Of twenty-four cases which had undergone Nauheim treatment, seventeen were treated in this country (six in their own homes) with equal benefit. One, a man aged seventy-four, suffered from dilatation and attacks of angina. He took eighteen baths, with resisting exercises, etc., at the end of which the transverse heart dullness was greatly reduced, and he had nearly four years of useful life, with comparative freedom from heart trouble. In the cases of two ladies, both had dilated hearts with myasthenia cordis and were liable to attacks of heart failure, and in both there were anginaform pains. In each the improvement in health has been most satisfactory.

It needs no argument to prove that in many cases it is much better to carry on this treatment at home. The treatment at home can be done at any time, whereas at Nauheim it is only available for five months in the year. Then again, the patient saves considerable expense, a long journey, remains among his friends, and is surrounded by those with whose language he is familiar, continues to have the food and cooking he is accustomed to, and he remains under the care of his own doctor, who probably understands him better than a complete stranger could do.

In the analysis of the Nauheim water a definite quantity of chloride of barium is found, and this is not added to the preparation used at home. As this salt is decidedly homoeopathic to heart weakness, Dr. Madden had found it an advantage to give *bar. mur.* in 3x tablets to patients going through the course.

Dr. Byres Moir, of London, then presented a paper entitled, "Slow Pulse in Youth," of which the following were the chief points:—

Bradycardia or slow pulse is occasionally met with in adults,

but a similar state of the pulse is not infrequent in youth, especially during rapid growth. There is little doubt that slow pulse, with the feeble circulation that accompanies it, would be found to be the cause of many cases placed in the large class of "children feebly gifted mentally."

Some years ago a public-school boy was brought to Dr. Moir. He was described as apathetic, indifferent, and dull. Heart sounds were clear. Pulse varied from 54 to 60, general circulation very bad. He was ordered to live in the open air and to have daily gymnastic exercises under a Swede. Three months later he had increased five pounds in weight and was bright and active.

In another case the patient, also a boy, had fainted several times and was said to have had a true attack of epilepsy. Chest development very poor, heart sounds clear, pulse 54, very low tension. Open-air life and careful physical exercises were ordered with the best results. His improvement was so great that the instructor allowed him for the first time to pull himself up by the rings, with the result that he suddenly collapsed.

Dr. Moir had had several cases of bradycardia in adults in which epileptiform attacks occurred; in one of which the attacks ceased when the bradycardia passed away.

Another case was that of a long weedy boy who was always tired and slack. His height at fourteen was just under six feet. Heart sounds clear, pulse 48, and it often fell to 44. The advice given was much the same as above, and a few weeks ago it was satisfactory to find him an active, energetic young giant, with an increase of four-and-a-half inches chest development. Pulse varying from 50 to 60. A slow pulse is frequently found in tall men. Where this is the case they certainly require great care during the time of rapid growth.

Dr. Moir emphasized the point that with slow pulse there are associated general feebleness, both mental and physical, and there may be also tuberculosis and epilepsy.

Dr. H. E. Deane followed Dr. Moir in a short paper entitled, "Notes on Pulse Rate after Exercise," which was illustrated by diagrams and pulse-tracings.

The three papers were discussed together by Drs. Hawkes, H. Nankivell, Blackley, Roberson Day, E. A. Neatby, Stonham, Midgeley Cash, Frank Watkins, Burford, Jagielski, and Granville Hey, and replies were made by the readers of the papers.

NOTABILIA.

BRITISH HOMŒOPATHIC ASSOCIATION.

THE Annual Meeting was held on December 12th, 1905, at the town house of J. P. Stilwell, Esq., J.P., Sir George Wyatt Truscott (one of the Vice-Presidents of the Association) in the chair.

Letters of regret at non-attendance were received from Dr. A. C. Pope, W. Willett, Esq., Henry Manfield, Esq., J.P., Joseph Howard, Esq., M.P., etc.

The minutes of the last meeting were then read by the Secretary, put to the meeting by the Chairman, and adopted.

The Chairman next called upon C. W. A. Stewart, Esq., Hon. Secretary of the Association, to read the Annual Report.

ANNUAL REPORT.

The educational measures started in 1903, and which the last report showed to have been considerably advanced, have in this, the fourth year of the Association's existence, moved on a stage further towards the goal of perfection, which, even if it be not quite attainable, it is well to try to approach as nearly as possible.

PROFESSIONAL WINTER LECTURES.

In the year now past, as in the previous one, a course of lectures on Homœopathic Materia Medica was carried out during the Winter session at the Association's room in Regent House. These lectures are conducted in as informal a manner as possible, being intended for mutual improvement, and not merely the cut and dried communication of facts. Questions are asked and ideas exchanged, so that whether student or expert, one has some benefit to receive or to confer, and a more intimate knowledge of that vast subject, the Homœopathic Materia Medica, is thereby further assured. The language in which suffering humanity makes its wants known can never be too well understood. As in the previous year, Dr. Clarke and Dr. Stonham were the lecturers.

The winter course carried out at the Hospital last year was not repeated in the period under review, as expenditure had to be cut down somewhere to allow of expansion in other directions.

LECTURES BY PROFESSOR NASH.

It having come to the knowledge of the Education Committee that Professor E. B. Nash, of the New York

Homœopathic College, contemplated a visit to England, and that, if asked, he might be willing to give some lectures while over here, the Committee lost no time in placing themselves in communication with him. As a result Dr. Nash undertook to deliver five lectures during his visit; the first three, having as their respective subjects, "Our Materia Medica," "How to Study Materia Medica," and "Comparative Materia Medica," were given on May 8th, 10th, and 12th, in the picturesque old Hall of Clifford's Inn, whither the doctor's known attractive style and able handling of his subject brought a large audience of attentive listeners. The remaining two lectures, on "Antipsorics, with Comparisons," and "New Remedies: How to Study them," were delivered on May 15th and 17th, at the London Homœopathic Hospital, and were fully appreciated. The members of the Committee are to be congratulated on having secured, even for so short a time, the services of one of the ablest exponents of Homœopathy, reputed in the United States as a teacher and well known in Europe by his writings.

#### CONSULTATION DAYS.

Another special feature of the year's work was the revival at the Hospital of the Consultation Days in vogue years ago. Friday in each alternate week was set apart for that purpose during the summer session, and medical men outside the Hospital were invited to bring cases of interest which they might care to exhibit or upon which they would like an opinion. This was most successfully carried out, no effort being spared to render the consultations as instructive and as useful as possible, and the interest they evoked was very great. To Dr. James Searson, who acted as Hon. Secretary, is due the credit of the arrangements.

#### WEDNESDAY LECTURES.

Wednesday lectures, instituted last year, and which were greatly appreciated, were resumed during the past summer session on alternate weeks with the consultation days. The first was delivered by Dr. Nash on May 17th, as already stated, and scarcely second in point of interest was that on "Some Phenomena of Blood Intoxication, and their Indications for Therapeutic Treatment," given by Mr. Dudley Wright as the result of his painstaking research in the laboratory of the British Homœopathic Association. A number of other important lectures were given by eminent medical men from the provinces.



### A SUMMER COURSE.

A summer course in Homœopathic Therapeutics, beginning in the middle of May and continued through June and July, was given by Dr. Dyce Brown on Tuesdays and Fridays in the room of the Association.

### MISSIONARY COURSE.

The course for the training of Missionaries to foreign parts in elementary medicine and surgery, started last year, has been continued with even greater success than before; the names of as many as twenty-five students appearing on the books of the school for 1905. The growing numbers would seem to indicate that in the establishment of educational facilities in this direction, the Association is doing what is necessary to satisfy a want that has long been felt. The successful establishment and conduct of the school is chiefly due to the initiative, the enthusiasm, and the untiring energy of Dr. Neatby.

### THE LADIES' SCHOLAR.

Another new feature in this year's programme has been the awarding for the first time of the scholarship provided by the Ladies' Branch of the Association for post-graduate training in Continental Schools in the subjects of Gynæcology and Diseases of Children. The first scholar to be appointed was Dr. Granville Hey, who in May left for Vienna, where, during his stay of three months, he attended full courses in the University in these special subjects. Dr. Hey, in addition, revived British acquaintance with the leading homœopathic physicians in Vienna, and we have been promised some interesting communications from him touching his recent Continental experiences.

### THE DUDGEON SCHOLARSHIP.

The Dudgeon Scholarship, named in the honour and to the memory of the late Dr. Dudgeon, who fought so well with his pen for homœopathy, confers that thorough homœopathic training which is at present to be obtained only by a visit to the United States of America. For the second time the Association has sent thither a student to reap the advantages offered by the excellent schools on the other side of the Atlantic, to bring us new ideas and to further cement the friendship between homœopaths in the two English-speaking countries. Dr. Frederick William Hayes, of Leeds, was this year the chosen scholar, and proceeded in August to Philadelphia, fully accredited to the Academic authorities

of that city, where he is at present engaged in following out a systematic course in homœopathic theory and practice.

#### THE INTERNATIONAL CONGRESS.

In Atlantic City, New Jersey, will be held in September, 1906, the International Homœopathic Congress, to which the different Homœopathic Societies are each invited to send their delegates, and the Council, feeling that the Association should be in evidence, have nominated as its representatives Dr. Burford, Dr. Clarke, and Dr. Roberson Day.

#### RESEARCH WORK.

The research work, commenced more than a year ago by Mr. Dudley Wright, is still being carried on under his able direction. Some of the results, as already noticed, were communicated by him in a Wednesday lecture, and these with other facts obtained will shortly be published, forming a monograph of original work of the highest scientific value. The whole of the research undertaken has, in accordance with the rule of the Association, been carried out entirely free from the practice of vivisection.

#### DRUG PROVING.

Drug proving, undertaken with the purpose of arriving at an exact knowledge of the action of medicinal agents, is one of the objects of the Association, and a beginning was made this year by proving the drug *Colchicum* with all the precision with which modern scientific investigation is possible. The work was carried out by the voluntary co-operation of most of the staff of the London Homœopathic Hospital, Dr. Neatby and Dr. MacNish acting as secretaries, and, when charts and tables are fully prepared, it is intended to proceed to publication.

#### HOMŒOPATHIC LITERATURE.

Last year was published and circulated by the Association an important work by Dr. Dyce Brown, intended for professional reading and entitled, "The Permeation of Present-day Medicine by Homœopathy." Further copies have since been judiciously placed among allopaths, with the result that there have been some requests for further literature, and, in a measure to meet this demand, the Council have requested Dr. Burford to permit them to publish a portion of his presidential address entitled, "*Similia Similibus Curentur*," as a fitting corollary and sequel to Dr. Dyce Brown's work. But the Association, though mindful of the Profession, have

not forgotten that it is necessary to make things plain to the public, and with that object in view, they have commissioned a member of the medical profession to write a popular treatise in explanation of homœopathy, setting forth its facts and possibilities in the most lucid manner attainable and in a style that will afford agreeable reading to all those who care to inform themselves. Besides the further circulation of Dr. Dyce Brown's work, thousands of copies of last year's reports have been sent out.

To the Editors of the *Homœopathic Review* and the *Homœopathic World* are due the best thanks of the Association for the publicity given in their journals to its work and activities during the past year; and to Mr. J. M. Wyborn it owes a debt of gratitude for the opportunities he has so very kindly given for the free circulation of its announcements by means of the professional press.

#### FINANCIAL ASSISTANCE TO HOSPITALS AND DISPENSARIES.

Financial assistance to Hospitals and Dispensaries, wherever situated in the United Kingdom, is one of the reasons for the existence of the Association; therefore, when it became known to the Council that the Leicester Homœopathic Cottage Hospital was £38 in debt, they promised to give pound for pound for any sum up to £20 that might be raised locally. This offer, made on the principle of helping those who help themselves, had the desired effect of encouraging local endeavour, to the extent that, in a few months time, the full amount had been gained, and in this way the debt was more than wiped out.

Still further afield, the hand of the Association was stretched out to help into being a Dispensary in Southport, where the enthusiasm and energy of Mrs. Von Stralendorff, Honorary Secretary of the Ladies' Northern Branch of the Association, had created sufficient interest in homœopathy to make it possible to attempt such a thing. Asked for its support, the Association undertook to pay for the first year, £12 10s., half of the salary of the Secretary, and to guarantee the rent for a like period. This guarantee, it is however hoped, may not be necessary to carry out, but that sufficient funds may be raised locally to cover all expenditure. The Dispensary was opened on November 1st by Dr. Cash Reed, of Liverpool, who with Dr. Simpson had done much to help things forward.

Nearer headquarters the London Homœopathic Hospital was straining every nerve to replace depleted capital and to increase the amount of its annual subscriptions; and, though

the act might seem rather like that of an infant endeavouring to help an adult, the Association determined to do what it could to assist so important a factor in homœopathy, and for this purpose instituted "A Thousand Guinea Fund," to be raised within three years in aid of the Hospital. An appeal to this end was widely circulated among the friends of homœopathy, and has resulted in a first instalment of £325, which was paid on the 9th of December to the Hospital. Here attention may be drawn to the fact that the Association has always regarded the Hospital as affording the means for clinical instruction in that all-important part of its programme, medical education, and for this reason it is a necessity to the Association. The Council therefore again earnestly bring this fund to your attention in the hope that the full sum may be available to the Hospital as early as possible. If each member of the Association would contribute a guinea, the thing would speedily be done; it would be a very good Christmas offering to make.

If the Hospital be a necessity to the Association, the Association is equally, though perhaps less directly, a necessity to the Hospital. Subscribers do not live for ever, nor are doctors, however skilful, immortal; and, if efforts are not made to replace the veterans by recruits, it is evident, to the meanest capacity, that the ranks will in time disappear, and the fighting power will have gone. To carry out a propagandism, to bring in recruits, is not the work that a hospital can engage in, but it is eminently suited for an association such as ours, and its work is for all homœopathic institutions in the country; it is not their competitor, but their complement.

#### FESTIVAL DINNER.

Following on the last Annual Meeting there was held a festival dinner under the presidency of the Right Hon. the Earl Cawdor, a full account of which was issued with last year's report. It is therefore not necessary here to say more than that this, the first event in the present year, was not only socially but financially a success, as much as £696 10s. 6d. being subscribed during the evening. The credit of the very excellent arrangements leading to so desirable a result is due to Mr. Henry Wood.

#### HAM HOUSE FETE.

The function of the year however was, from the nature of it, the Garden Fete at Ham House. The Council of the Ladies' Branch, intent on making their cause known, and wishing,

if possible, to add to their funds as well as to utilize the experience gained last year, approached Lord Dysart with a view to holding, at Ham House, a function similar to that which they had held in 1904 in the Gardens of the Royal Botanical Society. Lord Dysart, ever mindful of the cause of homœopathy, kindly consented, and permitted not only the use of the grounds, but also threw open the house with its wealth of artistic and historical treasures.

The Fete took place on the 15th July, and was socially a great success, bringing together between four and five hundred of those interested, and, by its publicity, making homœopathy more widely known. A most attractive little brochure by Mrs. Henry Wood, Honorary Secretary of the Ladies' Branch of the Association, served as a guide to what was the great attraction of the day—Ham House and its grounds. Ideal weather, a delightful trip from Richmond by the river, an excellent programme of music provided by the band of the Coldstream Guards, and the songs of a troupe of Neapolitan singers all contributed to a most agreeable and pleasant afternoon.

To Mrs Wood and the ladies who worked with her are due the best thanks of the Association, also to T. Martin Tilby, Esq., whose energy and organizing ability were of the greatest service on the occasion.

#### LADIES' BRANCH.

The members of the Ladies' Branch have, during the year, shown themselves as energetic and enterprising as ever. To their initiative is due the Fete, and to a large extent the carrying out of it. By means of sales of work, balls, and entertainments of various kinds they have added to the fund they have set themselves to raise, and have besides been able to provide the means to send a scholar to Vienna.

#### FINANCE.

During the past two years the only appeals for funds have been, that made at the dinner last December, the one appearing in the last Annual Report, and the special appeal for the benefit of the London Homœopathic Hospital. As a consequence of not further pressing for funds, we have been able to add to capital only £1,000. More than this it has not been possible to set aside, for the income derived from invested funds and annual subscriptions has not kept pace with the development of the work, and until we can considerably increase our income from these sources it will be necessary to discontinue Research Work and Drug Proving; two

important objects in the programme of the Association. It rests with you, the upholders of homœopathy, to make every effort yourselves and in the circle of your influence to bring about such an assured financial position that frequent appeals will be unnecessary. The work of the Association is not limited to any one locality or institution, but is a matter of the utmost importance to the cause throughout the country, and is such as is carried out by no other body. It includes the endowment of a school, assistance to hospitals and dispensaries throughout the kingdom, the enlightenment of the medical profession and of the public in the scientific and economic value of homœopathy, as it is but right that its great benefits and greater possibilities should be widely known. In conclusion, we ask that every one who knows from experience the benefits of homœopathy will respond generously to this appeal by donation to our Twentieth Century Fund, or will at least become a member or an associate of the British Homœopathic Association.

Finally, the best thanks of the Association are due to the auditors, Messrs Crewdson, Youatt, and Howard, for their professional services during the year.

#### TREASURER'S REPORT.

The report of the treasurer (Joseph Howard, Esq., M.P.), was next read by the Secretary.

*December 12th, 1905.*

*Payments.*—Since the date of the last annual meeting the Treasurer has received £2,349 3s. 7d.

*Promises.*—The following amounts still remain to come to hand :—

I. The balance, £1,310 13s., of the Compton Burnett Professorship, £2,050.

II. The balance, £601 10s. 6d., of the endowment of the Travelling Scholarship, £1,500, as undertaken by the Ladies' Branch.

The total of promises, payments, and interest to the Association since its commencement in May, 1902, is £11,046 8s. 11d.

The amount of actual cash received during the last twelve months compares favourably with that of previous years; for instance, the total amount received in 1904 was £3,740 8s. 1d., which included Lord Dysart's donation of £2,000.

The amount of funds invested has been increased by £902 during the past twelve months, but, in order to meet current expenses, it has been necessary to overdraw the account at the Bank to the amount of £500.

*Investments are as follows :—*

Cape of Good Hope	3 per cent	£2,500
City of Cape Town	4 „	£400
Surrey County	3 „	£1,000
Croydon Corporation	3 „	£1,000
National Telephone	6 „	£902

*Certified as correct,*

JOSEPH HOWARD.

*(Treasurer).*

12th December, 1905.

The Report of the Central Committee of the Ladies' Branch, sent by the Hon. Secretary, Mrs. Henry Wood, was next read by C. W. A. Stewart, Esq. A telegram from Mrs. Von Stralendorff was also read, stating the number attending the Southport Dispensary during the earlier weeks of its establishment.

#### ANNUAL REPORT OF THE LADIES' BRANCH.

At the Annual General Meeting of 1904, the Ladies' Branch expressed their desire to send out a scholar each year, instead of waiting, as was first suggested, till the £1,500 endowment was raised. In May last Dr. C. G. Hey proceeded to Vienna, where his work consisted in studying women's and children's diseases; and in 1906 it is hoped to send some suitable candidate to Vienna, Paris, or Berlin, to take up these or similar subjects. The Ladies desire that it should be clearly understood by possible candidates for their scholarship, that the object of it is not so much the commencement of the education of a specialist, as the heightening of the standard of professional education among homœopathic practitioners in general. The Ladies feel that there is such a dearth of homœopathic medical men in the country, that general practitioners would be immensely aided in their homœopathic sphere of influence by the tenure of a scholarship similar to this. The Ladies have in the past year raised £250 (about £75 of which goes to the scholar). They are very anxious to get an additional £50 in annual subscriptions, so as to enable them to place any donations or profit from entertainments, etc., to their capital account. With this view they are going in the course of 1906 to send out an appeal, probably by means of collecting cards, to all ladies interested in the Association, to beg for annual subscriptions of £1 ls. Their capital now stands at £825.

In the North, Mrs. Von Stralendorff has started a dispensary under the auspices of the Association; opened on 1st November, it is doing good work already. Mrs. Von Stralendorff's unfailing energy, capacity for work, and heartfelt

interest in the cause, make her invaluable. If we could get some similar spirits elsewhere we should soon see homœopathic dispensaries, hospitals, and doctors, in every town in England. If any lady desires to start work anywhere, with any of these objects in view, we shall gladly welcome her on our Committee.

Sir George Wyatt Truscott: Ladies and Gentlemen,— I see the first item on the programme to-day has reference to your Chairman. He is instructed first of all to make a speech, which is unfortunate; then he is to move the adoption of the whole of the report, and, secondly, the renewal of the discretionary power to the General Committee for the use of the Association Funds (other than those actually invested) for current work.

Well, ladies and gentlemen, before I proceed to perform that duty, I am sure you would wish me to express, most sincerely, my very great regret that Lord Cawdor is not in the chair this afternoon. He has been such a friend to our cause, that I am sure we all hailed with pride and pleasure his appointment to a very high position in the State a few months ago. We felt, whoever occupied that position before, that now a nobleman of great business perception and acumen would direct our Admiralty, which is exactly, I take it, what we all wish. Unfortunately the tenure of office has been short, but to whatever party in the State we belong, I believe I may say for all here, and for many throughout the country, that should the Conservative Government come again into power, we trust they will place at the head of one of the great departments of the State, the Right Hon. the Earl Cawdor.

Now, ladies and gentlemen, I think also you would like me to say with what very great pleasure we find ourselves in such happy circumstances to-day, meeting under the hospitable roof of Mr. Stilwell, which has probably induced many to come who would not otherwise be here. It is an excellent feature he has allowed to be introduced, and I cannot help at once expressing our gratitude to him.

And now, ladies and gentlemen, to proceed to move the adoption of the report. This I do, with the very greatest possible pleasure, for I am sure you will all agree that the reports we have heard read are most satisfactory.

Although established only three years ago, it seems to me that the British Homœopathic Association has made marvellous progress. I think it has dealt with a figure in money that we should scarcely have thought possible when the Association was formed—namely, upwards of £11,000 in the course of barely three years. As I have had occasion to say before, I cannot help thinking that the promoters of this



Association did very wisely when they drew into their counsels the ladies, for, undoubtedly, they have been of very great assistance—not only in the collection of money, but in the influence they alone could make felt throughout the community. I should like to say, in this connection, that our thanks are due to the Chairwoman of the Committee, Mrs. Henry Wood, whom we are very glad to see amongst us. It is a matter for congratulation that the ladies through their efforts have sent a travelling scholar to Vienna, and the General Committee another to America—those two great centres of medical study, where I believe there is no conservatism which can interfere with the progress of what is good, whether allopathic or homœopathic.

Now, ladies and gentlemen, there is another point in the report to which I think emphatic attention should be drawn, and that is the fact that an immense deal of useful work has been done in the laboratory without any resort to vivisection.

If homœopathy, in its investigations as to the cause of disease, can arrive at a satisfactory result without vivisection, then its fortune is made. There is an immense public in this country, at the present moment, who do not tolerate vivisection, and a larger proportion still who only tolerate it because they believe it to be for the good of humanity. I think, therefore, that is a point to emphasize in connection with homœopathy, and I trust that these results which have been obtained without resort to vivisection can be found also possible in the future in connection with other results that are required.

Well now, another point in the report is the excellent work done in the medical education of missionaries. Missionaries go out to a field of labour where there are no preconceived opinions, and, therefore, the medical student of homœopathy, as a missionary, has a ground to work upon which cannot fail to be very instructive, because, as I said before, he is operating in a sphere of action where preconceived opinions do not interfere with results—in fact he is operating upon virgin soil.

We are glad to hear from the report that a new dispensary has been aided in its inception by the Association, and aid extended to a Cottage Hospital. With regard to the work of the Association itself—consideration of it brings me to a somewhat delicate point. I am sure that all of us who are interested in the cause of homœopathy cannot have failed to have read with extreme regret the attitude the authorities connected with the London Homœopathic Hospital have felt it their duty to take up *vis-a-vis* the British Homœopathic

Association. I am perfectly certain that nothing was further from the thoughts of the promoters of our Association than that they should be in any way antagonistic or encroach in any degree upon the ground already occupied by the London Homœopathic Hospital.

I can only believe that the Committee is possessed of what to a certain degree is a virtue—that British conservatism which does not believe in any new movement. It is an excellent thing of itself; but, carried to excess it is a great hindrance to progress. We all know that the London Homœopathic Hospital, we assert it most cordially, has done and is doing an admirable work for Homœopathy; but it is a work absolutely different to, and quite distinct from, that which the British Homœopathic Association particularly arrogates to itself. Three years ago, homœopathy was still in a rut. There is no doubt about it. It had got to a certain point, and, if not going back, was not going forward. The formation of this Association has altered that state of things. It has carried out that precept which has been carried out, and must be carried out, in connection with many things in this country. That is, it has wakened up to its possibilities, and it has, no doubt, to a great extent, carried out what it set before it—that is, it has confirmed and enlightened public opinion in connection with homœopathy. The London Homœopathic Hospital has benefited by all this work done by the Association. What has happened? Something like twelve months ago, there was a deficit in their accounts of about £13,000. It was a great load on the Committee's back, undoubtedly. What did they do? They took a leaf out of the book of this Association. They began to invite subscriptions, and the result is that they have cleared off their debt. They found the ground prepared. The public knew something of homœopathy, and it learned to regard homœopathy as a good thing, and worthy of support, and their debt is cleared off. Instead of opposing the Association, they ought to hold out the hand of fellowship to us, and I hope this will be the attitude assumed by them before long.

I am sure it is a matter for great gratification that, connected with both the Hospital and the Association, are gentlemen who are great friends of homœopathy—our good host, Mr. Stilwell, is on the Committee of the Hospital. I hope it will bring about that *entente cordiale* so much in the air at present. I believe the Hospital thought there would be diversion of funds from them in favour of the Association. They were evidently of the opinion, as we are, that this Association has grown in power. Nothing of the kind has

occurred. There is clearly a great homœopathic public well disposed to the cause, and rich enough to support it. It must be borne in mind that this Association has in the first word of its title *British*. It is not to confine its operations to London, but to do work no hospital could do, that is, spade work in connection with the cause.

Missionary work : propagandism, by literature and through the press, of homœopathy. No hospital could do this. The hospital is required for clinical work, but I venture to think that to associate this Association with any hospital in the land, whether London, Birmingham, Liverpool, or elsewhere, would be a fatal mistake, as it would localize its efforts, which is not what the promoters of this Association had in their minds in forming it.

Now, ladies and gentlemen, we have heard further that, instead of taking umbrage at the attitude of the Hospital to this Association, the Association has set about to make a collection on its behalf and proposes to hand over £1,000 to the Hospital during the next three years, and I see with great gratification that the first instalment of £300 has been paid over.

Now, ladies and gentlemen, the Association has accomplished much, and the more they accomplish only opens the eyes of those connected with it that there is no limit to what there is to be accomplished. We are like explorers in an unknown land. The farther we go, we see vistas of lands yet unknown, and people yet unconquered.

There is a great future for homœopathy, and this Association is marked out as the leader in the great forward movement of homœopathy. You have initiated a very good feature to-day by this drawing-room meeting. We hope, during the coming year, to hold several such meetings in different parts of the country to talk about and explain homœopathy. We hope great good will result from such a series of meetings. With regard to homœopathic knowledge, I would say that what we desire is Free Trade. Free Trade is very much talked about to-day. Some of us may agree with it and some may not, but what we want is for homœopathy to be admitted free by allopathy. We want them to take off the taxes of prejudice and jealousy. There are many of us in this country who think that if free trade were universal this country would hold its own. If there were free trade in the medical world, we are perfectly certain that homœopathy could hold its own. That is the future we look forward to—that the jealousy of other schools should cease, and that they should hold out the right hand of fellowship to our cause, and give

it an honest trial. But we do not want our goods admitted into the allopathic camp without due acknowledgment—a thing which is very much done at the present day. Believing, as we all do, in the great future of homœopathy, I am quite certain that you have listened with very great pleasure to these excellent reports, and that you will support me unanimously in the suggestion to adopt them, and the discretionary power asked for, and that we thank those who have worked for us in the past, and encourage them to do so in the future.

J. P. Stilwell, Esq., J.P.: Ladies and Gentlemen,—I rise to second the proposition for the adoption of the report we have just heard read, and the other matters put before us by the Honorary Secretary and by the Secretary. It appeared to me three years ago that something need be done to take us from the groove in which we, as homœopaths, had been travelling for some time. It seemed to be a rut growing rather deeper, and we were losing by death members of the profession, and subscribers to our Hospital. The Hospital was doing work good in itself, but respecting money and finance they were landed at that time in a large deficit—I think £10,000. £7,000 of this was got by subscriptions announced at a dinner on behalf of the Hospital, but still we were £3,000 to the bad, and the expenses were going on. It appeared to those with whom I was associated, and to myself, that it was necessary to take some other course than that of expecting subscriptions to come in, and the British Homœopathic Association was organized and brought before the public at a meeting in the city. I think through your instrumentality (Sir George Wyatt Truscott) we had a hall placed at our disposal for the afternoon, and then the Association was established. You have heard what it has done. What I have now to advocate is energy in pursuing the work of the Association. We must always remember that where we have an uphill work we must put our shoulders to the wheel. Where there is opposition we must be ready to fight, and we should be a fighting body, resisting the boycott of the allopathic wing of the profession, and advancing in every way possible the homœopathic wing. We know how much is done by homœopathy, which others have failed to do, when we see patients come to our Hospital who have failed to be cured in many other hospitals, and we turn them out cured. There is truth in “*contra vim mortis nihil prevalebit*,”—we cannot cure those who are to die—but when allopathy has done its best, we take up cases and improve them for the rest of their days—or cure them—and send them out as healthy members of society to do their work.

You will perhaps allow me to read a short extract from President Theodore Roosevelt's strenuous life. It does not entirely apply, but has some bearing on the case. "Every leader of a great reform has to contend, on the one hand, with the openly avowed enemies of the reform, and, on the other hand, with its extreme advocates, who wish impossibilities, and join hands with their extreme opponents to defeat rational friends of the reform. In moving forward we must recognize that the condition of such progress must not be so fast as to effect a stoppage."

I am sure we must advance, and wish for converts to make good that advance, if we are to keep homœopathy in its position in this country. I trust that this may be the case—that we shall go on further and further in progress. Our Chairman touched on the subject of homœopathic remedies adopted by the allopathic profession. I allude to Dr. Dyce Brown's pamphlet. It is a most explicit statement of how they appropriate our remedies, except that they do not quite understand our smallest doses. They have adopted these remedies without telling their patients, and are curing their patients with these remedies.

I beg to second that the report we have just heard is to be adopted.

The Chairman put the motion to the meeting. It was carried unanimously.

Dr. Dyce Brown: I have the honour of being asked to move the following resolution: The re-election of the President—the Earl Cawdor; and of the Vice-presidents—the Earl of Dysart, Lord Calthorpe, Sir George Wyatt Truscott, Col. James Clifton Brown, Capt. Cundy, with the addition of Henry Manfield, Esq., J.P.; and of the Trustees—Joseph Howard, Esq., J.P., M.P., J. P. Stilwell, Esq., J.P., W. Willett, Esq.

In proposing this resolution, ladies and gentlemen, I think very few words are required. Their names are sufficient, and nothing further need be said by me to show their value. We have heard much of Lord Dysart's generosity, and his support of the cause of homœopathy. We have heard also of Lord Cawdor from our Chairman—what sort of man he is. I need not add to that what a valuable man he is in business capacity and in every other way. The Vice-presidents also require no further words of praise. Lord Calthorpe, Sir George Wyatt Truscott, Col. J. Clifton Brown, well known in connection with the hospital; Capt. Cundy, whose connection with the Hospital is well known, and who devotes so much time to its services; Henry Manfield, Esq., J.P., well known

to most of us. The Trustees: Joseph Howard, Esq., J.P., M.P., J. P. Stilwell, Esq., J.P. (our genial host to-day), W. Willett, Esq., are known for their admirable and careful work. I propose, with great pleasure, that they be re-elected.

E. Harris Thirlby, Esq.: It is with very great pleasure that I am permitted to second the distinguished list which has been read out. These gentlemen need no words to commend them to those who know them so well. I know some who stand high in business capacity, and the Association is fortunate in having such an array of gentlemen. If anything could add to the words of Sir George, it is having such a distinguished band of officers. I have very great pleasure in seconding the resolution.

The Chairman put the motion to the meeting, and it was carried unanimously.

Mrs. Roberson Day: I have a very important subject to speak on for a few moments this afternoon. I hardly know why I am chosen, but I am asked to propose this motion. I feel the importance of the subject very much—"That the work of training Foreign Missionary Students and Missionaries in Elementary Medicine and Surgery receive the special approval of this meeting." Perhaps some here do not quite realize how very important this work is; and the Association we have been hearing this afternoon so ably spoken of is doing a magnificent work in this one subject. If we look for one moment at any missionaries leaving our shores, we see they are immediately plunged into quite different surroundings. If they have no preliminary training, how can they keep their own health and help others? For instance, if we think of a missionary going out to West Africa. He has to pitch his tent for the first night. If he knows nothing of the danger of malaria in the lower parts of the river, he may get it at once, and his work is almost over. If he has lessons before he goes out in Elementary Medicine and Hygiene, he goes equipped, to a certain extent, and ready to meet the emergencies which come into his life. I spent a whole winter in China. I have been in the mission field myself—not as a missionary—in Central China. There I did a lot of work. After getting my ambulance medal in Bristol, I used to prepare all the patients' eyes for my brother before operations. I should have been quite unable to do that without a like education before. If they feel unwell and know nothing of medicine, and especially of homœopathy, how can the missionaries keep their own health and strength? They fall ill, and we sometimes hear someone has to come home almost directly. If we ask, why? "Oh, they got fever

almost at once." It is simply very often the result of ignorance. If we would just take up this subject more wholeheartedly, we should be doing our country a great service. Before I sit down I should like to tell you of one missionary I knew very well, who was in New Guinea. He told me he was looked upon by all the people as a doctor. He had to cut off arms and legs without any previous experience (I don't think anyone died). If he had had the advantages of a homœopathic training he would not have been so diffident. He would not have felt so much nervousness if he had knowledge.

Dr. E. A. Neatby: Mrs. Day's words are extremely interesting and inspiring. She has brought the advantage of a personal knowledge, which I have not, to this speech. She has been actually in the mission field and seen the work required. We have heard a very great deal of these things, and I think what is wanted now by friends of Christian missions in distant lands, and also those who are lovers of homœopathy and wish to see it spread in all directions and see good results from it, is that each of us should put into communication with the heads of this Association any missionaries we know, so that we might reach them in that way and convince them of the benefits of homœopathy. We have great difficulty in informing missionaries who are first going out. There is much prejudice against the teaching of medical subjects at all, and especially under homœopathic auspices. It would be a great thing if any here have interest in missionary work and could bring the Association into touch with the missionaries, so as to have the opportunity of explaining it to their Councils and Secretaries, and of bringing the fact before the missionaries themselves by circulars and in other ways. It would be a great service to the Association and the missionaries themselves and the many who have worked in foreign lands.

I have very great pleasure in seconding the proposal brought before you by Mrs. Roberson Day.

The Chairman: I do not think there is any surprise felt by any here why Mrs. Day should have been asked to propose this motion.

The Chairman put the proposal to the meeting. It was carried unanimously.

Dr. Sydney Gilbert: Sir George Truscott, Ladies and Gentlemen,—I have been asked to propose the re-election of the General Committee, viz.: J. P. Stilwell, Esq., J.P., C. A. Russell, Esq., K.C., Henry Manfield, Esq., J.P., C. W. Arnott Stewart, Esq., Drs. Dyce Brown, Byres Moir, J. H.

Clarke, E. A. Neatby, Washington Epps, James Searson, Dudley Wright, Esq., F.R.C.S., Drs. Spencer Cox, Roberson Day, George Burford, McNish, Madden, E. H. Thirlby, Esq., W. Willett, Esq., Joseph Howard, Esq., J.P., M.P., with power to add to their number; also the Auditors of the Association, Messrs. Crewdson, Youatt, and Howard, and that Messrs. Merriman, Pike, and Merriman be appointed Solicitors to the Association.

There are some splendid names here. Mr. Stilwell is so well known that I need say nothing about him. Mr. Russell also has rendered material service. We have splendid workers in the other gentlemen whose names you have heard, and the earnestness and the enthusiasm with which the Committee carry out the work of the Association is seen by the report we have just listened to. If we sow the good seed we shall have a rich reward.

The Chairman: I am connected with the Bromley Cottage Hospital, and the next speaker, Mr. Wyborn, has done excellent service as Secretary for this important hospital.

Mr. J. M. Wyborn: I must thank our Chairman for the very flattering mention of me. I should like to be of more service to the British Homœopathic Association. I have much, very much pleasure in seconding the resolution. I am not engaged on the Committee, but should like, as an outsider, to see the General Committee get to work with the medical students of this country. I think a great point is to get into contact with the medical students and point out to them the advantages of homœopathic practice, and the openings existing for it. If the General saw their way to make a Special Committee, with power to add to their number very largely, they would come into contact, through their friends, with the medical students, and bring before them the advantages of homœopathic practice, and also of the large number of openings in this country available for its practice, which they would never regret entering upon.

I make that suggestion as I have never heard the matter mentioned before. I beg to second the re-election of the General Committee.

The Chairman put the motion to the meeting. It was carried unanimously.

J. P. Stilwell, Esq., J.P.: Sir George, Ladies and Gentlemen, —I am quite unprepared for this occasion, and must ask you to allow me to read what I have to do. It was only announced to me that I should have to address you again as Dr. Dyce Brown came into the room. I have to propose the re-election of the Central Committee of the Ladies' Branch: The Right



Hon. the Countess Cawdor, Mrs. Clifton Brown, Mrs. Cundy, Mrs. Stephenson, Mrs. John Mews, Mrs. Madden, Mrs. Thirlby, Mrs. Philip Dawson, Mrs. Torrens-Johnson, Mrs. Clarke, Mrs. Henry Wood, and Mrs. Von Stralendorff (as Secretary of the Ladies' Northern Branch), with power to add to their number.

All these ladies have worked hard, I know, for the past twelve months in the work of the Association, and they have, as you have heard from the statements laid before you, been most successful in raising money for the endowment of that Ladies' Scholarship on which they have philanthropically set their hearts. In all these matters, I am sure we have had very willing work. They have been enthusiastic on behalf of the Association, and very kind indeed to the patients in the Hospital. I have great pleasure in proposing their reelection as the Central Committee of the Ladies' Branch.

The Chairman: I call upon Dr. Granville Hey, whom we are very pleased to welcome back from Vienna.

Dr. Granville Hey: Sir George Truscott, Ladies and Gentlemen,—It affords me the greatest possible pleasure to rise this afternoon to second this motion, which has been so ably proposed by Mr. Stilwell. I have a special debt to pay to the ladies as their first travelling scholar, and I believe it is expected of me on this occasion to give a non-technical account of my work in Vienna in the past three months. Perhaps I should address my remarks to the Association in general, and the ladies in particular, since the reports, which were of a technical nature, were received by the Sub-Committee. The scholarship was available for May, June, and July. I went to Vienna the first week in May, and left the first week in August. I had instructions as to what course of study to pursue, and I endeavoured to see as much as possible of the diseases of women and children, and also to see as much as possible of Homœopathic Institutions there. The Homœopathic Hospitals in Vienna take no surgical cases. If anything of a surgical nature arises, they have to be handed over to the allopaths for the time being. On this account I had to spend most of my time in the great hospitals, which perhaps more than any other cater for undergraduates. Their teaching is of the highest possible value. In one hospital alone, they have three thousand beds. They have large hospitals in the city for post-graduate work. As a first thing I attended eight systematic classes of instruction, and saw work in other hospitals. In this way I made the acquaintance of some of the foremost men of the world in their own specialities. These things will, I hope, prove

of the utmost value to me in my after career. I owe the Ladies' Branch more than I can express. I had hoped for some years to visit Vienna or some other large Continental school. In no other way could I have got such a wealth of professional teaching as in Vienna. It has helped me on in various ways. In fact, the benefits accruing to me cannot be measured by mere words, and I hope others may benefit, as the outcome of their labours in the cause of homœopathy, as I have done. I understand the ultimate aim of the Association is the founding of a British School of Homœopathy. In this it is necessary to have well-trained men before such an institution can be started, and it seems the Ladies' Branch has set to work in earnest to obtain them. There is still much to be done, and this can only be accomplished by the combined and sustained efforts of all interested in homœopathy. We are apt to think that what one individual can do is a mere drop in the ocean, but we should regard all our efforts as stepping-stones towards the goal. It gives me the greatest possible pleasure to second this proposal, and to take this opportunity to thank the ladies for the benefits I have received from foreign study.

The Chairman : I am sure you will agree with me that Dr. Granville Hey occupies a very enviable position; just fancy, to be the chosen of the ladies! We all trust it may be of great benefit to himself and to the cause of homœopathy. I put with great pleasure the motion to the meeting.

The motion was carried unanimously.

Dr. J. H. Clarke : I think, Sir George, there is only one motion left on the paper. I have very great pleasure, ladies gentlemen (I am not speaking now to Sir George, but to you), in proposing a very hearty vote of thanks to Sir George in coming to preside over this Meeting this afternoon. He apologizes very much for not being Lord Cawdor. I am sure Lord Cawdor would be highly gratified by the way Sir George has presided over this meeting. I will not take up any more of your time, but will content myself by proposing the heartiest vote of thanks to Sir George for coming and presiding over us, and for the very able way in which he has conducted the meeting.

The Chairman : I do not know whether it is carried, Dr. Clarke.

The motion was carried with considerable acclamation.

The Chairman : I am very much obliged to you for your kindness to me this afternoon, and for the heartiness with which you have received the words of Dr. Clarke. He is not quite right in saying this is the last vote on the programme,

for I wish you to accord a very hearty vote of thanks to Mr. and Mrs. Stilwell for their hospitality to us to-day. It is a great satisfaction to give expression to the gratitude we feel for the very pleasant surroundings in which we meet to-day, and, on your behalf, ladies and gentlemen, I accord to Mr. and Mrs. Stilwill your very hearty thanks.

The motion was carried unanimously.

J. P. Stilwell, Esq., J.P. : It has given me great pleasure to receive you here to-day. I think I am only expressing what Mrs. Stilwell would say if her arrangements in the country had not prevented her being here to-day.

## LONDON HOMŒOPATHIC HOSPITAL.

### RETIREMENT OF MISS BREW.

WE regret to learn that the London Homœopathic Hospital is no longer to have the services of Miss Brew as its Lady Superintendent of Nursing, but a time comes to everyone who lives long enough when labour and long active work become a burden, and when repose and quiet from an incessantly busy and responsible life become desirable or necessary. Miss Brew has occupied her very important position as Lady Superintendent of Nursing at the Hospital for over thirty years. During that time many changes have taken place at the Hospital, the chief one being the building of the magnificent new Hospital, on the site of the old one which had become unsuitable in many ways to the requirements of the Institution. Miss Brew has always shown herself ready to advance the nursing arrangements and the good of the Hospital whenever opportunity offered, and she has been, in fact, identified with it in all its progress. Some three years ago she started a co-operative scheme, by which the doctors could get the services of the nurses who had left the Hospital, and which maintained the ties of the nurses to the Hospital, while working for themselves. Her gift in selecting the right woman as a nurse has always been conspicuous, a gift that is not possessed by every head of an establishment. The result has been that the nurses of the London Homœopathic Hospital are not only admirably trained and suited to Hospital work, but they are much sought after by private practitioners to aid them in severe cases. We know for a fact also that many practitioners of the old school are only too glad when they get a chance of having a nurse who was trained at the Homœopathic Hospital. All this excellent training is due largely to the

kindness and oversight exercised by Miss Brew. Nothing gives them more pleasure, as we know well from observation, than for the ward sisters to have their afternoon tea with Miss Brew in her private room. They look on her, not merely as their head, but as children do to a mother. And this is one of the remarkable ties that bind the nurses and her to one another. She has had such kindly, motherly, influence over them that they come soon to love her as a mother, and this implies, as a matter of course, that her feeling towards them, shown on all occasions, is that of a mother. Such a power and influence is of the utmost importance in a Hospital, where the nurses have to live for a long time. We know of one interesting case which illustrates the above statement. Some years ago, one of the nurses, in whom Miss Brew fully trusted, had allowed herself to do something very wrong. Miss Brew could not pass it over, though it grieved her acutely. She resolved to have her up to her room, and had braved herself to the mournful task of speaking plainly and seriously to her. When the nurse came, Miss Brew was unable to speak, tears rolled from her eyes, and without one word on either side, she and the nurse fell into each other's arms, and sobbed. This touching episode was the means of saving the nurse and restoring her. Had she been met by a rebuff and a stiff lecture, we shudder to think what might have been the result, as the nurse was one of those who would have been only hardened by such a reception. This tale gives an idea of the influence for good that Miss Brew always created in the hearts and feelings of the nurses. But with all this tender-hearted kindness, Miss Brew was firm in the carrying out of duty, and most particular in seeing that all work was properly and efficiently done. There was no indolence, carelessness, or neglect permitted, but everything had to be done as it should be. This combination in Miss Brew's character engendered respect and admiration, while as soon as work was over, her loving, tender heart was allowed free play. With the officials and the medical and surgical staff she was always a favourite, and nothing gave them greater pleasure than to drop into her room, and have a cup of tea with her, or a few minutes' relaxation in conversation. Though she has done her long life's work, she will be much missed when she finally leaves the Hospital in the middle of January. A blank will be felt such as rarely occurs in such an Institution, and her memory will remain green, and a bright spot in the history of the Hospital. We wish her, in her retirement, every blessing that can fall upon her, and much happiness in her future life. We trust she may

be long spared to look back with pleasure and delight on all the varying episodes of over thirty years' experience, which cannot fail to be to her a source of happiness. Her successor will have a difficult task in taking her place.

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It may interest our readers to see what the *Hospital* of Sept. 30th says of Miss Brew, and we therefore quote it.

“ RESIGNATION OF THE MATRON OF THE LONDON  
HOMŒOPATHIC HOSPITAL.

“ Miss Brew, Matron of the London Homœopathic Hospital, has soon followed the example of Miss Thorold. It is now more than thirty years since she left the Royal Southern Hospital in Liverpool to enter upon her duties in the unique London institution. At that time the Homœopathic Hospital was an extremely inconvenient building, and it was not until twenty years later that it was replaced by one more suited to the requirements of the day. Even as it is, the arrangements of the Nurses' Home leave something to be desired. Owing to restrictions of space, the nurses have to sleep in dormitories containing six beds, each of which is curtained off, instead of in separate bedrooms. But Miss Brew has all along done her utmost to promote the welfare of the nurses, as well as the interests of the hospital. Under her auspices the age of the admission of probationers has been raised to twenty-two, but she has always refused to regard an age limit as a law of the Medes and Persians. One of the nurses attached to the institution entered it before she was twenty, and another after she had turned thirty. Miss Brew has, of course, usually adhered to the regulations, but she holds very strongly that the personality of a woman is more important than her age. There is a private staff attached to the Homœopathic Hospital, and all its members were trained in the school. In 1902 Miss Brew started a nurses' co-operation for the convenience of the medical men and with the view of retaining the nurses connected with the hospital. The private nurses make all the curtains, the sheets, and the quilts for the children's ward; and special attention is given to a ward devoted to girls between seventeen and twenty-four. Miss Brew, throughout her long period of office, has spared no pains to urge upon all associated with her the importance of maintaining in the hospital the atmosphere of home.”

## LONDON HOMŒOPATHIC HOSPITAL.

THE Worshipful the Company of Salters have made a donation of £10 10s., and the Worshipful the Company of Pewterers a donation of £5 5s. to the London Homœopathic Hospital, Great Ormond Street, W.C., towards their appeal for £12,000 due to Capital Funds.

By the kindness of Mrs. Kimber, Honorary Secretary of the Hampstead Branch of the Ladies' Guild, and a number of her musical friends, a very excellent concert was given to the nurses and their friends by "Ye Merrie Gleesters," at the London Homœopathic Hospital, Great Ormond Street, W.C., on the evening of December 20th. The attendance was exceedingly good, and the programme of high-class music, instrumental and vocal, was warmly appreciated. Mr. J. P. Stillwell, J.P. (the Chairman of the Board of Management), at the close of the entertainment proposed a vote of thanks to the artistes who had so kindly contributed to the programme. This was seconded by Dr. Edwin A. Neatby, and carried by acclamation.

## "OUR FRIENDS ACROSS THE WATER."

IF we wish to get a straightforward, unprejudiced view of our actions and expressions from an outsider commend us to Dr. Frank Kraft, the genial and outspoken Editor of the *American Physician*. After quoting our leaderette of September of last year, under the above title, the Editor of the *American Physician* comments on our remarks in his journal of November, as follows:—

"Mais, oui, Brother of the *Monthly Homœopathic Review*—you picked up the wrong end of that stick! If we had 12,000 homœopaths, as you have 300 homœopaths, upon whom we could rely, there surely wouldn't be any desire on the part of these American editors to invade your preserves. More's the pity! Aye, there's the rub! We all know, on this side of the Great Pond, that an English homœopath is a homœopath who believes in it, and practises it faithfully; hence all American editors wish to get your good homœopathic contributions. All who read your three London homœopathic magazines realize that they are based on homœopathy, are kept alive by homœopathic contributors, and presided over most jealously by homœopathic editors of the true blue. And that's why we're so acute. Sir?"

## THE "MEDICAL PRESS AND CIRCULAR" AND CONSULTATIONS.

IN "Notices to Correspondents" in *The Medical Press and Circular* of November 1st we find the following :

"OXONIENSIS.—Most surgeons are willing to meet homœopathic practitioners in consultation. Most physicians decline to meet homœopaths, but there are various exceptions amongst leading men. The Royal College of Physicians of London does not countenance the practice. It may be argued that the rule which guides surgeons in this matter should also apply to physicians. The decision may be left to the individual practitioner. If he can find enough wheat in the bushel of chaff that constitutes Hahnemannism past and present, by all means let him meet the disciples of that curious sect, if he have a mind to do so."

This is very good and correct up to the last sentence. But it is very amusing to see how the Editor is not content in his mind with simply stating facts, but must, to relieve his conscience, add this "wipe" at homœopathy. It is too small for us to do other than quote it for the amusement and delectation of our readers. If it please the Editor thus to let off his steam, he is welcome.

## LAUNCESTON HOMŒOPATHIC HOSPITAL, TASMANIA, ANNUAL MEETING.

THE sixth annual meeting of subscribers to the Homœopathic Hospital was held at the office of the president (Mr. Henry Ritchie), on September 29th. Mr. Henry Ritchie occupied the chair, and there was a fair attendance.

The board of management, through the honorary secretary (Mr. F. Styant-Browne), submitted the annual report as follows :—

Twelve meetings have been held by the board during the year, the average attendance being eleven members, as against nine for the previous year ; this will show that the members of the Board take a great deal of interest in the management of the institution. The reports of the House Committee have been regularly submitted, and the Finance Committee have held regularly monthly meetings. We are under a debt of gratitude to our honorary medical officers, Dr. P. Douglas Smith, M.B., C.M., and Dr. Maffey, L.R.C.P., L.R.C.S., the latter having been appointed during the last half of the year, and we were glad to welcome and accept his valuable

assistance in addition to that of Dr. Douglas Smith. Mr. A. J. Hall has, as hitherto, generously acted as honorary dental surgeon, and Miss M. Button as honorary masseuse. To the matron (Miss I. Harrison) and Nurses Newman, Ransom, and Curtain, our thanks are again due as the nursing staff, the organization and work of the hospital having gone on smoothly throughout the year. The matron was granted leave of absence in order to qualify in gynæcological work at the women's Hospital in Melbourne, where she obtained the necessary certificate, passing the examination with great credit. During her absence Nurse Sargent was appointed acting matron, and fulfilled her duties to the entire satisfaction of the Board and medical officers. Mr. J. M. Martin continues to act as assistant secretary, and devotes every attention to the requisite duties. Mr. John Piper has had the supervision of the hospital grounds throughout the year. During the last twelve months a large number of patients have been treated free of any charge, as not only has the free bed been almost constantly occupied, but in order not to refuse admission to deserving cases, other beds have been allotted as occasion required, as many as three free patients having been in the wards at one time. Of course this can only be continued by the subscriptions from our supporters coming in freely, and we would draw the attention of country subscribers to the fact that a large majority of patients come from districts outside Launceston; and we would much like to see the hospital more liberally supported by country residents, who reap the greatest benefit from this institution. Many letters have been received from grateful patients who have been inmates, and who have received skilful treatment and nursing, impossible to be procured in their own homes in the majority of cases. No case has been refused admission, however serious, even though it was hopeless, and patients have had whatever was necessary to palliate their sufferings without consideration of expense, and without any distinction as to their social position. The lease of the hospital property for five years having expired, your Board considered they were justified in entering into another agreement for five years further, and this period has been entered upon. Under the conditions of the lease, the Board were obliged to re-fence the hospital grounds; this work is being carried out at the present time under the supervision of Messrs. Magnus Smith and J. Piper; the former member of the Board also has kindly organized a Bruce auction with the co-operation of Messrs. W. T. Bell and Co., Ltd., to assist in the payment of this heavy item of



expenditure. Friends of the hospital are kindly asked to bear this in mind, as our funds will be heavily drawn upon on this account. To the Government of Tasmania we owe grateful thanks for the usual subsidy of £200 on the £ for £ principle, which we have enjoyed ever since the opening of the hospital, and which enables us to help poor and deserving patients when we otherwise could not possibly do so. Our renewed thanks are also due to our annual subscribers, and all those who have assisted by donations of money, produce, or useful articles. Fruit, flowers, fresh eggs, poultry, fish, etc., are always most acceptable, and are always thankfully acknowledged. We also thank the proprietors of the *Telegraph*, *Examiner*, *Courier*, and *Mercury*, for space in their columns devoted to notices concerning the hospital. The balance-sheet will be submitted by the treasurer, and it will be found that owing to the liberal way in which patients have been dealt with, our expenditure has exceeded our receipts. This we do not mind if only our supporters will help us to make it good, and we would have them bear in remembrance that to their liberality we must look, in order to continue our work of mercy, and appeal strongly to them for their sympathy and support during the coming year.

The medical officers of the institution, Dr. P. Douglas Smith and John Maffey, reported:—

During the twelve months under review there have been under treatment in our hospital fifty-three patients. Of these four were in hospital at the close of the previous year, forty-nine admitted during the year, forty-three discharged, and ten remaining in hospital at the end of the year. Of those discharged, 34, or 79 per cent, were cured, 7, or 16·3 per cent, were improved, and 2, or 4·7 per cent, died. These two deaths were both due to cancer, which in both cases was inoperable and therefore hopeless. Of the forty-nine cases admitted, eighteen were Launceston residents, and thirty-one from the country districts. That the percentage of cures should be so high, and of deaths so low, is very satisfactory, and only possible when homœopathic treatment is aided by the most careful and conscientious nursing. As we have now completed our first five years, a retrospect may be of interest. Up to the last day of July in the present year, 270 patients have been admitted, of whom nineteen, or 7·04 per cent, have died. Of these nineteen more than half were hopeless when admitted, and only admitted for the relief that might be obtained, and the comfort of the conditions obtaining in our hospital. Special attention may be called to the thirty cases of enteric fever we have had under treatment, all of

whom have been discharged cured, though some of them were cases of exceptional gravity. The average residence in hospital of our enteric fever patients has been thirty-seven days. Attention may also be called to the fact that we have had only one death from any form of acute disease in the hospital. That was a case of pneumonia, moribund when admitted, who died within a few hours of admission. Of the 270 patients admitted during the five years, 107 were residents of Launceston, 160 from the country, and three from other states. The majority of our patients have each year come from the country.

The report was taken as read.

The treasurer read the statement of accounts, showing that the receipts amounted to £460 9s., and the expenditure £578 2s. 10d., showing that the expenditure had exceeded the income. The surplus assets amounted to £389.

The Chairman, in moving the adoption of the report and balance-sheet, said the former spoke for itself, and must be regarded as very satisfactory, except for the fact that the receipts had not been equal to the expenditure. The number of free cases treated had been in a large measure responsible for the increased expenditure. On the whole, however, he thought the subscribers could well congratulate themselves on the satisfactory nature of the work of the year.

Mr. W. S. Bell seconded the motion.

Mr. F. Styant-Browne supported the motion, and referred to the high percentage of cures as most gratifying, especially as to his own knowledge many of the cases were extremely serious, which spoke eloquently of the skill and care of the medical officers and nursing staff.

Dr. Smith also spoke in high terms of praise of the skill of the nursing staff. He said that in a few critical surgical operations he had lately had to perform, he had not had to send outside the hospital for medical assistance, as he was glad to say he had now the co-operation of Dr. Maffey at the hospital. It was generally said that patients who were treated in the hospital were spoiled. That was in comparison with the comforts patients received in other hospitals.

Mr. J. Piper spoke in a similar strain.

The motion was carried.

The officers elected for the ensuing year were : President, Mr. Henry Ritchie ; Vice-presidents, Messrs. W. S. Bell and W. Mosey. The retiring members of the Board of Management, Mr. and Mrs. M. M. Smith, were re-elected.

On the motion of Mr. Ernest Smith, seconded by Mr. A. Gye, the thanks of the subscribers were passed to the retiring officers.

Mr. Mosey moved a similar vote with respect to the medical officers and nursing staff. The work of the former was one of love. (Hear, hear.) If the medical men connected with the institution were paid salaries in comparison with the medical officers of other institutions, they could not carry on as a homœopathic hospital.

Mr. Gye seconded the motion, and endorsed Mr. Mosey's remarks.

The motion was agreed to.

The Chairman moved a vote of thanks to the finance and house committees.

Mr. M. M. Smith seconded the motion, which was carried.

Dr. Smith announced that the nurses had recently been examined, and the papers had been very satisfactory.

Mr. Browne moved that the chair be vacated by Mr. Ritchie and filled by Mr. C. S. Button, which being agreed to, he moved a very hearty vote of thanks to Mr. Ritchie as chairman. The subscribers were particularly fortunate in having such a chairman.

Mr. J. Piper seconded the motion, which was supported by Mr. Mosey, and carried by acclamation.

Mr. Ritchie acknowledged the vote briefly, and expressed appreciation of the continued confidence reposed in him by re-electing him to the position of President.

Mr. Gye moved a vote of thanks to the press, which was seconded by the Chairman, and carried.

At the instance of Mr. Mosey, a vote of condolence with the relatives of the late Mrs. J. H. Room, who was a good friend to the institution, being for years a member of the Board, was proposed. The vote was passed in silence.—*The Launceston Examiner*, September 30th, 1905.

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## SIMILIA SIMILIBUS CURENTUR.

*Tune—Marching through Georgia.*

THE following song was composed by DR. SPENCER COX, and sung at the Staff Dinner of the London Homœopathic Hospital in November, 1905.

We're met again together, boys, so let us have a song;  
We'll sing it in the spirit that moves the world along;  
We Homœopaths have got to fight, to right a grievous wrong,  
And we'll fight for our Charter in Britannia.

Hurrah! Hurrah! for Homœopathee,  
Hurrah! Hurrah! we will have no tyranee,  
The truth shall not be stifled, and our practice shall be free.  
Similia Similibus Curentur.

Our cousins on the other side have fought and won the day,  
The Allopaths in that free land don't have things their own  
way ;

Let us be up and doing, and dispute the tyrant's sway,  
And fight for our Charter in Britannia.

Hurrah ! Hurrah ! for Homœopathee, etc.

Dead is Homœopathy, there's nothing but its ghost,  
So said poor old Broadbent, but it was an empty boast ;  
We're growing and we're arming like a mighty battle host,  
And we'll fight for our Charter in Britannia.

Hurrah ! Hurrah ! for Homœopathee, etc.

Institutions and Dispensaries we run throughout the land,  
The Association's growing fast, we've got some cash in hand ;  
Then gather all your comrades in to join the noble band,  
And fight for our Charter in Britannia.

Hurrah ! Hurrah ! for Homœopathee, etc.

Some of us have passed away, grand old pioneers,  
Thoughts of Hughes and Dudgeon seem to fill our hearts  
with tears ;

But have we not our coming men. We'll put away our fears.  
And fight for our Charter in Britannia.

Hurrah ! Hurrah ! for Homœopathee, etc.

The tie that brings us here to-night, the pride of ev'ry man,  
Our Hospital must figure first in ev'ry glorious plan ;  
Then fill your glasses, boys, with me, and swear to lead the  
van,

And fight for our Charter in Britannia.

Hurrah ! Hurrah ! for Homœopathee.

Hurrah ! Hurrah ! we will have no tyrancee.

So we sing the Pass-word from the mountains to the sea,  
Similia Similibus Curentur.

W. S. C.

#### LIBERALITY IN THE MEDICAL PRESS.

WE have frequently had the pleasure of extracting admirable paragraphs from the American *Medical Brief* (St. Louis, Mo.), and we have noticed with pleasure the insertion now and again of articles by homœopaths, in which homœopathy is the treatment, fully and clearly given, and with no hauling

down of the flag. In a recent leader we observed with impatience the insertion of an article by a homœopath, which was written as if the author of it was afraid to speak out as an honest man who held certain opinions. We then expressed our views thereon, and said that the *Medical Brief* was so liberal that we were sure the editor would have inserted the article if it had unhesitatingly spoken of homœopathy, and if the writer had had the moral courage to say what he was, and embrace the opportunity of doing real good to the cause. Our remarks are fully justified by the insertion in the December, 1905, issue of the *Medical Brief* of an excellent and interesting paper on "The Care of the Eyes in Health and Disease," by "E. Lucas Hughes, M.R.C.S. (Eng.) and L.R.C.P. (Lond.), Ophthalmic Surgeon to the Hope Street Hospital, Liverpool, Fellow of the Royal Institute of Public Health, Liverpool, England." This paper deals with generalities in an able manner, and so does not speak of medical treatment of any kind, which is not necessary for the purpose of the paper. We were, however, not aware that the Hospital, though in Hope Street, was known as the "Hope Street Hospital," but as the Hahnemann Hospital, of which Dr. Lucas Hughes is the Ophthalmic Surgeon. Following this article is one by the late Dr. Henry M. Dearborn, of New York, on "The Treatment of Psoriasis." The name is followed by a full list of his hospital appointments, the first of which is "Professor of Dermatology, New York Homœopathic Medical College and Hospital." In this excellent paper there is no concealment of homœopathy, but Dr. Dearborn speaks of "Aurum," "kali iodid.," "sulphur," "ammonium muriaticum," "phytolacca," and "arsenicum." This is as it should be. It raises in the estimation of the readers the author of the paper, and confirms what we stated as to the open-minded liberality of the editor of the *Medical Brief*.

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#### CLINICAL CONFIRMATION OF A PECULIAR SYMPTOM.

By W. S. SEARLE, A.M., M.D.

DURING the three or four years last past I have suffered from a mild but continually increasing angina pectoris.

I may state that my father, in his later years, also complained of occasional attacks of a similar nature, as also have my brother and sister.

In my own case these attacks occurred only occasionally and in the evenings, after even a very light supper.

A gradual but unmistakable increase of the disease was

remarked. The attacks began to appear in the afternoon also, and a dull aching in the left arm during them became more and more noticeable.

On walking at an ordinarily brisk pace a dull, aching pain began in the cardiac region. It seemed as if the heart were turned to a stone. My pace must be slackened, and a slight dyspnoea was noted.

Alcoholic stimulants were useless as palliatives. The outlook seemed quite discouraging. But on careful and protracted search for the similar I happily hit upon the following in *Allen's Handbook*, p. 54, under "Ambra," the following :

"Palpitation when walking in the open air, with pressure in the chest as from a lump lodged there or as if chest was obstructed."

Most of this quotation is italicised, but should now, I think, be still more emphasized, for after using the tincture of that drug in doses irregular as to time, this distressing symptom has entirely disappeared during the past few months, and my anxiety as to the issue has been wholly relieved.

If this experience shall be confirmed by others, as I feel sure it may be, this brief narrative will justify its appearance in print.—*Hahnemannian Monthly*, September.

#### DIOSCOREA VILLOSA IN CONVULSIVE COLIC.

I. A TEACHER of drawing, about forty-two years of age, slight of build, and of choleric temperament, with beard and hair already pretty grey, had been suffering for a year, off and on, from a nervous convulsive colic in the umbilical region. There was no good reason to suspect renal gravel. While resting, the patient felt pretty well, but as soon as he walked any distance he was seized with violent colicky pains, so that when taking a walk abroad he had to sit down on a stump or stone, when the colicky pains would cease after resting awhile. The patient had tried various remedies, finally, even a hydropathic treatment of eight weeks, with vegetarian diet, in a well-conducted hydropathic institution in Saxony, but all in vain. Finally he turned to homœopathy and received *Dioscorea* in a low potency. Even in a few days the trouble was much relieved, and after using about five grams in the mode prescribed he was permanently cured, as we ascertained by inquiry a few months later.

II. The second was the case of a merchant and *bon vivant* of one of our provincial towns, in his best years. He had been suffering for some time from frequent convulsive pains in the hypogastrium. There were no symptoms pointing

to renal gravel. A physician of good repute directed him to rub his abdomen daily with warm goose-fat, but it did not help him. Finally he came to me and received, with some dietetic directions, *Dioscorea* in low potency. In a few days he felt better and in a few weeks he was permanently cured, as shown by later enquiries.—Dr. Schaper, Berlin, from the *Homœopathic Envoy*, November, 1905.

### EPILEPSY AND A FEW OF ITS REMEDIES.

WITHOUT going into details as to the etiology, pathology, and diagnosis of the disease, I will principally confine myself to discussing the merits and demerits of a few remedies that I have had occasion to use in several cases during the last ten years. About seven years ago I had to treat a young Eurasian who had been suffering from the disease since his infancy. He was at that time about 22 years of age. After trying several remedies I gave him *bufo 3x* in repeated doses for about a fortnight. After that the medicine was administered at much longer intervals. When he came to me first, he was having these epileptic seizures almost every day; but during the course of the treatment he had only four attacks in a month, and a little while ago, when I had occasion to meet him, he informed me that he has been perfectly well ever since. The attacks generally came on at night and during meals.

I treated a Hindoo boy about 3 years old who had been subject to epileptic spasms from the tenth month of his life. This boy I had to treat for a long time, giving him *cuprum*, *cicuta*, *nux vomica*, *ignatia*, and *hydrocyanic acid* according to indications, but ultimately the disease yielded to *calcareo carbonica* in the 200th potency at long intervals. The principal indications were a leuco-phlegmatic constitution, lack of bone development, and the disease originating from the period of dentition.

The next case that I have to narrate was that of a boy about 12 years old, whose disease was the result of a severe blow on the head caused by a fall from some height. I gave *rhus tox.*, *natrum carb.*, *cicuta*, and *opium*, but he was ultimately cured by *hypericum* and *arnica 200*. Since then I have treated many cases where the principal remedies that have been called into requisition have been *belladonna*, *nux vomica*, *cœnanthe*, *nux moschata*, *cicuta*, *bufo*, *artemisia vulgaris*, and *sulphur*.

All these remedies have given me excellent results. *Ignatia*, *hydrocyanic acid*, and *zizia*, I have been sadly disappointed with.

I have still under treatment a European gentleman about 35 years old, who had been suffering from these epileptic attacks from a long time. He has been treated by almost all the leading doctors. In his case I tried cuprum, bufo, and nux vomica, but lately I have derived much benefit by giving him sulphur 200 at long intervals. He has, during my treatment, which extends over a period of three months, gained 7 lbs. in weight, and the fits that he used to have almost every day, he has had only once during the last month. He is a person of a deeply psoric constitution.—Editorial in the *Indian Homœopathic Review*, August.

## DIETETIC PREPARATIONS.

### STERILOID MILK.

THE British Steriloid Company, Ltd., North British and Mercantile Buildings, Dublin.

This is a powder prepared from pure and unskimmed cow's milk, and contains all the constituents of a galactagogue in its entirety; it has no added matter, and nothing but water is eliminated from the milk, and it is guaranteed to contain 27 per cent butter fat. By a careful process of sterilization all danger of infection is prevented. Steriloid Milk can, therefore, be prescribed with safety in all febrile conditions, and where there is a suspension of the digestive functions, especially in typhoid, infantile diarrhoea, and for those patients to whom milk in its liquid state is nauseous.

The best mode of employment in a liquid state, is to dissolve the powder by aid of boiling water, to the consistency of a paste, and then add sufficient boiling water to reduce the paste to the specific gravity of pure milk. The parts are : 1 oz. of steriloid milk, 8 oz. of boiling water.

Steriloid milk in its dry state will keep indefinitely under any climate or atmospheric conditions, and even when dissolved to the consistency of new milk, keeps without any apparent change for about two weeks.

We have tasted the Steriloid Milk in powder, prepared as directed. With a little sugar added, it forms a very agreeable and palatable food or drink. It considerably resembles in flavour Horlick's Malted Milk, and will be a valuable substitute for milk, when the latter is contra-indicated by the case in hand, or disliked, or disagrees. In such cases it is well worthy of employment, and being sterilized is safe to prescribe.



CORRESPONDENCE.

INTERNATIONAL HOMŒOPATHIC CONGRESS.

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

DEAR SIRS,—A Meeting will shortly take place of the Committees chosen by the British Homœopathic Congress, the British Homœopathic Society, and the British Homœopathic Association, to represent the interests of those bodies in connection with the International Homœopathic Congress, to be held next September in America.

The conveners invite suggestions for the consideration of the Committees.

Offers of papers for presentation to the Congress should be communicated without delay.

Yours faithfully,

(Signed)

C. KNOX SHAW.

GEO. BURFORD.

EDWIN A. NEATBY.

82, Wimpole Street, W.,  
December 18th, 1905.

INTERNATIONAL HOMŒOPATHIC DIRECTORY FOR  
1906.

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

GENTLEMEN,—The forms for correcting the entries in the Directory are now in the hands of most physicians who practise homœopathy. It is satisfactory to know that an increasing number are adding their names to what every one must acknowledge is a most useful and indispensable book of reference for every consulting-room.

Our Continental and American *confreres* find it most useful also. Dr. van der Harst, of Leyden, when visiting us last summer, expressed his appreciation, and Dr. van Lennep, of Philadelphia, who was also on a visit, as soon as his attention was called to the publication, at once subscribed for his name to appear in next year's issue. We may also add that Dr. Percy Wilde, of Bath, has now expressed his willingness to join with those who have so long been convinced of the useful purpose the Directory has served and continues to serve.

The Committee who edit the Directory (composed of Fellows and Members of the British Homœopathic Society) have but one object before them—the furtherance of Homœopathy by making it possible to ascertain at once the name, address, hours of consultation, telephone number, etc., besides his qualifications, of any doctor who practises homœopathy. For travellers and patients changing their residence, such information is invaluable and can be obtained in no other way.

Any qualified practitioners wishing to add their names are requested to apply to the Homœopathic Publishing Co., 12, Warwick Lane, E.C.

Yours, etc.,

*THE EDITOR of the  
International Homœopathic Directory.*

**“HÆMORRHAGIC PANCREATITIS.”**

*To the Editors of the “Monthly Homœopathic Review.”*

DEAR SIRS,—I was very much interested in reading the account of a case of hæmorrhagic pancreatitis recorded by Dr. Munster, and which was published in your last issue. Dr. Munster is to be congratulated on maintaining his patient for so long a term after the onset of acute symptoms, viz. eleven days; but it is much to be regretted that a more complete autopsy was not allowed. There are so many points in the pathology of this disease which require elucidation; more especially the condition of the pancreatic duct and duodenum should have been examined, and the source of the hæmorrhage (hæmatemesis and melæna) should have been sought for. For it is not clear whether hæmorrhage is the result of systemic disturbance, or whether it only originates in the pancreas and escapes into the alimentary canal *via* the pancreatic duct.

So far we have no definite evidence as to the cause of this disease, and to say that it is bacterial in origin does not help matters much, and at most it is probably only an exciting cause. It is generally accepted that the lesions are the result of the destructive effects of the pancreatic ferments. In health the pancreatic cells and the mucous lining of the pancreatic duct and duodenum are immune to the digestive action of the juice; but its solvent properties are active when brought into contact with any of the other living tissues of the body, as is demonstrated in cases of contusion of the pancreas, or when a surgical wound is infected with pancreatic juice. And again, Cl. Bernard and Pavy digested the living leg of a frog and the ear of a rabbit by exposing them to proteolytic ferments.

Experimentally hæmorrhagic pancreatitis has been produced by the injection of bile, bacteria, acids and alkalies into the pancreatic duct; so that theoretically it may also occur in the human subject when bile regurgitates into the pancreatic duct owing to blocking of the ampulla of Vater by a gall-stone, by infection of the duct with organisms from the duodenum, or by regurgitation of acid chyme from the duodenum. All of these exciting causes bring about the result by reducing the

vitality of the pancreatic cells, and thus negating their immunity to the pancreatic juice. And in corroboration of this view I would mention the fact that I have observed<sup>1</sup> hæmorrhage in two pancreases where the vitality of the cells had been reduced by new growths, and the hæmorrhage was not confined to the pancreas, but also occurred in the secondary growths as well.

Another possible cause of the occurrence of the hæmorrhage may be due to an increase of the peptonizing power of the ferments. Bayliss and Starling<sup>2</sup> have shown that the pancreatic juice as secreted in the gland has comparatively speaking very feeble digestive properties, but after having mixed with the succus entericus, where it meets with the ferment—enterokinase—its solvent action is very much increased. If then, after the mixture has taken place in the duodenum, it should from some cause (such as intestinal obstruction, which is apparently often present at the commencement of this disease) regurgitate into the pancreatic duct, its destructive effects would develop in spite of the presence of the normal degree of immunity of the pancreatic cells.

I am, Sir,

Yours faithfully,

FRANK A. WATKINS.

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### PHOSPHORUS.

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

DEAR SIRS,—I am much interested in the comments which my paper on "Phosphorus" have evoked from Messrs. Gould & Sons, and Messrs. Keene & Ashwell. In a brief reply let me dispose at once of the point concerning Phosphorus in Succ. Lim. One of my audience corrected my error in respect of the medium. Lest there should be any misunderstanding in regard to the preparation made by Messrs. Gould & Son, let me observe that, of all in the Pharmacopœia, I could least afford to do without this one. I have used it constantly for upwards of twenty years with entire satisfaction, and with the profoundest conviction of its utility, in cases *other* than those to which I refer in my paper.

The next point is the so-called polypharmacy. This is primarily a medical question, and does not call for discussion here.

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<sup>1</sup> "A Clinical Study of Diseases of the Pancreas." *Journal of the British Homœopathic Society.* July, 1905.

<sup>2</sup> *Ibid.* April, 1904, page 141.

The strange thing, however, is, that whilst one of your correspondents complains of polypharmacy, and the fallacy which may arise therefrom, the other avers that a "new preparation altogether" is formed, by the combination of phosphorus and turpentine. Both positions cannot be logically maintained. If the former be true, then the therapeutic equivalent is the sum of the action of the two drugs, be it homœopathic or allopathic. I contend, however, it is the former. If the contention, that a new preparation altogether ensues, be correct, then, I hope, it will soon be "proved," and thus the matter settled. Finally, as to clinical results: If on reading your correspondents' letters one is tempted to the conclusion that the pharmacy of phosphorus in turpentine is nebulous, the clinical results on the other hand are sharp, clear, and definite. I have nothing to retract, but more to add to strengthen them.

They are indubitable, and to the mind of the writer, at least, are what our American cousins would call "frozen facts."

Yours truly,

Liverpool, Dec. 16th, 1905.

WM. CASH REED.

## PHOSPHORUS.

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

GENTLEMEN,—It is much to be regretted that your correspondents, Messrs. Keene and Ashwell, did not give references to the writings of Mr. Ashwell, which they mention in your December issue, so that your readers might judge from the ascertained facts whether his conclusions were justified, and also learn at what temperatures the combinations of phosphorus with turpentine and other oils he instances were effected.

It is now well known that turpentine at the temperature of the stomach impedes, though it does not entirely prevent, the poisonous action of phosphorus, and hence its employment as an antidote in cases of phosphorus poisoning pending the use of emetics (O. Bush, in *Pharm. Journ.*, 3rd series, xxiii., 183).

Many years ago A. H. Köhler and Schimpf prepared from a mixture of phosphorus with ordinary turpentine oil containing oxygen, warmed to a temperature of 40° C., a crystalline substance, which had an acid reaction and an odour of pine oil when exposed to the air. This decomposed on further warming to 50° C. into a resinous mass, containing an acid

which they named turpentine-phosphoric acid, giving as the formula for its barium salt  $C_{20}H_{15}PO_2Ba$ . (*Journ. Chem. Soc.*, 1873, 179.)

These reactions, however, applied only to ordinary turpentine oil, containing oxygen, at raised temperatures, and the question arises whether solutions of phosphorus in a mixture of oil of lemon and alcohol are liable to undergo like changes at an ordinary temperature.

From the medical testimony we have received regarding the action of Gould's solution, we are justified in concluding that it retains at least the tonic properties of phosphorus, if not altogether those dependent on its irritant qualities.

As in many other cases, there are several methods of preparing this solution, with varying results, but temperature is a most important consideration in all chemical operations, and especially so in this instance.

Yours faithfully,

E. GOULD & SON, LTD.

(JOHN M. WYBORN, F.C.S.  
*Managing Director.*)

59, *Moorgate St., E.C.*,  
6th November, 1905.

### DROPS OF WATER.

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

DEAR SIRS,—The enclosed "Lament, by one who has gone through it," *re* the post-operative restriction of water in abdominal section, may amuse readers of the *Review*.

Sincerely yours,

WM. CASH REED.

15, *Prince's Avenue, Liverpool.*

*(With apologies to the Gynæcologists.)*

Little drops of water,  
Tongue as dry as sand !  
I could drink the ocean,  
Can't you understand ?

'Twere a deed of kindness,  
'Twere a thought of love,  
To lay me as a main-pipe  
To the tank above.

For the lagging moments,  
Thirsty as they be,  
Seem the mighty ages  
Of eternity.

## CONGRESSES OF HOMŒOPATHIC PRACTITIONERS.

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

DEAR SIRS,—Dr. Proctor and I think a tabulated account of our past Congresses will be interesting to your readers; and may, perhaps, also be useful for future reference. We therefore, forward you the following statement, and hope you may think it worth publishing.

*Birkenhead, December 4th, 1905.*  
Yours truly,  
JOHN W. HAYWARD, M.D.

Year and Date	LOCALITY	PRESIDENT	ADDRESS
1850, Sept. 13, 14	Cheltenham	Dr. Willis	Homœopathy defended against its Critics
1851, July 23, 24	London	Black	On Medical Ethics—Dr. Ozanne
1852, Sept. 3	Edinburgh	Henderson	Homœopathic Practice—Dr. Drysdale
1853, Aug. 4	Manchester	Drysdale	The Homœopathic Law—Dr. Sharpe
1854, Aug. 9, 10	Leamington	Quin	Allopathy v. Homœopathy—Dr. Henderson
1855, July 4	London	Madden	Homœopathic Practice—Dr. Garth Wilkinson
1870, Sept. 28	Birmingham	Drysdale	Modern Medicine and Homœopathy
1871, Sept. 27	Oxford	Madden	The Relation of Therapeutics to Modern Physiology
1872, Sept. 10	York	Black	The Attitude of the Members of the Medical Profession towards Specific Medicine
1873, Sept. 11	Leamington	Sharp	The Law of the Action of Drugs; Action of Small Doses.
1874, July 4	London	Yeldham	The Law of the Dose Influence of Homœopathy on General Medicine since Hahnemann
1875, Sept. 9	Manchester	Bayes	Position of Homœopathy in the Rational Practice of Medicine
1876, Sept. 21	Clifton, Bristol	Hayle	The Medical World: its Practice; its Opinions, and their Tendencies
1877, Sept. 12	Liverpool	Pope	Causes of Professional Opposition to Homœopathy
1878, Sept. 26	Leicester	Gibbs Blake	Evolution in Therapeutics
1879, Sept. 11	Malvern	R. Hughes	Homœopathy: Its Present State and Future Prospects
1880, Sept. 9	Leeds	Yeldham	The Pursuit of Certainty in Medicine
1881, July 11 to 18	London	R. Hughes	International
1882, Sept. 7	Edinburgh	Drury	The Search after Truth
1883, Sept. 13	Mutlock	Moore	A Bird's Eye View of Homœopathy in Great Britain

1881,	London	...	Dr. Hayward	...	Recent Pathology in its Bearings on Scientific Therapeutics, involving the question: Can Homoeopathic treatment with infinitesimal doses cut short Infectious Diseases dependent on Living Germs?
1885, Sept. 25	Norwich	...	H. Nankivell	...	The Position of Therapeutics as a Science and an Art International
1886, Aug. 4	Basle	...	A. C. Clifton	...	The Therapeutic Changes in the Victorian Era: their Meaning and Lessons for Homoeopaths
1887, Sept. 22	Liverpool	...	D. Dyce Brown	...	Liberty of Opinion Indispensable to True Progress in Medical Science
1888, Sept. 20	Birmingham	...			Omitted because Dr. Pope had left Tunbridge Wells, where the Congress had been arranged to meet
1889,	Bournemouth	...	C. H. Blackley	...	Observations on the Progress and Tendency of some of the Modern Methods of Scientific Research
1891, July 9	London	...	Harris	...	After Twenty Years, and Twenty Years After
1892, Sept. 22	Southport	...	Ramsbotham	...	Our Progress and Aims
1893, Sept. 24	Northampton	...	Hawkes	...	Should Likes be treated by Likes?
1894, June 24	London	...	G. Blackley	...	On the Relation of Homoeopathy to Pathology
1895, Sept. 19	London	...	E. M. Madden	...	Recent Pathological Investigations and Theories, with Special Reference to certain Points which seem to bear on the Doctrine "Similia Similibus"
1896, Aug. 3	London	...	Dr. Pope	...	The Influence of the Therapeutic Teaching of Hahnemann in 1796 on the Study and Practice of Medicine in 1896
1897, Sept. 16	Clifton, Bristol	...	Proctor	...	Hahnemann and Darwin: A Comparison
1898, June 3	London	...	Eubulus Williams	...	The Evolution of the Science of Medicine
1899, June 8	Leicester	...	Byres Moir	...	The Effects of Modern Therapeutic Researches on the Position of Homoeopathy
1900,	Paris	...	George Clifton,	...	International Congress
1901, Sept. 19	Liverpool	...	Chair taken by Dr. J. D. Hayward	...	The New Century and the Increasing Purpose of the Medical age
1902, July 11	London	...	C. Knox Shaw	...	The Signs of the Times
1903, July 23	Oxford	...	Percy Wilde	...	Hindrances to Truth
1904, July 1	London	...	Burford	...	"Similia Similibus Curentur" as Science, Politics and Culture
1905, Sept. 22	St. Leonards-on-Sea	...	Goldsbrough	...	Freedom in the Practice of Medicine. Its Necessity and Implication

## 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 Dr. DYCE BROWN, 29, Seymour Street, London, W. Telephone, 138 Mayfair.

Dr. POPE'S Address is Holmleigh, Approach Road, Margate.

Contributors of papers who wish to have reprints are requested to communicate with Messrs. E. GOULD & SON, Ltd., 59, Moorgate Street, London, E.C., who will arrange with the printers. Should Messrs. GOULD & SON receive no such request by the date of the publication of the *Review*, the type will be taken down.

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.

Dr. T. MILLER NEATBY has commenced practice at 25 Petherton Road, Highbury New Park, N.

Communications have been received from Dr. BURFORD, Dr. ROBERSON DAY, Dr. SEARSON, Dr. FRANK WATKINS, Dr. E. A. NEATBY, Dr. GOLDSBROUGH, Mr. J. M. WYBORN, Messrs. KEENE and ASHWELL, Mr. ATTWOOD (London), Dr. J. W. HAYWARD, Dr. CASH REED (Liverpool), Dr. BLACK (Torquay).

## BOOKS RECEIVED.

*The Claims of Cheese, as an Article of Diet*, by Dr. F. Bond (Gloucester). *Physicians' Diary and Case-book* (Keene & Ashwell). *Vivisection: a Plea for its Abolition*, by Dr. Black (Torquay) *Homœopathic World*, December. *Vaccination Inquirer*, December. *Calcutta Journal of Medicine*, October. *Indian Homœopathic Review*, October. *The Therapist*, December. *The Chironian*, October and November. *American Physician*, November and December. *North American Journal of Homœopathy*, December. *St. Louis Medical Review*, November 18, 25, and December 2, 9. *Homœopathic Recorder*, November. *Medical Brief*, December. *The Clinique*, November. *Medical Century*, December. *Homœopathic Envoy*, December. *Medical Times*, (New York), December. *Pacific Coast Journal of Homœopathy*, November. *Allgemeine Homöopathische Zeitung*, November 23, December 7, 21. *Homöopathische Monatsblätter*, December and January. *Zeitschrift Des Berliner*, &c., December. *Homœopathisch Maandblad*, December. *Boletin de Hospital Homœopata*, July, August, September. *Le Mouvement Hygiénique*, November. *L'Art Medical*, November. *Le Propagateur de L'Homœopathic*, November. *Revue Homœopathique Française*, November.

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 DIMINISHING BIRTH-RATE.

THIS is not a subject which has anything to do with homœopathy. It is a topic of national interest and importance, and largely concerns the entire medical profession. It has a special call on the notice of all practitioners, whatever may be their views on therapeutics, for they are in the secrets of their patients, and know more about their habits and lives than anyone else. They can give advice when it is evidently needed in a way that no one else can, and without fear of misinterpretation, since it can be given in such a quiet and confidential manner that no one need be aware of the fact except those who are counselled.

There is no doubt that a progressive and increasing birth-rate is a sure sign of prosperity in any nation, while the reverse is equally true, and this fact cannot be gainsaid. There is no doubt also that it is GOD'S Law that fruitfulness on the part of any nation is His intention and wish, if it is to prosper, and fulfil His beneficent aim for mankind. Where there is a steady and persistent diminution in birth-rate in any nation, there is something wrong somewhere. There is either the, what one might term, natural or normal going down of a race or nation, leading to their gradual extinction in numbers or power and influence.

as we note in certain of the inferior races; or the same process occurring in nations that have at one time been important in the ruling of the world, and have gradually taken a second or even a third place in public estimation, and in national greatness. Or, if these features are not visible, there is something evidently amiss in the habits and mode of life of these nations, which requires to be carefully looked into, and, at any cost, rectified. Something, in fact, which is voluntary, and which has become so much the fashion in Society that it tells in national statistics, but which being artificial is quite preventible.

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Of course we all know that there exists a certain age in women in which only fertility is possible. During that period the normal result of marriage is a family of a fairly good number of children, while marriages that are non-fertile are the exception and not the rule. The maternal instinct in women is strong, and everyone knows, and doctors especially, that married women of a healthy and normal type who are not blessed with children have a great desire for offspring, and consider it a thing rather to be ashamed of than otherwise, and will submit gladly to any treatment which is likely to result in fertility. We find this sentiment strong in oriental nations, and noticed incidentally in the Old Testament, where sterility is looked upon as a stigma, or even a curse. Not only is multitudinousness of seed promised to ABRAHAM, the father of the Israelite nation, as one of his chief blessings, his seed having been prophesied to be as the sand of the sea-shore, and as the stars of heaven in number, but, after the Flood, we are told in Genesis ix. 1, "And GOD blessed NOAH and his sons, and said unto them, Be fruitful, and multiply, and replenish the earth;" and again in verse 7, "And you, be ye fruitful and multiply; bring forth abundantly in the earth, and multiply therein." Again in Psalm cxxvii. we have the well-known verses, "Lo, children are an heritage of the Lord; and the fruit of the womb is His reward. As arrows are in the hand of a mighty man; so are children of the youth. Happy is the man that hath his quiver full of them; they shall not be ashamed, but they shall speak with the enemies in the gate." So in the next Psalm, cxxviii. "Thy wife shall be

as a fruitful vine by the sides of thine house ; thy children like olive plants round about thy table."

And to go back to the earliest days of creation, we are told in Genesis i. v. 28, "And GOD blessed them" (our first parents), and GOD said unto them, Be fruitful, and multiply, and replenish the earth, and subdue it." After such commands on the part of the Creator, it seems coming down from the great to the little to notice the terms of the Marriage Service of the Church of England. But one has only to look at it to see what it states as the primary aim of marriage.

It may be said that as everyone knows all this, it is quite unnecessary to "rub it in" as we have done. But it is not so. Very often things are well known, but as abuses become common and almost universal in civilized countries they are apt to be taken for granted, and allowed to be let alone without advice or comment. Hence, when facts crop up and stare us in the face, it is well to re-state the true aspect of the case, and have our energies and influence stirred up afresh to counteract the mischief for the future. We therefore think that we need not offer any apology for drawing attention to an evil fraught with so much national importance.

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Now what are the facts ? At one of the last meetings of the Royal Statistical Society, a most valuable and suggestive paper was read on "The Decline of Human Fertility in the United Kingdom and other Countries as shown by corrected Birth-rates," by DR. ARTHUR NEWSHOLME and DR. T. H. C. STEVENSON. This paper is really a continuation of others by the same authors in the *Journal of Hygiene*. It has been known as a general fact that for thirty years there has been a marked decrease in the birth-rate, not only in the United Kingdom, but in all other European countries in which reliable statistics are kept and recorded. Statistics, we all know, are easily manipulated, and may be made to prove anything. But this cannot be said of the statistics of DRs. NEWSHOLME and STEVENSON, which simply give accurate records of what was known already in a general way. The figures from 1876 to 1901—twenty-five years—are given, and

show the following results. The numbers indicate the fall in the birth-rate—that is, the number of births per thousand of the population :—

United Kingdom.—From 34·8 to 28·0.

England and Wales.—36·3 to 28·5.

France.—26·2 to 22·0.

Switzerland.—33·0 to 29·1.

Austria.—40·0 to 36·9.

German Empire.—40·9 to 35·7.

Prussia.—40·7 to 36·2.

Sweden.—30·8 to 26·8.

It seems to have been about 1876 when the birth-rate began to fall steadily and progressively. And it is a noteworthy fact, as bearing on this question, that the proportion of illegitimate children is so small as to exert no apparent influence on the result of the statistical observations. It would actually seem that the illegitimate births have declined even more than the legitimate ones have done. The question of cause is difficult, and one has to be careful in reading the meaning of statistics. But Drs. NEWSHOLME and STEVENSON come to the conclusion that natural causes for declining fertility will not account for the facts they have elicited, and they draw the inference that the general and almost universal fall in the birth-rate is due to artificial causes, which are well known to exist in all so-called civilized countries. We do not need to enter into particulars of the means to which so many married people resort for the direct purpose of having small families, or none at all. These means are well in the knowledge of doctors, and of husband and wife who avail themselves of such means with the one end in view. This end is aimed at in the present age of luxury, extravagance, gaiety, and selfishness. The husband and wife care only for their own pleasures and luxury, and look on a family as a nuisance. The husband can't be "bothered" with children, and the wife declines to nurse the children which she cannot escape from with the natural nourishment from herself, in order not to be tied to home as she would otherwise be. And having borne a child in the early days of marriage, she resolves, with her husband's aid, to have no more. *Hinc illæ lacrymæ.* Living is so extravagant at the present time, that young

men are not content, as in former days, to marry on a small income, and live a quiet, homely life, but, brought up in extravagant, luxurious ways, they say they cannot now afford to marry. Girls, also, formerly educated in a quiet home-loving manner, are now so restless and fond of excitement. They consider that an evening at home is a dull, "slow" thing, only endurable as a sort of rest after days and evenings of fatigue and gaiety. Hence they will be content to marry none but wealthy young men, on whose large income they can depend for a continuance of the excited gaiety to which they have been accustomed. No wonder that otherwise eligible young men, who are not well off, shrink from marriage. Many men thus degenerate into confirmed bachelors, and girls into marriageable but unmarried women till they get past the fertile age.

Both these conditions—the arrangements of the married couples, and the frivolous lives of the young men and girls, preventing the healthy lives of couples of former days—account largely, and we might almost say chiefly, for the decadence in the birth-rate of the Western nations, and it is a melancholy tale.

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What is to be done? Something must be done, and a great deal is in the hands of the doctors. Hence our bringing the subject so prominently forward in a Medical Journal. Doctors cannot, we are quite aware, stem the unhealthy state of nervous excitement and luxury so current at the present time, but they can point out to their patients who are married, in the first place, how wrongly they are acting from a moral and religious point of view, going against GOD'S law of marriage, and acting in direct contradiction to what we are told in the English Church Service is the first intention of marriage. Secondly, they can tell their married patients how they are running a decided risk of failure of nerve health, shown in various ways, as the result of such evil practices. This is an important issue, and ought to be well kept before those whom it concerns from a medical or preventive point of view. Thirdly, it should be clearly pointed out that in acting as they are in the habit of doing, they are personally and

individually contributing to what is a slur against any nation, and which directly involves a national falling off and degeneracy. This result, only now in the early stage, fulfils the natural law that an abuse, at first hardly manifest, increases steadily without much notice being taken of it, till the nation wakens up to the evil already done, when it is either too late, or, at all events, must take a long time to rectify.

From all points of view, to artificially cause the birth of small families, or of none at all, is utterly wrong from a religious or even moral mode of looking at the question, while the result, unnoticed at the time, is disastrous nationally. Especially in the British Empire is it more disastrous than to any other nation in Europe, since it is we who specially are in need of population for our Colonies, and who therefore have openings for our surplus home population of a kind and extent that no other nation possesses.

To sum up these remarks we would point out to our colleagues how much they have in their power in daily life and practice, and what responsibility rests upon them if they are silent, when they think that such unnatural means are adopted with a definite and morally unlawful aim. One may say that the action of one doctor can be of little avail. We would in answer to this feeble objection reply that a family and a nation consist of single individuals, that the greatest world results are accomplished by individuals, that political voting on the part of one individual may have the most beneficial or the most disastrous effects, and that any one who neglects to use his individual power and influence in a cause he knows and feels to be right, for fear of obloquy, is a poor creature, who will not only be despised by others, but cannot fail to despise himself. We trust, therefore, that our colleagues will take to heart the matter we have superficially noticed, and act according to their conscience, their sense of right and wrong in regard to their patients, and their sense of patriotism in regard to their country.

## THE INTERNATIONAL HOMŒOPATHIC CONGRESS.

A MEETING of the British Committee of the International Homœopathic Congress, consisting of members chosen by the British Homœopathic Congress, the British Homœopathic Society, and the British Homœopathic Association, met on the 16th of January. Among other important business which was transacted on this occasion, it was resolved to obtain a number of papers from members of the Homœopathic School in Great Britain. With this view it was considered advisable that as soon as more information was received from America a printed circular should be sent round, requesting co-operation of this kind.

When this circular is received we would ask that it should not be put into the waste-basket, as is done with many circulars, or even pigeon-holed with the intention of replying at some future time, but that each one of our colleagues should come to some definite decision at once, or as soon as possible.

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It is really a very important point that is here urged. British homœopaths would wish to be well represented, not only by those who personally will be present, but by the papers, and their quality. The quality, and the care bestowed on them, more or less, will be noticed and remarked upon by all who are present, and also by those who from absence are only able to read the papers afterwards. It is understood that those who can personally be present at the International Congress will be sure of having their papers read by themselves. To those who do not go over to America personally, these same promises cannot be made, but their papers will certainly be presented to the Congress, and they may perhaps be read. All papers either read at the meeting or presented to them will be printed in the Transactions of the American Institute of Homœopathy for 1906.

We would therefore urge our colleagues to think over the request contained in the circular which will be or has been issued, and give their best on this occasion. Let them not salve their consciences by saying to themselves that they have no time. Let them determine to make time, and produce such papers as will do honour to Great Britain.

The place of meeting is Atlantic City, a fashionable watering-place, nearly equidistant from New York and Philadelphia. The meetings are to be held synchronously with those of the American Institute of Homœopathy, within the first fortnight of September, somewhere probably between the 4th and the 14th. The exact date will be announced as early as possible. It is to be noted that, as formerly stated, our American brethren have altered their usual date of meeting from June till September, entirely out of regard for the convenience of their British colleagues. All necessary details of steamers, expenses, etc., will be furnished in the circular, or in some other manner.

The British Committee will want to know as early as possible after the receipt of the circular who can promise to go personally to America. We trust that all our colleagues will put their available energy and interest into this proposal, and make the result a great success on the part of British Homœopaths.

CHILDREN'S DEPARTMENT LONDON HOMŒOPATHIC HOSPITAL.

TYPICAL CASES BRIEFLY RECOUNTED.

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

Physician in Charge.

(Concluded from p. 13)

CASE XI.—*Acute Bronchitis*. Theodore E., æt.  $\frac{6}{12}$ , a fine child, was brought with a very severe attack of bronchitis. It was a child prone to bronchitis, and two months ago had a less severe attack. It was taken the previous day with a cough, and had no sleep in the night owing to the restlessness and laboured breathing. The temperature on admission was 102.6. The chest was full of rattling and wheezing rales, and there was urgent dyspnoea. It was a case of simple acute bronchitis, there was no pneumonia or broncho-pneumonia complicating the case. Ars. 3x and ipec. 3x alt. hr. and a mustard bath were ordered, and the patient at once sent into Barton Ward. After a hard struggle for life he made a complete recovery, and continued well till a fresh attack occurred on Dec. 28th, and his



mother again brought him with temperature 99·6 and bronchial rales over the front and back of the chest, with vomiting and diarrhœa. For this ant. tart. 3, gr. j, 2hrs. was prescribed.

*Remarks.*—Acute bronchitis is a very serious disease in early life, and some children appear to be especially predisposed to it. It is often associated with teething, and should be promptly taken in hand, as it so frequently leads to broncho-pneumonia, with which it is commonly associated. Ipec. 3x or 1x is our principal remedy for these cases, and is often given alternately with arsen. 3x with advantage, as in the case recorded.

CASE XII.—*Mastoid disease.* Sarah M., æt.  $\frac{1}{2}$ , came on Sept. 25th, 1905, with a cough, convulsions, diarrhœa, and sickness. The child was very anæmic but well nourished; the anus was excoriated from the diarrhœa. Pod. 3,  $\mathfrak{m}$ j, 2 hrs., and egg water were given. Sept. 28th. Still much tenesmus and passing curds and slime. Peptonized milk  $\frac{1}{2}$  and barley water  $\frac{1}{3}$ , aloes 3x.

Oct 16th.—Still having 5-6 motions a day, greenish curds; retains Nestlé's milk and water. Calc. ars. 3 gr. ii, 3 hrs. Oct. 23rd.—Admitted as in-patient with bronchitis and offensive diarrhœa. Nov. 30th.—Diarrhœa continues with various coloured motions. Sweats profusely. Calc. c. 12. Line water and milk in equal parts.

Dec. 21st, was brought with offensive discharge from the right ear, which was very tender, and the pinna projected in a marked degree from the head, and there was a tender swelling over the mastoid. She had had very little sleep the previous night. I admitted the case to the surgical department, and the next day she was successfully operated on and made a good recovery.

*Remarks.*—This case is typical of many which come to this department tainted by a strumous ancestry and made rickety by improper feeding and miserable surroundings. Neglected colds and a catarrhal condition of the mucous membranes, as seen in the chronic diarrhœa, favoured the Eustachian catarrh, which resulted in the disease of the middle ear and otorrhœa. Discharging ears, fortunately, do not often lead to disease of the mastoid cells, but it is a danger to be borne in mind, and when it exists needs prompt surgical treatment as in this instance, or meningitis or abscess of the brain may quickly develop.

CASE XIII.—*Infantile scurvy. Proptosis.* Winifred T., aged  $\frac{1}{2}$ , was brought by her mother on July 20th, 1905, with the left eye protruding from the orbit and the eyelids red and ecchymosed. This caused the child to have a most peculiar appearance, and rendered it so conspicuous that, owing to the unfavourable comments of friends, the mother sought advice for the child. This condition had existed for one month. She was a bottle-fed baby, took barley-water and milk till  $\frac{5}{2}$ , and since then had been fed on Savory and Moore's food mixed with Nestle's milk. At  $\frac{9}{2}$  she had whooping cough, and lately had diarrhoea and had not been well since.

Condition on admission : The left eye was very prominent and the eyelids swollen, and their appearance varies in colour like the changes in a bruise. The vaccination marks in the left arm had become hæmorrhagic, and there were punctiform hæmorrhages in the palate and also round the two lower incisor teeth, the gums were swollen, and a darker red than the rest of the gums ; she had only these two teeth although  $\frac{1}{2}$  old. There was much tenderness of the left leg, the ribs were markedly rickety, with the rosary, and the epiphyses much enlarged. She was very weak, so much so that she was unable to sit up alone and without support. Anæmia was pronounced, but the feature which attracted attention above everything else was the proptosis of the left eye. She was ordered calc. c. 6, grape or orange juice, and fresh nursery milk ; sea-salt spongings every morning. July 27th, was very much better. The protrusion of the left eye had almost disappeared, she was taking the milk well, and sitting up alone for the first time. Sept. 18th.—General improvement continued ; had cut another tooth, the first since eight months old.

*Remarks.*—Infantile scurvy, or, as it may be called, "patent-food disease," is now fairly common since infant foods are so popular. It is very frequently associated with rickets, and hence sometimes called scurvy-rickets. It is remarkable in the variety of the types it assumes. I saw in consultation a baby aged 1 year who was said to have stone in the kidney, and had been sent to London for an operation. It was infantile scurvy with hæmaturia. Another little patient was sent to me for paralysis, but it was scurvy affecting the shafts of the long bone of the legs. I can

recall the most puzzling case with a great swelling involving the right shoulder joint and marbled over the skin with dilated veins; it had all the appearance of a sarcoma, but another similar tender swelling of the left thigh prevented this mistake, and the child made a perfect recovery. In every case enquire carefully about the mode of feeding, and it will be found patent foods have been given to the exclusion of fresh milk, either entirely or very largely. Another patient I can remember was a fugitive from South Africa during the late war, and had been fed during the voyage on tinned foods. As soon as fresh foods are supplied the results are prompt and dramatic—as in the case recorded above. Rickets when present needs appropriate treatment also. Phosphorus in the 12 or 30 should be given during some course of the treatment, or lachesis 12 may be thought of.

CASE XIV.—*Double inguinal hernia.* Michael C., age 9 weeks, was brought to me for wasting, crying, and vomiting. On examination a large double rupture was seen extending into the scrotum on both sides. It was at once reduced with the characteristic slip and gurgle by laying the child on its back and holding up the legs and raising the pelvis so as to aid the return by the force of gravity; the manipulating finger easily replaced the gut, and then a wool truss was applied on each side and the patient directed to get a well-fitting double spring truss. Ipec. 3x was given for the vomiting.

*Remarks.*—I have never known a case of hernia in a young child not to be cured by a well-fitting and constantly-worn truss. It is most important to see that the truss fits perfectly and that the mother knows how to apply it and remove it, otherwise it may be taken off and the child allowed to cry, and so the rupture keeps coming down, or the truss fits badly and the rupture slips down in spite of it. I have seen trusses worn in this way with the hernia still down; one such little patient in private practice was cured when 3 years old by wearing a *suitably fitting* truss for 9 months. One sees occasionally in the medical journals some surgeon advocating operation for the radical cure of hernia in children—a perfectly unjustifiable operation in the opinion of the writer.

CASE XV.—*Mesenteric disease.* Annie W., age 3, was

brought to me by the mother on Jan. 5th, 1906, to show me how well she was! Usually patients are brought to us only when they are ill, but here was verily an instance of the "tenth leper." Out of gratitude the mother brought her child, saying she thought I should like to see how wonderfully Annie had got on. I did not recognize her as the miserable, snuffling infant of  $\frac{1}{2}$  year, with depressed bridge of the nose, for whom I prescribed merc. sol. 3 and merc. v. 2x. Then followed alternate vomiting and constipation, which called for antim. crud. 3. *Æt.*  $\frac{1}{2}$  year, she weighed only  $12\frac{1}{2}$  lbs. The vomiting rarely ceased for long, and offensive "mousey" smelling motions, with enlarged inguinal glands and liver, and distended abdomen, the skin being marbled with superficial veins, indicated mesenteric disease. For this I admitted her to the ward, and she improved considerably. Tub. 30 and 200 in weekly doses was now given, besides many other medicines as indicated from time to time, e.g., ars. iod. 3; ant. crud. 12; puls. 3x. On Sep. 30th, 1904, she developed adenoids, for which nat. mur. 12 was given. Last summer she had whooping cough, and was treated with drosera. 30 and corallium r. 30, which latter suited her well. She is now quite a rosy-cheeked, healthy-looking child.

*Remarks.*—It is needless to say more than to point out that this is one of many similar cases, and is mentioned here because she drew attention to her recovery by recently coming and showing herself. It only emphasizes the value of homœopathy, not only in acute disease but also in the chronic diseases. By patient selection of remedies, and given a reasonable amount of care and attention from the parents, it is seldom a case can be called hopeless.

CASE XVI.—*Chorea*. Edith J. C., age 8, admitted March 20th, 1905. Father died of phthisis, and the mother, who died in a fit, had suffered from chorea when pregnant with this child.

The child had been brought up by the bottle, and later developed rickets, and was always delicate.

The child presented the delicate appearance and refined features so commonly met with in chorea. The thorax was small and long, and there were slight movements of the limbs. Agaricus 3x thrice daily and cod-liver oil were ordered, and Ling exercises.

March 23rd.—Appetite poor, nights restless, talks in sleep; continue medicines, and add bell. 3x at night time, and rest entirely in bed.

April 13th.—Frequent micturition, movements less. Puls. 3x. May 1st.—Admitted to Barton Ward and improved, but on June 5th returned with constant movements in the left arm, and pains in the legs and knees. Actæa r. 3x and bell. 3x at night.

She improved in the summer, but had a relapse December 18th, with movements of the head, and especially left arm and leg. She would fall off her chair on sitting down. She was also anæmic. Agaricus 3x.

*Remarks.*—Cases of chorea are commonly met with. They come of a neurotic stock, generally are bright, quick, intelligent children, sharp at school, excitable, and sleep badly. Always thin, and have grown rapidly, and outgrown their strength. There is often a rheumatic history; and some writers (e.g. Dr. Cheadle) regard chorea as simply one of the manifestations of that protean disease "rheumatism." This case had the exceptional history that the mother suffered from chorea when pregnant with the child. Chorea is associated with anæmia, which is due to the rheumatic poison. Like all functional diseases of the nervous system, sun-light and fresh air play a very important part. Thus chorea is common in late winter and early spring—less frequent in summer and autumn. Confinement indoors, long hours at school, dark days—all predispose. Hence, it is necessary to bear all these factors in mind when prescribing. Relapses are common; and organic disease of the heart frequently develops. There are at present attending this clinic two tall overgrown sisters—both have had chorea, and both have organic valvular disease of the heart. In view of these facts chorea must be regarded as a serious disease, necessitating prompt measures, cessation of school duties, and removal from all excitement. The quickest and best plan is to send the patient to bed in a quiet country house, with unlimited good food. Carefully selected remedies have a marked effect.

CASE XVII.—*Results from Ophthalmia Neonatorum.*—George N., age  $\frac{1}{2}$ , sent to me by Mr. Stilwell, December 4th, 1905. This child had purulent ophthalmia the

third day after birth. He presented a pitiable spectacle—the left eyeball was gone; according to the mother's account it dropped out on the floor as the eye was being syringed at the hospital where she was attending with the child! The right eye was quite blind, the cornea opaque, showing a large anterior staphyloma. There was nothing else the matter with the child, who was otherwise well developed. Euphrasia 3x and euphrasia lotion  $\phi$ . 3ss to Oss were ordered.

*Remarks.*—The child was hopelessly blind beyond the power of restoring sight. It was one example of the worst results which follow from gonorrhœal ophthalmia. The child showed no signs of syphilis. This case emphasizes the necessity for taking the utmost care of the infants' eyes at birth. All infants should have the eyes sponged with cotton-wool swab dipped in boracic lotion gr. x to  $\zeta$ j immediately after birth. Some advise (e.g. Credé) the use of a solution of silver nitrate in all cases, and certainly this must at once be done if the eyes show any signs of ophthalmia. If the eyes are to be saved they must be promptly painted with a solution of silver nitrate gr. v to gr. x to the oz. according to the severity of the case, and repeated every few hours till improvement sets in. The physician must do this himself, or the sight will be lost.

CASE XVIII.—*Hæmatoma of Sternomastoid.* Ellen M., aged  $\frac{1}{2}$ , was brought by the mother on December 18th, 1905, with a large hard mass on the right side of the neck. The child was the first in the family, and born with a vertex presentation with forceps. In the sheath of the right sternomastoid was a hard mass, occupying the whole length of the muscle, extending from the sternum to the mastoid process. It was largest in the middle, and moved with the muscle. The child weighed  $7\frac{1}{2}$  lbs. Arnica 12 was given.

*Remarks.*—Hæmatoma of the sternomastoid is a rare condition, and usually follows breech presentations (two-thirds of the cases are breech), and is due to rotation of the head during parturition. The right sternomastoid is most frequently affected. There is no discoloration of the skin. The almost stony hardness makes it difficult to recognize as an effusion of blood. Prognosis is complete recovery, but it takes months.

CASE XIX.—*Adenoids and Mouth Breathing Cured.* Gertrude W., aged 5, came on January 26th, 1905, suffering from nasal obstruction. She was a rickety child, and had previously attended with rickets and congenital syphilis; and had taken syphilinum 200 and calc. carb. 6, which were now repeated, and subsequently natrum carb. 30 and natrum mur. 30. April 10th.—Snoring again. Medorrhinum 200, weekly doses, and calc. carb. 30; then thuja 30 prescribed by Dr. Tyler. July 13th.—Mouth breathing and nasal obstruction continue. Agraphis 12 and tub. 30 prescribed, and continued during the summer with the constant use of the chin strap. Sept. 11th.—Headache and earache, sore throat, coryza. Puls. 30 and syph. 200. Oct. 6th.—Mouth generally closed, ear better. Repeat. Oct. 27th.—Taken fresh cold, right tonsil enlarged. Ars. a. 3x. Nov. 3rd.—Cough quite well, only thickness in the throat. Merc. sol. 3. Nov. 17th.—Very much better, breathes through the nose well, tongue quite clean, no cough, appetite good, no earache. Calc. phos. 6. Dec. 15th.—Still improving, breathes well, tongue clean, if she takes cold it lasts a much shorter time. Jan. 5th.—1906.—Quite free from cold, and breathes well. C. phos. 6, tub. 30.

*Remarks.*—This case illustrates the successful results of medical treatment of adenoids. The patient was under treatment more or less for one year, and was cured. When it is remembered how difficult it always must be to supervise these *out-patients*, the result is very satisfactory, and should encourage the patient use of medicines in private practice rather than the too hurried resort to operation.

CASE XX.—*Asthma.* Cyrus M., aged 7, was admitted May 24th, 1905. His mother brought him because he “always had colds.” He was an unhealthy looking boy, with a dark skin and furred tongue. Nux v. 3x. June 8th.—Much better. July 10th.—Much mucus in the mouth and on the tongue. Argent. nit. 12. July 24th.—Repeat, and use of chin strap advised, as he was beginning the habit of mouth breathing. This was continued till Sept. 7th, when sulph. 12 was given. Sept. 25th.—Attacks of genuine spasmodic asthma. When he takes a cold has great dyspnoea at night, can’t lie down, wheezes and labours for breath, can’t walk then. Ipec. 3x, ars. 3x, alt.

2 hrs., ol. morrh. Nov. 13th.—No attack since. Rep. ars. a. 3x. Continues well, although there have been some bad fogs. Jan. 11th, 1906.—No attack since September.

*Remarks.*—Asthma in children is fairly common—in this case it was dependent on an unhealthy state of the gastro-intestinal and respiratory mucous membranes. The so-called peptic form of asthma is frequent, and idiosyncrasies as regards articles of diet are often met with; eggs in one case invariably caused asthma. The treatment was directed towards rendering the digestive organs more healthy, and the primæ viæ acting regularly. Arsen. and ipec. are specifics here.

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## TUBERCULINUM AND ARSENICUM IODATUM IN ALBUMINURIA.

By DR. A. LAMBREGHTS, of Antwerp.\*

*Tuberculinum.*—I was led to experiment with this medicine in nephritis because I had been struck with the constancy and intensity of the kidney symptoms in tuberculous patients undergoing treatment with Koch's tuberculin. I found, in fact, that if a relatively feeble dose of tuberculin be injected under the skin of a phthisical patient whose kidneys are sound, sharp pains are soon experienced in the region of the kidneys; the urine becomes albuminous and at times contains a notable quantity of blood. Tuberculin is therefore capable of producing well-marked acute nephritis, and the three symptoms, renal pain, albuminuria, and hæmaturia, are included in the pathogenesis of *tuberculinum* published by Dr. Mersch in the first volume of the *Journal Belge d'Homœopathie*.

Since that time I have had the opportunity of trying the effect of the drug in different varieties of nephritis, and I have observed that it is especially efficacious in infectious nephritis, such as the nephritis supervening upon scarlatina, upon influenza, or upon erysipelas. Tuberculin would be specially indicated if the patient showed any disposition

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\*Translated by Dr. Blackley, from the *Journal Belge d'Homœop.* August, 1905.



to tuberculosis or to catarrhal pneumonia. Dr. Jousset fully confirms the beneficent action of tuberculin in post-scarlatinal nephritis.

The remedy appears less efficacious in chronic nephritis; nevertheless I believe it may render important service in the treatment of Bright's disease associated with tuberculosis or pulmonary hepatitis.

Clinical observations :—

CASE I.—Marie H., aged 9 years, of lymphatic temperament, and without tuberculous antecedents. Was attacked with scarlatina on March 10th, 1904. The malady pursued a normal course under the influence of the usual homœopathic remedies, when about the eighteenth day symptoms of acute nephritis showed themselves. The eyelids were puffy, there was slight œdema of the ankles, and the urine contained 3 per 1000 of albumin (Esbach). R Tuberculinum 6 and milk diet. After ten days of this treatment the urine contained only half the quantity of albumin, and the œdema of the ankles had totally disappeared. At the end of the fourth week there was no trace of albumin remaining.

CASE II.—Auguste V., aged 58, brewer, seen Nov. 14th, 1903. The patient had had some weeks previously a violent attack of influenza, the respiratory and digestive symptoms predominating. This was followed by acute nephritis with well-marked uræmic complications. When I first saw the patient he was delirious; there were vomiting and convulsions; the pupils were dilated; the urine was sanguinolent and contained about 8 per 1000 of albumin. At the right base there were dullness and some fine dry râles. The tongue was coated, bowels constipated, temperature 38° C.; there was no œdema of the lower extremities. I prescribed cupr. acet. and cantharis to combat the uræmic complications. Under the influence of these two drugs the head-symptoms improved considerably, and the patient recovered consciousness the very first day. Nevertheless the urine remained red and strongly charged with albumin. I then tried tuberculinum 6, which appeared indicated by both kidney and lung symptoms. The patient used the remedy for a month, and by Dec. 14th he had completely recovered, not a trace of albumin remaining in the urine.

CASE III.—A woman of 40, of lymphatic temperament, showing old cicatrices on the neck, and two of whose children had died tuberculous, was seized with erysipelas, which commenced with the *alæ nasi* and invaded face and scalp; then these symptoms disappeared suddenly, and she complained of vague pains in the loins. The urine contained blood and about 1 part per 1000 of albumin. There was but slight œdema. The tuberculous constitution of the patient led me to prescribe tuberculinum 6, which answered perfectly. At the end of ten days the patient was completely cured.

*Arsenicum Iodatum*.—This is one of the most important drugs in chronic albuminuria. Its homœopathicity is undoubted; in fact in toxic doses it completely disorganizes the kidneys, and we find in the urine albumin and the formed elements from the renal gland. In exceedingly minute doses it acts as a re-constituent of the kidney, and under its influence the albumin diminishes in a marked and constant manner even in the gravest cases, as I have often had occasion to testify. Iodide of arsenic is specially efficacious in the lower triturations (third or second decimal). The high dilutions seem to have a less certain and prompt action. It is especially indicated in the chronic nephritis of anæmic patients, in parenchymatous nephritis, and in the interstitial nephritis of arteriosclerosis.

CASE I.—The patient was a farmer, aged 47, suffering for several years from parenchymatous nephritis. In consequence of a chill the malady became aggravated; œdema showed itself in the lower extremities and made rapid progress. Sudorifics, purgatives, and diuretics were exhibited, but without success. *Paracentesis abdominis* was performed on three different occasions, but each time the ascitic fluid collected again within three or four days, and the medical attendants gave a hopeless prognosis. It was then that the patient's wife came to me begging me to examine the urine and to tell her if there were still some chance of a cure. A rapid examination of the urine showed that it contained a large proportion of albumin. On a more careful analysis it was found to amount to 15 grams per litre; it contained numerous hyaline and fatty casts and was deficient in urea. I commenced treatment with cantharis, but without result. I then administered

first arsen. iod. 3x, and soon afterwards arsen. iod. 2x, under the influence of which drug considerable amelioration took place; the urine became more abundant and the anasarca disappeared insensibly.

After six months' treatment the urine still contained about 2.5 grams of albumin, but the patient believed himself cured and left off medicines. I had occasion to see him lately, after an interval of five years, and though the urine still contains about 2 grams of albumin, the patient has been able to follow his out-door occupation without experiencing very much fatigue.

CASE II.—On Jan. 28th, 1903, I saw a young girl of 14 who had never menstruated, and who had suffered from chronic nephritis for more than a year. She presented all the symptoms of anæmia, pale tint, blanched lips, palpitation, oppression on the least exertion, neuralgia, leucorrhœa, etc. The urine contained 2 grams of albumin. The treatment hitherto had been entirely unsuccessful. Arsen. iod. 3x had completely removed the albuminuria at the end of three weeks, and the general condition had very markedly improved.

CASE III.—I am at present treating a young man of 23 suffering from chronic nephritis for the last two years. When I first saw him his urine contained 5.5 grams of albumin and numerous hyaline cylinders. The different allopathic drugs to which he had been subjected had had no influence upon the quantity of albumin. I prescribed arsen. iod. at first in the 3x and then in the 2x trit., with a diet consisting of milk, vegetables, and fruit. When next examined the urine contained only 1.5 grams, and the hyaline cylinders had completely disappeared.

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## ACONITE: IN ITS LESS COMMON ASPECTS.\*

BY SPENCER CARLETON, M.D., New York.

It falls to the lot of us all to make happy hits between malady and medicine. So, while I have met a number of cases cured or markedly relieved by aconite, in conditions where at first glance we should scarcely expect aconite

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to be the homœopathic similar, I make no pretence of claiming a knowledge of unusual indications for its administration. Rather the contrary. If one has an intimate knowledge of the genius of a remedy and is willing to study his cases, it is not always so difficult to see in the analysis of a patient's symptoms the counterpart of the remedy.

If I understand correctly the purpose of our meetings, it is for the clinical verification of our materia medica. Upon this our whole homœopathic system devolves. So, while I intend to present clinical cases showing that a drug, selected because most similar in its pathogenesis to the sick patient's symptoms, is curative, let me make a digression lest we fall into a most common and deplorable pitfall. I mean let us avoid the too prevalent confusion between facts and hasty generalization or deduction.

Hahnemann and his first followers, by painstaking experiment and observation, gathered for us the fundamental facts; and by sound inductive methods disclosed most important laws underlying them. These laws we as homœopaths verify daily, hourly. These facts are the symptom-groups of our materia medica, gained chiefly by proving upon the healthy. These facts have never deceived us. Facts never do; never can. But those who try to get behind facts by deduction or explanation are on dangerous ground, especially if they act upon those deductions. Our theories change; the underlying facts never do. We wrangle over hypotheses; never about facts. Facts are trite, self-confirming and self-asserting. Consequently the greater the man in any branch of natural science—and I mean of course to include medicine here—the wariest is he of theorizing. Facts are ever his desiderata; and his ability to cope with problems lies in his knowledge of fundamental facts.

So our success in application of the homœopathic law is in exact proportion to our knowledge of the fundamental facts, viz., the symptom-groups of the materia medica. We don't really know *how* belladonna dilates the pupils, nor *why*, but that it *does* dilate the pupil we know as an indisputable fact once and for ever. So let us beware how we state that bryonia is good for pleurisy, phosphorus or antimonium tart. for pneumonia, opium for diarrhœa,

or aconite for fever. On the contrary we *know* that aconite, for example, is distinctly *bad* for most cases of typhoid or of intermittent fevers. Hence such generalizations are false. At least they need so many restrictions and qualifications that at the end we are back to the basic facts—the symptoms themselves. Aconite produces in the healthy a sharply-defined febrile state. Aconite does cure *all* such when occurring as the result of disease: *and no others*. As everywhere in scientific investigations, we must state *all* the experimental conditions with exactness or we have not a fact, but an untruth. The appeal to what *is* in nature is supreme.

Since we have dwelt upon the dangers of hasty, generalized, or routine prescribing of drugs, I pass over that which is commonly accepted as the indication for aconite:—fever, flushed face, rapid, tense pulse, early congestions, first stages of “colds,” pneumonia, etc., etc.

The first case I would bring to your attention is one of intermittent fever of five years' standing. The patient, nearly seventy years of age, had been upon treatment all this time under all the schools from “regular” to Christian science and osteopathy. She had consulted four of our pre-eminent homœopathists. For over a year she had been under the care of one of our foremost men, who remarked that he would have to begin on a new *materia medica*, since he had tried every remedy he could think of. Of course he had not thought of aconite for intermittent. I will not weary you with a recital of her very long history. There were two sets of paroxysms. Major chills came every seventh day. Plasmodia were plentiful. The fever was contracted in Indiana, and the patient had the usual “slows.” She was unable to come to New York, and for several weeks I tried to prescribe through correspondence and reports by members of the family. The four p.m. chill, incarcerated flatulence, blue lips and nails, jaundice, and a train of other symptoms had led me to prescribe lycopodium with negative results. Finally I was able to see the patient. I found her tossing about the bed, in much anxiety, one cheek red, the other pale. She *had* to move, but every time she moved a rigor would pass up the spine and the face would become pale. She had a *loose* cough, and not a high fever, but a long

lasting subnormal temperature ; also profuse sweat, bitter vomiting ; chill began in the feet, bright red hypothenar eminences of the hands. Notwithstanding the suggestiveness for nux., arsenicum, lycopodium, chamomilla, etc., the picture was that of aconite. Aconite 200th, one dose a day, after the paroxysm was over, completed the cure in a week. That was two years ago. She has been well ever since.

I would call attention to these features of the case :

The bright red and dry hypothenar eminences has been a leader to the selection of aconite in a number of cases. Of course you understand that the *totality* of the cases cited corresponded with the drugs. But the special leaders furnished the clue to the right remedy.

Chilly when they moved suggests nux of course. But aconite and pulsatilla have this symptom nearly as prominently.

One cheek red, the other pale, occurs notably under chamomilla, aconite, ipecac. Water tastes bitter, aconite pre-eminently.

Red face, turning pale when rising, is characteristically aconite, and often distinguishes it from belladonna, which becomes redder on rising.

Restlessness, anxiety, fear, thirst, are well known and strong indications for aconite.

My second case is one of religious mania, alternating with melancholia : the patient a hypersensitive young woman of twenty-two. Here again is a long history, a case which even with much study eluded me for a time. At length I learned that what troubled her most was largely a fear of some one discussing religious topics. *Then* I found that she feared loss of reason and memory (calc. c.) ; fearful hallucinations at night ; fearful dreams (bell.) ; cannot bear music (ign.) ; fear of crossing a street lest she be run over ; fear that buildings would topple over upon her or sharp objects come hurtling through the air and strike her (arg. nit.). Here there was no fever, congestion, sensitiveness to cold, dry winds, no flushed face (it was very pale), no dry mucous membranes, no thirst. On the contrary there was a mass of evidence against what we so commonly hear as the characteristics of aconite. But, for this ungovernable fear of almost

everything, opium is about the only rival to aconite. The case, examined critically, was aconite, and aconite one dose, thousandth, ended the whole matter. That was five years ago, and now she laughs over her former perplexities. I omitted to mention that the alternation of moods from extreme gaiety to sadness was of the degree of crocus or ignatia.

I have so repeatedly verified the indication "diarrhoea like chopped spinach," especially when it occurs in children, that I will not multiply cases—thinking it must have been equally serviceable in other hands.

When little sharp bodies enter the eye, especially the cornea, if you do not give aconite, I advise you to try it whether the foreign body has been previously removed or not. Oftentimes I have been able to remove such bodies by very simple means after a few doses of aconite had been given, whereas previously they had been so imbedded as to make one hesitate at inflicting the damage necessary to picking them out. This applies particularly to those numerous cases where the magnet is useless. Often these bodies will disappear of themselves under aconite, and the irritation with them. At any rate it is surprising to see how nicely the cornea heals afterwards with the help of aconite.

I have in my collection a splinter of wood half an inch long, which had impaled the margin of the cornea, piercing it. I gave aconite internally, every three minutes. I could not cocaineize the eye sufficiently to permit my removing the splinter. "Dirty; infectious?" you say. Yes. "Antiseptics?" No! The man wanted a lotion, and I gave him a solution of aconite thirtieth. The same every two hours internally. "How about sympathetic ophthalmia?" you ask. Repair began at once. There has been no impairment of vision since it healed, though the eye was such a sight as to make one think it could not be saved. You will have to hunt hard to find the scar. And yet that splinter came from a very dirty plank. The aqueous humour was soon replaced, and all is well, and has so remained for years.

If you wonder why aconite is so useful in these conditions, forget your pathology for the nonce and look up the eye symptoms that aconite produces. Our time is too short

to enumerate them here. I may add to the above that in better hands than mine I have seen several cases of ophthalmia in the new-born stopped and cured by aconite when silver, pulsatilla, and the rest had failed. But lest you conclude that in these conditions the efficiency of aconite is only during the primary congestion, let me briefly cite another case.

A boy of five years fell from a ladder, and with the impetus of his full weight struck the rounded projection of a chair's back. It fitted the orbit to a nicety. The eye closed immediately, and so remained. Swelling soon involved the whole side of the face, looking like a terrible case of mumps *plus* erysipelas. In an hour or so the whole mass was a livid hæmatoma. Not even one of our best oculists was able to see the eyeball, or tell the extent of the damage. Arnica, hamamelis, hot water, and, later, ice pads, had been employed externally. The oculist tried, first, leeches, then incision to relieve the immense swelling and get a view of the eye. He even suggested the operating table, and most likely removal, to save the uninjured eye. Very likely fear, anxiety, high, tense pulse, overacting heart, red face, had been originally present. Certainly the congestion, if such you wish to term it, was there. But when I saw the case the face was pale, the skin clammy, the pulse slow and thready, the patient drowsy and stupid and showing all the later symptoms of shock. It was in the early years of my practice, and I dared not tackle such a case alone. I summoned my father, and he prescribed aconite. I well remember the oculist's exclamation, "Well, doctor, how the devil do you make aconite out of this case?" But, although all the aconite symptoms had disappeared, even the terrible pain, fright, anxiety and anguish, it was an aconite case at the start, and the period for giving aconite had *not* passed, although it was twelve hours or more since the accident. Aconite 200th every half hour led to a quick recovery. The next day the lids could be parted sufficiently to see the eye, which was almost unrecognizable. But no one to-day can say which was the injured eye.

So we see that aconite is often demanded as the only curative drug in conditions showing one or more contradic-



tions of what we usually expect. For example : lowered temperature, pale face, no anxiety, thirstlessness, slow, soft pulse stages, long after the primary congestion, etc.

Just a few words to recall to mind the wonderful efficiency of aconite in many cases of true erysipelas in all stages of the disease. It is usually not thought of, and is much neglected. But, in the number of cases whose symptoms homœopathically call for this drug, it is hardly second to belladonna, and precedes in my practice both rhus and apis. Prescribe for your patient, and not for the " bugs," or pathological name, is as true here as everywhere.

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The discussion which followed is thus summarized by Dr. George Stearns, and as it is interesting we reproduce it.—[EDS. *M.H. Review.*]

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In the discussion which followed the reading of the paper, the following cases and symptoms were reported :

A young woman with a highly nervous temperament complained that she had gotten something in her eye. The conjunctiva was intensely inflamed. There was marked photophobia, profuse lachrymation, and the parts were so sensitive she would not tolerate an examination. Aconite 1 M was given, and was followed by marked relief within five minutes, and all the symptoms disappeared within an hour. On examination afterward no foreign body was found.

Another case was of a physician who had a cinder in his eye. There was redness, photophobia, lachrymation and severe pain. Aconite 30th relieved the symptoms, and he thought the object was removed. A week later he discovered the cinder was still there, imbedded in the centre of a small ulcer on the edge of the cornea, and it had to be removed by an oculist.

The next case was that of a gentleman who was jammed in a crowd about twelve years ago. He was nervously upset by the incident, and from that time on was always afraid in a crowd. Seven years later, after a hard nervous strain, and business troubles, he had a violent attack of indigestion, characterized by great abdominal distension,

pains in the stomach and about the heart. All these symptoms were repeated with varying degrees of severity, after any nervous upset or annoyance in business. For about four years, there was much distress after each meal from gas, and constant eructations. Kali carb., pulsatilla, and ignatia at various times relieved the attacks, and modified the constant symptoms, but did not cure. About six months ago, because of the failure of the other remedies, and the old history of fright, aconite 1 M was given. That dose, with a repetition in a month, cured the case.

The next case was that of a dressmaker aged 46. About eight years ago she grieved much over the death of her sister, and lost interest in life and her work. Soon after she had pain in the right fore finger, followed by swelling, as though festering. This gradually grew worse as the months passed, until the hand became entirely useless. Three or four years later the ring finger was attacked in the same way. The pains were of a throbbing character, worse from holding the hand down, from cold, and at night. She suffered less during the summer. She had a few constitutional symptoms: Coldness between the shoulders, indigestion, constipation, and rheumatic pain in the left thigh, worse at night and from cold. Various remedies given during eighteen months improved her general symptoms, but her hand remained the same. She was unable to hold a needle, or even pick up a pin. Four months ago she was given a dose of aconite 1 M. In about a week the fingers commenced slowly to improve, and she began to suffer from pain and soreness across the ball of the foot at the metatarsal joints. For two months she could hardly walk, and was better on rainy days, and worse in dry weather. The fingers continued to improve, and in three months she was able to sew on some carpets. At present both the hands and feet are improving.

Another case given was of a severe cold in its third day. The symptoms were dull frontal headache, marked chilliness, profuse thin mucous discharge, absence of thirst, tired and languid. Aconite 200th relieved at once. This case was given to show that aconite does not always have anxiety, restlessness, or thirst.

The next illustrated a cough of aconite. The patient had

a short, hacking, paroxysmal cough, very annoying and persistent. It was accompanied by a thin mucous coryza. Aconite gave immediate relief. A case of chronic cough of several years' duration was mentioned. It was dry and paroxysmal. The previous history was not known. Aconite 200th cured.

A case of chronic rheumatism was reported, which during an acute exacerbation was characterized by nocturnal aggravation and great intolerance of the pain. Aconite 6th relieved the acute, and benefited the chronic condition.

Another case was of a two-year-old boy, who for some days had had fever, restlessness, would not stay on his mother's lap, wanted things, and when given them, refused them. There was thirst, one cheek red and the other pale. Aconite 30th cured speedily.

A case was reported showing the quiet phase of aconite. A little girl of mild temper, light hair, and blue eyes, had a temperature of 104, rapid pulse, white tongue, no thirst and evening aggravation. The heart, lungs, throat, and nose were normal. Pulsatilla was given, but without relief. Aconite cleared the case at once.

Next was a history of a chronic bronchorrhœa with occasional attacks of bloody œdema of the lungs, in an old gentleman who had failing compensation. The attacks came at 3 or 4 a.m., with great restlessness, dyspnoea, and profuse perspiration. Many drugs had been given in bridging over these attacks. In an attack about a year ago aconite 6th was given, and gave relief quicker than any remedy he had ever taken. Six weeks later, after a very mild dissipation (one high ball), he had another attack. Aconite 30th was given with no relief. But the tincture helped at once. In two attacks since adrenalin has been tried, but aconite has given the best results.

A case of phthisis had frequent hæmorrhages. He raised large mouthfuls of black blood without cough or effort. There was no restlessness or anxiety. Under aconite 200th the hæmorrhage was controlled, and no others occurred during the course of the disease. The symptom in Hering is: Blood comes up with an easy hemming or slight cough.

The great value of aconite in neuralgia and neuritis was mentioned. The pains are usually burning, and so severe that the patient breaks out in profuse perspiration. This last is a leading characteristic. It has cured neuralgia of the left side of the head, with stabbing pains in the left eye.

A case of neuritis of the circumflex and spiral nerve was cured with aconite. There was intense burning pain, great restlessness and perspiration during the paroxysms.

Its use in angina pectoris was mentioned and illustrated by the following : The patient was a man who had arteriosclerosis, cirrhotic kidneys, and a dilated heart. One night he was attacked with angina pectoris. When his physician arrived, he was on his hands and knees in bed, and his face was drawn and like death. He was covered with clammy perspiration. His agony was so great he could not change his position or even whisper. The physician had to get underneath him to put medicine on his tongue. *Spigelia* was tried with no relief. Then aconite was given every two or three minutes, and relief was like magic. After two or three doses he whispered to be given another. When he was able to talk he described the pain as though the heart was being burned out. After this he always kept aconite by him, and with the first suspicion of pain he took a dose and during the few remaining months of his life he was saved from a return of the severe paroxysms.

In cases of agonizing dyspnoea in the last stages of sclerosis of the kidneys, aconite has often relieved. When it helps, it acts quickly. *Aconite ferox* is especially useful here. This has all the symptoms of the *napellus*, only more intense.

In rectal neuralgia after operation it has been frequently given. In one case where the pain in the rectum drove the patient to distraction aconite gave immediate relief.

This drug has a diarrhoea, green, like chopped spinach, with frequent and small evacuations, and general distress. It is marked by intensity of action and quick results in acute cases. In the high dry climates like that of Colorado, it is one of the most frequently indicated remedies in acute conditions. The absence of thirst is not necessarily a contra-indication for aconite. There is apt to be

thirstlessness, but there will be a dry mouth. A tingling or crawling sensation is a valuable leader for this drug, especially in chronic conditions. It vies with arnica and opium in shock with absence of thirst and pale skin. It equals chamomilla and coffea in their inability to stand pain.

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### THE COMPARATIVE SPHERES OF CANTHARIS, TEREBINTHINA, MERCURIUS CORR., AND PLUMBUM IN THE TREATMENT OF NEPHRITIS \*

BY A. A. ROBERTS, M.D., Wellsburg, W. Va.

IN the study of nephritis we find authorities differ in opinion as to the value of remedies. This is more marked in the writings of those of the old school. With us there is no doubting the importance and value of our drugs in the treatment of acute cases, and it is only when we come to the consideration of the chronic forms of the disease that this confidence in remedies diminishes. It is possible that these doubts may be removed by careful differentiation of the drugs prescribed after the manner suggested in this paper.

Too much dependence should not be placed on drugs alone, for without the adoption of suitable hygienic and dietetic measures it would be the height of folly to expect success in the treatment. Future reports of the results of the effects of drugs should also contain references to accessories used.

Hahnemann<sup>1</sup> says that the physician should adopt what is curative in medicines to disease so that the case is met by a remedy well matched with regard to its kind of action. Necessarily this correspondence should be in sphere affected and similarity of subjective and objective manifestations.

To determine the whole range of action of a remedy it is necessary that consideration be given to the effects produced by varying dosage, including experiments on

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animals and poisonous results, as well as those of attenuation. Many of the most valuable indications have been derived from the experiments conducted with large doses.

I will present the comparisons of cantharis, terebinthina, mercurius corr., and plumbum, including the results of poisoning and provings with special regard to their action on the kidneys as probably indicating their use in certain forms of nephritis. The cases of poisoning are introduced for the reason that many of the effects produced correspond to the objective symptoms as found in chronic forms of nephritis. These objective symptoms are often the most prominent until late in the disease.

#### CANTHARIS.

From cases of poisoning and experiments with large and varying doses we find the effects of cantharides are similar to those found in some cases of acute and chronic parenchymatous nephritis. The histological changes are also similar and characteristic, as shown by the reports of Morel,<sup>4</sup> Bouillaud,<sup>3</sup> Hughes,<sup>5</sup> Lahousse.<sup>4</sup>

Whether the sphere of cantharides comprises the entire pathological state of these diseases is problematic. Aufrecht<sup>3</sup> claimed to have found interstitial nephritis, and to have succeeded in producing even a granular kidney.

In speaking of irritants of this class Roberts<sup>3</sup> says, "It is probable that the nature of the change depends on the dose of the poison and the methods of its administration, small doses producing mere congestion, larger doses the epithelial changes, while small doses given repeatedly cause an overgrowth of interstitial tissue." Large doses of cantharides have produced changes in the kidney, such as congestion of the Malpighian vessels; swelling and desquamation of the epithelium of the vessels lining the capsules; swelling of the endothelium of the vessels; the tubule cells swell, become granular and die. Morel<sup>4</sup> states that after the whole urinary tubule is involved in this swelling of the cells, then in the last stages multiplication of the cells of the straight collecting tubes takes place. These are thrown off so fast that their lumen becomes filled with exuded cells. Cornil<sup>3</sup> states the cells were swollen, and contained fat granules and occasionally red blood corpuscles. In many cells, too, globules of a

hyaline material were seen. The urine in cantharides poisoning is diminished in quantity and may be suppressed ; it is usually, but not always, stained with blood ; it is albuminous, and it may contain hyaline and blood casts as well as epithelial cells.<sup>2</sup>

The principal or peculiar subjective symptoms found in cantharides poisonings and experiments with large doses are : Headache, chilliness, tormenting thirst, tormenting irritation of the urinary passages and suppression of the urine, only a few drops at a time voided with greatest straining. Constant painful strangury. Dull pressive pain in renal region, violent burning cutting pain in neck of bladder. Severe pain in lumbar region. General weakness. Copious urination and sweat. Extreme debility. Loss of appetite.

To these may be added the objective symptoms of delirium, convulsions, and coma, following several days after the ingestion of the drug, and we have nearly the entire picture of cantharis as may be indicated in the diseases above mentioned.

We would infer that the remedy is homœopathic only in acute cases as the symptoms of strangury are constant in the provings and poisonings of cantharis, and are frequently found in acute cases, while in the chronic forms they are seldom present.

#### TEREBINTHINA.

In terebinthina we have another drug whose irritating effects simulate nephritis. Acting on the kidneys in very small doses it is diuretic ; in larger quantities it sets up congestion going on to inflammation of these organs, with hæmaturia, albuminuria, and sometimes complete suppression of urine. Its main influence is expended upon the Malpighian bodies, causing their congestion, and hæmaturia or ischuria. Congestion predominates over the desquamation.<sup>9</sup> A few cases of poisoning have resulted in desquamation of renal epithelium, though it has not been the predominant feature. In doses of 50 centigrams to 1 gram it excites a sensation of heat and weight in the stomach, soon followed by one of warmth in the skin, which may go on to perspiration. Urine next passed will have peculiar odour compared to that of

violets. If the dose be as much as 4 grams, in addition to increase of gastric and intestinal symptoms, the urinary symptoms are: dysuria, urine being scanty and red, or copious and pale—in either case the peculiar violet odour is present. If the quantity taken is 32 to 64 grams there is great increase in intensity of the general symptoms, considerable heat in the lumbar regions, especially over the kidneys, and in the hypogastrium; the latter region sensitive to pressure, which causes—as in acute cystitis—vesical tenesmus, pains in the urethra, and strangury; then ardor urinæ, dysuria, sometimes actual urethritis; urine scanty, red, even bloody, painful erections like chordee. More rarely the urine passes easily, and is copious and pale.<sup>7</sup>

In a case of acute poisoning<sup>12</sup> the patient was stupid, dizzy, with unsteady gait, the face was flushed, pupils dilated, no fever, abdomen tender, micturition frequent and painful. The urine contained red and white blood cells, bloody hyaline, and granular casts, and renal epithelium. All symptoms disappeared on the fourteenth day. The amount used was one tablespoonful with an equal amount of castor oil every three hours until four or five ounces had been taken.

Hughes<sup>5</sup> claims the sphere of terebinthina to be in those cases in which congestion is the principal factor, and the presence of blood and albumin and decrease of water are the urinary features; in nephritis from cold rather than from scarlet fever; and also in choleraic affections involving the kidneys where the circulation is primarily at fault, and suppression of urine is the greatest danger. It is also indicated in those cases which have lapsed from the acute variety, and in which the kidneys are large and white and where uræmia is rare, and the worst effects arise from loss of albumin and dropsy from insufficient excretion of water.

Farrington<sup>8</sup> indicates its usefulness in the early stage of renal diseases when congestion predominates, that is before renal casts appear in any quantity in the urine.

<sup>6</sup> Gastric and intestinal irritation as revealed by vomiting is extreme at outset; a febrile process is well marked; œdema occurs early; dyspnœa is present; headaches and cerebral symptoms rapidly increase in severity, and terminate in coma and convulsions. Is of use as soon



as blood appears in the urine. In chronic cases the patient is pale, skin yellowish, suffering marked, watery mucous diarrhoea, nausea, vomiting, thirst, inflammation of the kidneys, with dull pain in the lumbar region; pain extends to the bladder, strangury; urine scanty dark and bloody, and contains casts. It is contra-indicated in cases where chronic heart disease co-exists. (Hansen).<sup>15</sup>

As differential points between cantharis and terebinthina we find both have scanty urine, and there may be suppression, more rarely the urine is very acrid and irritating to the parts; with this there may be difficulty in voiding, with cutting, stitching and burning. Urine has blood more or less thoroughly mixed with it, depending upon location of hæmorrhage, but the colour is deep red independently of its containing blood, and it deposits a sediment of mucus; it is generally albuminous, and often contains tube casts, blood corpuscles, and epithelial cells.

With terebinthina the urine is dark, cloudy, and of smoky colour, has a peculiar violet odour, and is albuminous; if there are associated pains they are burning, which is a distinguishing feature. The albumin and colour are dependent upon the presence of blood in the urine.

The cantharis patient is expressive of irritability—dissatisfied with everything and everybody. There is anxiety which approaches in degree that of arsenicum and aconite. The face is usually frowning, pale or yellowish, with an expression of deep-seated and extreme suffering; eyes bright, pupils widely dilated. Terebinthina has earthy colour of face with sunken features.

The convulsions and nervous symptoms of cantharis are important, and all carry the picture of great irritation; violent paroxysms of rage aggravated by slightest touch or dazzling objects, delirium and violent convulsions resembling those of hydrophobia, and coma. Belladonna, arsenicum, veratrum vir., and camphora are somewhat similar to this remedy in the convulsive phenomena. Under terebinth the patient is usually dull, languid—if there be œdema and other effects of suppression they are early in appearance. There is coma followed by tetanic convulsions.

The renal pains in cantharis are aggravated by motion, are sharp, cutting or stitching in character, those of

terebinth are dull, pressing, burning, and the pains in the renal region are ameliorated by motion.

#### MERCURIUS CORROSIVUS.

This is another irritant poison capable of producing marked changes in the urinary apparatus; according to Hughes the irritant effect on living tissue is rivalled only by arsenic.

In the study of the action of this remedy on the kidneys we enter a different sphere from that represented by cantharis, though some portions of their effects seemingly overlap.

The sphere of mercurius corr. is one in which degeneration is the principal feature, though it may be preceded or accompanied by acute inflammation. We learn from the poisonings that the change in the kidney is principally that of fatty degeneration of the epithelium of the convoluted tubules.

The principal effects are: the urine passed in drops with much pain.<sup>10</sup> Very scanty urine; suppression of urine, no urine in spite of much straining, bladder actually empty.<sup>7</sup> The urine was smoky or bloody, rich in albumin, and deposited granular and fatty casts.<sup>10</sup> The kidneys presented on examination intense hyperæmia. In a case resulting fatally after its use as an antiseptic injection the kidneys were found enlarged and pale in colour; microscopically the canaliculi were blocked by deposits of oxalate of lime, and there were signs of parenchymatous inflammation.

In experimental poisonings there were small hæmorrhages into ~~parenchyma~~ parenchyma, and the secreting epithelium had become turbid.

In sub-acute poisonings the urine is albuminous, and contains hyaline and epithelial casts; it is sometimes mixed with blood. In grave cases there is complete anuria. The kidneys are found in a state of acute parenchymatous inflammation, and there is a necrotic condition of the cells lining the contorted tubules.<sup>10</sup>

Indications for its use in acute nephritis: "Takes first rank when the nephritis has been preceded by coated tongue, sluggish bowels, thirst, sallow complexion, pain in the back followed by chill, marked febrile disturbance, albumi-

nous urine. Prostration and backache are prominent early. Œdema, dyspnoea, and cerebral symptoms occur late and are not marked. Micturition may be frequent, and urine scalding before albumin can be detected.”<sup>6</sup>

In chronic cases: “The tongue seldom dry, saliva abundant, but patient nevertheless thirsty. Patient cachectic, anæmic, with sallow face. Pain in the back worse at night. Diminished secretion of urine, with increased urging, burning, and tenesmus. Urine dark brown, mixed with blood; cloudy, with white sediment that looks like flour, sediment consists of casts and detritus; casts are epithelial, granular, fatty.”<sup>6</sup>

Produces renal symptoms as characteristic as the dysentery (Baehr).<sup>16</sup> It is the best remedy for puerperal albuminuria, and for renal diseases resulting from the use of alcoholic liquor (Ludlam). Merc. corr. causes uræmic symptoms simulating typhoid with powerful convulsions.

#### PLUMBUM.

This drug differs from the others presented in that, generally speaking, where single large fatal doses have been taken there has been no marked irritant action on the structures of the kidney, its greatest effect having been found only after small doses long continued. This may be due to the action of the poison on the blood, in which it causes decrease and granular degeneration of the red blood corpuscles and excess of uric acid. The poison is also freely eliminated by the kidneys, where large single doses have been taken, with very slight, if any, disturbance of function or structural change. The greatest changes in both function and structure have been noticed in the kidneys of those whose occupation exposed them to the action of minute quantities for long periods of time. The pathological results as given by H. C. Wood are: “The kidneys are found contracted, granular, with excessive development of the fibrous tissue (followed by contraction) and great thickening of the walls of the blood vessels. Janeway says that “lead intoxication frequently produces changes in the arteries and kidneys, and permanent hypertension as the result. Apart from such anatomical alteration, however, lead poisoning as evidenced by the typical colic almost always goes with high blood pressure.

Christeller, Hensen (8 out of 10 cases), Norris (8 out of 9 cases), and Thausig (3 cases), report this as a rule. Hensen and Morris in isolated cases, especially in intoxication of short duration, failed to obtain this hypertension, and Gunprecht and Bullerman note normal pressure for a case or so. Altogether it seems proven that lead must be kept in mind as a possible cause of marked hypertension in cases without demonstrable nephritis or arteriosclerosis."<sup>14</sup>

Dr. Cook in the *Lancet* reports a fatal case of poisoning from the use of lead plaster. There was obtained by catheterization a small quantity of urine; it was turbid, acid, and albuminous; contained leucocytes, red blood corpuscles, epithelial, cellular, and hyaline casts. There was first coma, then convulsions.

Renaut noted the urinary features in 49 cases, as follows: If the lead influence has not caused much cachexia, the urine may be normal in colour, density, and quantity. Sometimes, rarely, may be alkaline. As the cachexia advances the urine takes colour like that of the old Rhine wine, no change in quantity, clear, and no excess of uric acid. As the cachexia is confirmed the urine takes on an appearance like that of hepatic jaundice, co-existing with which there is more or less yellow tinge of the skin; the quantity is lessened. If acute symptoms now come on there is considerable change. The characteristic appearances are a brick-coloured sediment and albumin. The latter may appear without the occurrence of an acute attack, and may be temporary or permanent, and be attended with more or fewer microscopic appearances of renal disease.

Plumbum is homœopathic to interstitial nephritis, as 26 out of 42 cases of chronic lead poisoning were found to have typical contracted kidneys. It corresponds also to the arterial changes; amaurosis, tendency to hæmorrhages, cachexia, and depression of spirits. Urine albuminous, with diminished urea and low sp. gr. (1.002 to 1.005), blood casts in the urine; œdema is absent or slight.<sup>6</sup>

Colicky pains proceeding from the spine, with obstinate constipation and retracted abdomen; marked tendency to uræmic convulsions, amaurosis from atrophy of the nerves, paralysis, slight dropsy, cutaneous anæsthesia, exceedingly pale skin, chlorosis, rapid emaciation, progressive debility, mental depression.<sup>13</sup>

The class of cases in which plumbum may be indicated as above is usually hopeless. To be curative then we should use it early, before interstitial changes are marked, where arteriosclerosis is to be expected. This would seem to be neglecting the symptomatology—but surely where the microscope has given us the objective symptoms of cellular degeneration as evidenced by the basophilic granules in the red blood corpuscles, and the sphygmomanometer has added evidence of hypertension of the circulation, we would be justified in considering these of utmost importance.

The further study of this drug is warranted, and much more interesting material might be obtained by those who are in position to study in detail the action of lead with reference to blood pressure and the possible early application to nephritis.

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MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE Fourth Meeting of the Session (1905-6) of the British Homœopathic Society was held at the London Homœopathic Hospital, on Thursday, January 4th, 1906, at 8 o'clock, Dr. A. E. Hawkes, President, in the Chair.

SECTION OF MATERIA MEDICA AND THERAPEUTICS.

Under the auspices of this section a paper was read by Dr. Stonham, of London, entitled, "A Case of Flatulence; with Medical and Surgical Treatment."

The case recited by Dr. Stonham was a remarkable one, both from the nature of the symptoms, and from the manner

in which recovery appeared to take place. The patient had been ill for many years, and the description of her case covered nearly the whole period. She was a middle-aged married woman at the time of the narration, of a highly neurotic temperament, and very sensitive to mental impressions. She had suffered from menstrual symptoms, peritonitis following the operation of curetting, subsequent peritoneal adhesions, and violent attacks of apparent intestinal obstruction. An abdominal exploratory operation had been performed at the London Homœopathic Hospital. The attacks of intense pain did not lessen, and abdominal distension recurred, with fæcal vomiting, etc. On several occasions she had responded to the careful administration of homœopathic medicines, such as *silicea* 30, *lycopodium* 30 x 1 M, and *raphanus*, and at intervals appeared well, but at last had a relapse, which defied all the efforts of her medical advisers. At this point Dr. Stonham gave her one dose of *thuja*. The husband of the patient, however, sent for a practitioner of Christian Science. This practitioner conversed with the patient for an hour and assured her of recovery. She had three or four hours' sleep after he had gone, and slept the whole of the next night. After that she declared she was better and felt sure she would get well, which she did forthwith, and remains so at the present time, a period of seven months since the resort to Christian Science. Dr. Stonham described the case with much fulness, giving the indications for his choice of various remedies, and their apparent effect. An interesting discussion followed, which turned upon the various points in diagnosis and treatment, with reference to the latter especially the indications for various remedies, and the relation of homœopathy to Christian Science.

Dr. A. E. Hawkes, Dr. Blackley, Mr. Knox Shaw, Dr. Clarke, Dr. Dyce Brown, Dr. Roberson Day, Dr. Goldsborough, Dr. Madden, Dr. Johnstone contributed to the discussion, and Dr. Stonham replied.

A paper was afterwards read by Dr. Lambert, of London, entitled, "The Homœopathic Treatment of Bilious Attacks." Dr. Lambert endeavoured to avoid a pathological theory of "bilious attacks" and to include them symptomatically under attacks comprising a headache and vomiting or vomiting and headache. Dr. Lambert thought that the indirect method of treating the attacks by endeavouring to meet the underlying cause was the better method of treatment than the direct, i.e., treating the whole symptoms, especially the attack. For the latter, *iris*, *carduus marianus*, *chionanthus*, and *sanguinaria* were the chief remedies. The characteristic

symptoms for iris were given as nausea and vomiting of an acid character, with burning distress in the epigastrium. Iris is allied to kali bichromicum, head symptoms predominating with the latter, especially pain over one eye, the key-note being blurring of vision before the attack. In sanguinaria the typical headache begins in the occiput, spreads upwards and forwards, and settles over the right eye, < from touch with distension of temporal veins, which are painfully sensitive. Illustrative cases of the use of these remedies were cited. Others were also presented illustrative of treatment by the indirect method, for example, one in which hepar was prescribed on the indication of an urticarial tendency, even to the extent of an angio-neurotic oedema, and another in a boy of ten in whom calc. c. 30 and 200 was prescribed on general indications, with a resulting suspension of bilious attacks.

Drs. Clarke, Dyce Brown, Stonham, and Byres Moir discussed the subject, the latter submitting that the pathological cause was of much importance, and Dr. Lambert replied.

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## NOTABILIA.

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### ERRATUM.

We regret that an error has appeared in our January issue, on p. 36, line 5 from the bottom of the page. For "Contra vim mortis nihil prevalebit" read "Contra vim mortis non est medicamen in Hortis."

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## THE LATE DR. EUBULUS WILLIAMS AND MEDICAL TRAINING FOR MISSIONARIES.

THOSE of our readers who had even a slight acquaintance with Dr. Eubulus Williams were probably aware of his large-hearted sympathy with works of benevolence and Christian philanthropy. Amongst these was the Zenana Bible and Medical Mission, in which his interest were fully shared by Mrs. Williams, who had been for 20 years (and we believe still is) local Secretary in Bristol for that institution.

To signalize and commemorate that interest Mrs. Williams has established an annual scholarship for the training of a missionary in elementary medicine and surgery. This is to bear the name of "THE DR. EUBULUS WILLIAMS FREE

STUDENTSHIP"; it is tenable by a missionary of the Z.B.M.M. approved by the founder, or by any other missionary she may select if the Z.B.M.M. has no candidate. The training is that provided by the Missionary Course of the British Homœopathic Association, carried on mainly at the London Homœopathic Hospital. The first student, Miss Fulcher, is already in training. She has done good work in connection with the village missions of the Z.B.M.M. in Western India.

We congratulate the Mission on this additional equipment—an addition of no small importance, judging by reports already to hand of the successful work carried out by the students of the Missionary Course in many parts of the world.

It would be difficult to suggest a more fitting means than this of keeping green the memory of a departed friend, and at the same time of showering blessings on the living.

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## LEICESTER HOMŒOPATHIC PROVIDENT DISPENSARY AND COTTAGE HOSPITAL.

ANNUAL REPORT, 1905.

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### COTTAGE HOSPITAL REPORT.

THE work of the Hospital has been satisfactorily continued during the year 1905. Forty-four cases have been treated as in-patients, and several serious operations have been successfully undertaken. The number of cases which have undergone treatment in the wards is not quite so large as last year, the Hospital being closed to in-patients for several weeks, for reasons stated hereunder.

Owing to the deficiency last year (nearly £100), the question of re-organization, with a view to working on more economical, and yet not less efficient, lines, became imperative. It was decided that in so small a Hospital it was unnecessary to employ two fully qualified and highly trained nurses, and that the work could be equally well carried on with a sister-in-charge, a probationer, and a housekeeper; this latter appointment leaving the sister and her subordinate quite free to attend to their own particular duties. This plan has so far succeeded admirably, both as regards economy and efficiency.

As head of the nursing department we have been fortunate in securing the services of Sister Lily Boyle, for twelve years in charge of the late Mr. Jessop's Surgical Home in Leeds; as housekeeper Mrs. Wilkinson, who for many years carried on the management of the Dispensary when in Dover Street.



While these changes were being made it was thought wiser to close the wards for a few weeks. This was all the more advisable since the state of the finances necessitated the most rigid economy, and for a time it looked as if the deficiency might be even greater than last year. Anxiety as to this was, however, relieved through the kindness of Mrs. Llewellyn Salusbury, Llanwern Lodge, who, by means of a drawing-room sale of work, heartily supported by many good friends, realized for the Hospital the sum of £115 4s. 5d.

The Committee gladly take this opportunity of expressing their sense of indebtedness to Mrs. Salusbury for this special effort, so ably and enthusiastically carried out.

The proceeds of the sale, together with a grant of £52 10s. 0d. from the Hospital Collection Fund, and a conditional contribution of £20 from the British Homœopathic Association, have given us a balance in hand at the end of the financial year.

It may be added that the Chairman of the Hospital Fund (Mr. Ald. Wood), gave us reason to hope that the grant therefrom may be an annual one.

We cannot, however, depend each year upon such adventitious aids as a sale of work, and we can only appeal to the generosity of subscribers to place our income upon a less precarious foundation, and enable us to sustain and extend the useful work which the Hospital is undoubtedly carrying on.

We would once more point out that the object aimed at by this Institution is not to supply treatment entirely gratuitously, but to provide, at minimum charge, skilled nursing and medical attendance to those whose means would not permit of the large fees which such treatment necessitates in their own homes, or in private institutions, and who are yet unwilling to be treated at the Infirmary at the public expense. Two objects are thus attained—a saving of public funds, and the encouragement of thrift and independence, instead of pauperizing. The minimum sum charged (25s. per week) is, of course, quite inadequate to meet all expenses of housing, board, and nursing; and it is on this account that we appeal to the generous public of Leicester for subscriptions to carry on our work.

#### LADIES' COMMITTEE, 1905.

(*Hon. Sec. : Miss Salusbury.*)

The Ladies' Committee has met monthly, and superintended the domestic arrangements of the Hospital. They find that, under the new management, the Cottage Hospital is working very satisfactorily, as the efficiency of the housekeeper leaves the nurses quite free for their own work.

There have been 44 patients during the year 1905.

The housekeeping expenses for the year amounted to £126 17s. 8d.

#### LEICESTER HOMŒOPATHIC PROVIDENT DISPENSARY.

In the Provident Department 323 cards have been issued, representing 566 members. The number of cards is three less than last year, but 24 more members are represented.

In the Non-Provident Department 237 cards have been issued, as against 215 last year. The total number of prescriptions dispensed was 3,800.

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#### PRESENTATION TO MISS BREW.

At a meeting of the Board of Management of the London Homœopathic Hospital on January 11th, Mr. Stilwell, the Chairman, called Miss Brew, and, coupled with appropriate remarks on Miss Brew's long and appreciated term of office as Lady Superintendent of the Hospital, presented her with a purse of twenty-five sovereigns. This was a gift from the Board and the Medical and Surgical Staff, and there was a large representation of both bodies present. The subscription was limited to a guinea, and was intended as a farewell recognition of appreciation of her past services and of good wishes for her future. Miss Brew, in a few words, thanked the Board and the Medical and Surgical Staff of the Hospital for their kindness on this occasion, and in the past years of her term of office.

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#### BRITISH HOMŒOPATHIC CONGRESS.

THE Annual Meeting of the British Homœopathic Congress will take place in London, on Friday, the 6th of July. The Annual Meeting of the British Homœopathic Society, with which the Congress meeting is made to synchronize when the latter is held in London, will take place on Wednesday and Thursday, the 4th and 5th of July.

Full details of the Congress will be given in a later issue of the *Review*.

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#### ROSCOMMON STREET DISPENSARY, LIVERPOOL.

OUR readers will perhaps remember in a former leader our notice of the very interesting evolution of the Roscommon Street Dispensary at Liverpool, an evolution the report of which was almost romantic in interest to homœopaths and homœopathy. They will be glad to hear that the new

Dispensary was formally opened on December 28th, 1905. From the *Liverpool Courier* of Dec. 29th, we take the following account of the proceedings :—

“Yesterday afternoon the Dispensary which has been erected in Roscommon Street in connection with the Liverpool Hahnemann Hospital was formally opened in the presence of a large company of ladies and gentlemen. Mr. J. Carlton Stitt, J.P. (chairman of the committee) presided, and there were also present the Bishop of Liverpool (Dr. Chavasse), Mr. E. Shorrocks Eccles, Drs. Hawkes, J. Hawkes, E. Hawkes, Cash Reed, Hayward, Edmund Hughes, L. E. Williams, Rev. T. W. H. Copner, Colonel H. Wainwright, Colonel W. Wainwright, Messrs. F. U. Holme, Mark Field, Edmund D. White, Harold Coventry, Robert May, H. E. Rensburg, Gilbert S. Goodwin, Hahnemann Stuart, Robert Worrall, Henry Capper, H. G. Crossfield, Peter Proctor, and Thomas Cooper (secretary).

“The Chairman briefly outlined the course of events which led to the building of the Dispensary. For over sixty years, he said, the work of relieving the suffering in that district was carried on, but it was not until 1872 that the work was commenced in the building which had stood on the site of the new Dispensary, and had been continued under conditions which were most disadvantageous. In 1901 Dr. Cash Reed paid occasional visits to the place to enable poor women to consult him. Eventually a nurse was also sent from the hospital, and ultimately in consequence of representations which were made to the committee a nurse was allowed to attend daily. The work increased to such an extent that the committee finally decided to take a step which had long been anticipated, and the old premises were pulled down, and that new and commodious Dispensary in which they were assembled erected in its place. (Applause.) The new building, which had cost £1,700, included rooms for the doctors and nurses, dispensary, waiting-rooms for the patients, and a room for special work.

“The Bishop having offered a prayer of dedication, the Dispensary was opened by Miss Tait, and the room for women’s special cases, which had been named the Wainwright Room in commemoration of the late Mr. and Mrs. Wainwright, by Miss Wainwright. After votes of thanks had been accorded, the visitors made a tour of inspection of the rooms, and before departing partook of light refreshments, which were served by Miss G. T. Davis (lady superintendent) and a number of nurses.”

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**TWO CASES OF ACUTE POISONING BY OIL OF  
EUCALYPTUS.**

By F. LUCAS BENHAM, M.D. Lond., M.R.C.P., Lond.

IN *The Lancet* of Sept. 30th, p. 963, Dr. Henry S. Taylor reports a case of acute poisoning by the ingestion of a teaspoonful of oil of eucalyptus, and asks whether any of the readers of the *Lancet* have had a similar experience. Six years ago I had an almost precisely similar case. During an epidemic of influenza I was attending a man, aged about 40 years, for that complaint. His wife was going to administer a dose of medicine during the night, but by inadvertence poured out oil of eucalyptus instead from a bottle that was standing close by. About a teaspoonful of this was swallowed. The rest of the dose was rejected owing to the pungent sensation it produced. The man speedily became unconscious, and I was sent for. I found him unconscious, almost comatose, and looking as if he were in a condition of surgical anæsthesia. There was no vomiting. I managed to rouse him sufficiently to swallow an emetic, which brought up the poison. He rapidly came to himself, and in a few hours had recovered from the effects of it.

About a year afterwards I met with another case. A younger man had swallowed about a teaspoonful of oil of eucalyptus as a medicine, and soon became lethargic and partially comatose. I was sent for and arrived speedily, before the symptoms had time to become aggravated. An emetic gave prompt relief.

Until I saw the above cases I was accustomed to regard eucalyptus as innocuous. Considering the frequency and freedom with which the substance is employed as a domestic remedy I wonder that serious results are not seen more often, but I think that small doses are seldom exceeded. I have made enquiries as to whether fatal cases of poisoning from eucalyptus are known, but hitherto have not met anyone who has had personal experience of such, and I do not know of any that have been recorded. I should be glad to know if any such have occurred. *Exeter, South Australia.—Lancet, Dec. 30th, 1905.*

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**ZINGIBER.**

GINGER is mentioned in but few therapeutic works, although it occupies an important place, and should not be neglected. It is a profound and immediate stimulant, an active diaphoretic, an anodyne in gastric and intestinal pain, and a sedative to an irritated and over-wrought system

when there is extreme exhaustion. An infusion of the powder drunk warm produces immediate but mild emesis and active diaphoresis.

Ginger is an emergency remedy. In every case in which brandy or whisky is given to produce an immediate stimulating influence, the tincture of ginger can be given with even better results. From half a teaspoonful to a teaspoonful will produce greater stimulation than half an ounce of brandy. It may be stirred into half a glass of cold water, but is much more immediate in its action if given in hot water. The tincture does not produce emesis. The agent stimulates the stomach actively, producing a pleasing sense of warmth. It overcomes flatulence and quickly relieves *flatulent colic*. In *atonic conditions* of the *stomach* and intestinal tract, it stimulates the structure to renewed activity and materially assists in the restoration of normal tone. It relieves pain from any cause except inflammatory action, when this remedy must be avoided.

In *acute colds* the entire train of symptoms may be aborted in a single night, by advising the patient to take a hot mustard foot-bath at bedtime, while the body, prepared for bed, is wrapped in warm blankets. During the foot-bath, which should last twenty minutes, the patient should slowly drink half a pint of hot water into which is stirred a drachm of the tincture of ginger. After the foot-bath the patient should get into a warm bed, still wrapped in the blankets, and allow the sweating thus induced to continue for from half an hour to an hour, slowly and carefully divesting himself of the excess of clothing, until the perspiration subsides. Acute inflammations may be aborted by this course.

In *dysmenorrhœa*, *ovarian neuralgia*, and *uterine pain* from any cause at the menstrual epoch, this agent is reliable. If given at the beginning of an *hysterical attack* it will often abort the attack, and produce quiet and restful sleep.

Ginger is of value in *vomiting of old drunkards*, with heavy feeling like a stone in the stomach, slimy, bad taste in the morning, and bad breath.—Dr. Malcolm E. Douglass, from *American Physician*, August.

#### HOMŒOPATHY.

We extract the following from the "Editor's Table" of the *Medical Century* for January:—

"Dr. Cæsar Lombroso, the noted Italian criminologist, said only last month: 'I understand that homœopathy has been made fun of for over a century, but to-day has modern allopathic medicine anything of value that does not rest on homœopathic principles?'"

### “ IS PNEUMONIA CURABLE ? ”

THE following is the editorial article in the January Number of the *Medical Century* :—

Under the above heading the *New York Medical Record* discusses the statement made by Osler, formerly of Johns Hopkins, now of the London Hospital, in which he says : “ Pneumonia is a self-limited disease which cannot be aborted or cut short by any known means at our command.” Dr. Osler makes this statement in the section in his “ Practice of Medicine ” on Pneumonia.

In the discussion, the *Record* takes the ground that some cases are quite amenable to treatment.

The experience of the homœopathic school of medicine demonstrates that not only is the disease amenable to treatment, but a larger percentage of cases is cured by homœopathic remedies than by any other treatment so far presented.

The *Medical Century* statistics of the results of homœopathic and allopathic treatment during the past hundred years show that the percentage of mortality under old school treatment is 31·22, while under homœopathic treatment it is but 5·34. This may be criticized as giving results of treatment during a period when the therapeutics was not so well developed as at the present time, but granting the claim of the old school that their “ mortality is only 15 per cent,” it shows that homœopathy is still better by three to one.

That the old school may be questioned is shown by the fact that Anders puts the mortality at 18 per cent, while two years ago Klebs, in *American Medicine*, quoted it as 23·8 per cent. Hay, in the London *Lancet*, June 11th, 1904, says 9·1 per cent of patients under 20 years of age die, 41·5 per cent of those between 20 and 50, and over 50 per cent of those over 75. In 1902 the mortality at Cook County Hospital was 36 per cent. All this goes to show that the death rate of pneumonia under old school treatment is rather over than under the percentage claimed by them.

The old school are rapidly becoming, if they have not already become, therapeutic nihilists. Many of their adherents uniformly treat typhoid fever and pneumonia without the use of a single internal remedy. This we take it to be due to the fact that they recognize both diseases as being due to a specific organism, and are continually on the hunt for some specific remedy with which to combat it. Their mortality record shows that they are still hunting—not having found it. Their treatment wanders about in the dark, among many remedies, with no guiding light, and, it seems, no possible chance of finding one. As the *Record* says of bleeding,

so it may say of the thousand and one remedies exploited, all "have gone out of fashion." That's scientific, you know. And their teachers all over the country still open their lectures on the treatment of pneumonia in this wise, "Gentlemen, there is no known remedy which is useful in the treatment of the disease." And the mortality grows greater with each succeeding year. Since 1860 the deaths per 10,000 population have shown an increase of 349·6. The death rate from 1880 to 1890 showed an increase 5·5 per cent; from 1890 to 1900, 12·21 per cent.

In Chicago, from October 1st, 1904, to March 4th, 1905, the mortality from consumption was 11·4 per cent of the total mortality, while that from pneumonia was 18 per cent. This is simply appalling—it shows pneumonia, rather than consumption, to be the great white plague. And these figures are perfectly authentic; some of them are taken from the *Record* article above quoted, while the balance are from old school text-books and journals.

Meantime, under Hahnemann's law, a little over 5 per cent succumb, while it is beyond all question that the duration of the disease is reduced very considerably. Careful observations under many circumstances show invariably that the disease may be cut short in any one of its three stages. Eidhorr, of Vienna, after ten years' experience in hospital practice, asserts that the disease can be reduced in duration anywhere from 25 to 60 per cent under homœopathic treatment. Halbert ("Practice of Medicine," p. 181) says: "Resolution may occur in either the first or second stage," and again, p. 193, "It is our school of medicine which has verified the pronounced benefit obtained by the use of internal medication. We have substantially demonstrated that the remedy which relieves the typical symptoms aids a normal resolution better than all the adjuvants described above."

Burt, in his "Physiological Materia Medica," says of *veratrum viride*: "The abundant testimony that *veratrum viride* will cure pneumonia in its first stage is one of the fixed and positive facts in therapeutic medicine, which I have confirmed time and time again."

Again, in speaking of aconite, he says: "Every inflammation has in its first stage arterial excitement, and here aconite does heroic work."

Goodno says: "Drugs occupy a prominent position in the treatment of pneumonia, the progress of the disease being materially shortened and its intensity diminished by their employment."

Hughes ("Manual of Therapeutics," p. 316) says:

"Homœopathy declared that its treatment gave a lower death rate still [referring to results of the expectant treatment], and a shorter average duration"; and again, "I can sketch to you a treatment of pneumonia which, while rational in its method, gives obvious relief to its symptoms, shortens the duration of the disease, and will rarely permit your patient to slip through your fingers."

Carroll Dunham ("Lectures on Materia Medica," p. 82) says: "It is to a use of aconite in acute inflammations that Hahnemann refers when he speaks of its ability to restore to health in a few hours, saying: 'In as short a time as a few hours after the first dose of aconite . . . all danger to life will have passed, and the excited circulation will then, hour by hour, return to its wonted course.' So rapid a change as this would be very possible and easily conceivable in the first stage of pneumonia before hepatization has taken place."

Persistent enquiry among physicians, both those in general practice and specialists in diseases of the chest, fails to substantiate the claim of those who teach the doctrine of "self-limited diseases" that pneumonia is to be placed in that category. From the standpoint of the conscientious and painstaking homœopathic prescriber pneumonia is a disease in which a world of good has been and is being accomplished. Every patient restored to health by the beneficent action of the indicated remedy means just that much more done for the advancement of our science. For it is a science. It can be neither accident nor anything else. The same principle which governs in the use of remedies in any diseased condition of the system applies here, and by virtue of the infallibility of the law of the similars remedies correctly applied under that law will restore the organism to health. We do not have to bow down before the dictum of even so great a man as Osler when he says that "pneumonia is a self-limited disease, and cannot be shortened in its duration by any known means at our command."

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#### A CASE OF CARBON MONOXIDE POISONING.

By P. C. P. INGRAM, M.R.C.S. Eng., L.R.C.P. Lond.

This case is recorded as an example of carbon monoxide poisoning in which the gas was produced by the incomplete combustion of the contents of a burning building.

The victim was an elderly man, the proprietor of a small shop which was built under part of a railway arch and consisted of three rooms, one on the ground floor and two above, the back room on the upper floor being lighted only through



the one in front. The place caught fire, and in the back room which was used as a bedroom, he was found by the firemen. He was then dead, and was seated partly dressed on a chair with his head and arms resting on an adjacent table, having apparently been overcome while asleep. On my arrival the body was still warm, but rigor mortis had commenced. It was covered with soot, but was not scorched.

The post-mortem examination was made two days later. Bright pink post-mortem stains were visible on the back and under surface of the legs and arms; in these dilated superficial vessels were well seen. The lips were pale; the eyes were half closed, the pupils were of normal size, and the conjunctivæ were slightly injected. The veins of the pericranium and cerebral cortex were dilated, the blood being of the characteristic pink colour, and there was an excess of cerebrospinal fluid both round the base of the brain and in the ventricles. The respiratory tract from the pharynx to the bronchi was full of a mixture of soot and mucus, and there was some injection of the tracheal mucous membrane. The lungs were full of bright red blood. Both sides of the heart were contracted and empty; there was also evidence of old valvular disease. The vessels of the stomach were injected and the mucous membrane in the neighbourhood of the cardiac orifice was stained from swallowed smoke. The intestines were normal. The liver was of a bright red colour, and the spleen and kidneys were also of lighter colour than normal. A diluted specimen of the blood gave the characteristic pink tinge described by Haldane, and with a spectroscope the permanent absorption bands were easily made out.

The construction of the building was such that on a fire taking place carbon monoxide was probably produced in quantity. There was no evidence of any escape of coal gas, and the fire had hardly reached the room in which the deceased was found. From his position and the condition of his trachea it is probable that he became overcome by the gas while dozing in his chair, and died without recovering consciousness.—*Lancet*, Dec. 30th, 1905.

#### METHÆMO-GLOBIN-ÆMIA.

ALBRECHT also showed preparations taken from cases of methæmo-globin-æmia which had proved fatal after the use of potassium chlorate. The toxic effects, he said, were typically displayed in a male child, æt. 3, that was admitted into hospital about the beginning of October, suffering from pertussis. It was discovered that tubercle was present in the

lung during the treatment, but about the end of October he took chicken-pox, which complicated the treatment. On November 11th, a catarrh of the bowel, with stomatitis, appeared, and, to crown all, the child was reported to be suffering from rubeola on the 14th.

We now come to the important part of the subject. About two days before the child's death it was given 0.5 gram of chlorate of potass in grams 80 of water, with bismuth subnitrat. In all there would not be more than one gram of the chlorate of potass taken. The throat was brushed with a feeble solution of tannin and resorcin at the same time. The pulse was small, 128 per minute, respiration rapid, and temperature as low as 35.9 before death.

The post-mortem revealed a variety of morbid changes. The right lung had caseous concretions at the apex, chronic tubercular deposits in the bronchial lymphatic glands, bronchiectasis throughout the entire substance of the lower lobe of the right lung, with large caverns here and there; the liver was very fatty, the spleen increased, catarrh in the mucous membrane of the bowel, and lastly methæmo-globin-æmia.

The peculiarity of the case was the small amount which produced such toxic effects. According to Mehring full doses of chlorate of potass may be given without observing any morbid phenomena; but in toxic conditions, fever, dyspnœa, and a reduction in the alkalinity of the blood may be observed. There are strong reasons for believing that these causes were operative in producing a sudden termination, which can only be explained as an idiosyncrasy in the patient.

Teleky said it was now many years since the toxic action of the chlorate of potass has been acknowledged, which has led to the disuse of the drug in Vienna. This is another confirmation for its banishment.

Schopf related another case he had, which died suddenly with all the symptoms of methæmo-globin-æmia after simply gargling with chlorate of potass.

Reitter said that chlorate of potass was not allowed to be used in Schrötter's clinic.

Neurath thought there was something strange in our logic when we compared the small number of toxic cases with the frequency of sales by our apothecaries, as chlorate of potass was bought freely without any restriction, notwithstanding the toxic accidents observed in the profession. He would suggest that the drug be confined to the list of poisons.

Grünfield related another case that came into the syphilitic department of the Poliklinik. For three weeks he had received a gargle with 15 grams of chlorate of potassium,

but finding it ineffectual he swallowed a third of it, besides using a powder of 2 grams of potass, and had suffered no bad effects.—*Vienna Correspondent of Medical Press, Dec. 20th, 1905.*

### NEW SOUTH WALES.

THE following appears in the *British Medical Journal* of December 2nd, 1905. It is not necessary for us to make any comment on it, as the last sentence of the article in the *B.M.J.* is a sufficiently warm, or cold, reception of the subject, and must be a trifle damping to the misguided enthusiasts of the New South Wales Branch of the British Medical Association.

#### “CONSULTATION WITH HOMŒOPATHS.

“At a special meeting of the New South Wales Branch of the British Medical Association, held on October 13th, a long discussion took place on a resolution submitted by Dr. Gordon Craig, that “homœopaths should not be met in consultation.” Various opinions were expressed on the subject, and an amendment was moved by Dr. Walter Spencer, and seconded by Sir Philip Sydney Jones, to the effect that such consultations were permissible if the subsequent treatment of the case were conducted on orthodox lines. On the suggestion of Dr. Hankins, and with the approval of the mover and seconder of the original motion, the original motion was amended by the addition of words to the effect that such consultations are inconsistent with membership of the New South Wales Branch of the British Medical Association, and that steps should be taken at an early date to incorporate this in the Articles of Association. This motion as thus amended was carried by a large majority. In view of the divergence of opinion on this subject, not only here but in England, it was felt by some that the passing of this resolution was uncalled for.”

#### TONSILLITIS :—ACTEA RACEMOSA.

DR. CHAS. B. GILBERT, in the October *American Physician*, relates the history of a woman, aged 28 years, tall, thin and dark, who had been subject to attacks of tonsillitis since childhood. She had at least fifty attacks, all ending in suppuration. The doctor was called to this patient and found her unable to open the mouth sufficiently to enable him to see the tonsils. The right tonsil was the seat of a sharp,

sticking pain, and was evidently much inflamed. There was one feature of this attack which attracted his attention, although not a usual or necessary accompaniment of tonsillar inflammations. It was a severe pain from the seventh cervical vertebra to the top of the head and back of the eyes. He recognized this as the unusual and most striking feature of the attack, and prescribed an unusual remedy, the *actea racemosa*. We do not recall ever having heard of this remedy being used in quinsy, but nevertheless it acted in a striking manner. The swelling and pain rapidly disappeared, and for the first time in the life of the patient, her tonsils did not suppurate. It would seem as if this was an example of prescribing for the patient and not for the disease. We have every ground for a belief that this is the proper way to prescribe homœopathic remedies.—*Hahnemannian Monthly, January.*

### MEDICAL LIBERTY.

EVERY man owes it to his country, his children, and himself, to do what he can in the cause of liberty. The medical profession has not escaped the tendency of the times to use organizations to bind and tie the hands of individuals. Yet, to make the medical profession great, the individual doctor must be great, and this, in turn, necessitates the fullest possible measure of liberty.

Class legislation works on the principle of robbing Peter to pay Paul, a precedent which involves no increase of wealth, and, like all injustice, is selfish and shortsighted.

The moment a man is given to understand that he jeopardizes his standing, his future, his interests, by an independent stand, all his energies slacken. He inevitably becomes less straightforward, less sincere and courageous. Instead of asking himself what is the right thing to do, he questions what course is most prudent or politic. He does not hurl himself into the breach in an emergency, he does not rack his brain for ways and means, he consults the precedents established by authority, and exempts himself from responsibility. A machine man follows instructions, whether or not he "makes good." That is a secondary consideration.

If we look around us and see what organizations and political methods have done for commerce, for industry, for government, we can see nothing to be gained from their adoption in medicine. Medicine is in an advanced state in the United States because of the liberty enjoyed for so many years. Since the era of fads and theories set in, and the legislative mills began laying down restrictions, the medical profession has been almost at a standstill.

Would it not be as well for us to shake off this appearance of apathy and indifference, which is the political doctor's opportunity, and let it be understood exactly where we stand on this matter. If you believe in medical liberty, say so; do not leave it in doubt. Would you rather be a man than a cog in a big machine? Would you rather think your own thoughts, make your own decisions, carry out your own plans, or would you prefer to take orders as a private in the ranks of a semi-military body?

If you believe, as all history shows, that independence and self-reliance are conditions inseparable from man's best development, then wake up and do your part to preserve those conditions.—*The Medical Brief*, September.

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#### THE ABUSE OF BROMIDES IN EPILEPSY.

WM. P. SPRATLING says (*Med. Rec.*, September 2nd, 1905) that years ago he became convinced that the bromides as generally administered did vastly more harm in the treatment of epilepsy than they did good, and his ten years' experience at Sonyea in the treatment of nearly 2,000 cases has strengthened that conviction. The bromides do not always do harm, and they have a limited range of usefulness in their power of suppressing epileptic convulsions, but the author has never seen a case cured by the bromides alone. He has never given the bromide of potassium to an epileptic, and says that the cases must be carefully selected for the use of the other salts. At the Craig Colony the average dose of the drug is 15 gr. a day, 5 gr. at a time. The author has analysed twenty-seven patent nostrums for epilepsy, and has found that the basis of all of them was bromide of potassium. If recoveries occur under the use of the drug, it is in spite of it and not on account of it. When used, the bromides must be prescribed with the greatest caution, and it is rarely necessary to push them to the point of producing acne. Their disadvantages are many, and it is preferable to use other harmless depressants in their stead, and to treat the individual instead of one of the symptoms of his disease.—*Brit. Med. Jour.*, December 23rd.

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#### MR. S. T. LEWIS.

MR. S. TUDD LEWIS, pharmaceutical chemist, son of Mr. Samuel Lewis, of the South London Homœopathic Pharmacy, 122, Newington Causeway, London, S.E., has recently had conferred upon him the degree of Bachelor of Science, with

Second Class Honours in Chemistry, by the University of London (Internal). Also last month he passed the final examination for the Associateship of the Institute of Chemistry in the branch qualifying for appointment as Public Analyst.

### OBITUARY.

EDWARD JOHN HAWKES, L.R.C.S., L.R.C.P. (Edin.),  
J.P., Ramsgate.

WE greatly regret to have to announce that Dr. Hawkes passed away very suddenly on January 22nd. He had previously not been well, but had quite recovered from his indisposition, and was, as usual, engaged in his professional duties. So lately as the morning of his death he occupied a seat on the Bench at Ramsgate, in his capacity of Justice of the Peace, but later in the day an aneurism ruptured, which proved fatal almost at once. Dr. Tamplin, who was called in, stated that this was the cause of death, and forwarded a certificate to the Borough Coroner.

We extract the following from *The East Kent Times* of Jan. 24th :—

“ Dr. Hawkes, who was sixty-two years of age, came of an old Cornish family. He was educated first at Spalding Grammar School, and subsequently apprenticed on the old system to a general practitioner at Brighton. He studied medicine at the Bristol Medical School and at Edinburgh.

“ For some years he practised at Hastings, and later took charge of the South Devon Hydropathic Establishment for three years. He came to Ramsgate in 1886, when he bought the practice of Dr. Harmar Smith. He soon began to show keen interest in the civic welfare of the borough, and in all ways proved himself a worthy citizen. He did good work in connection with the St. John Ambulance Association lectures in 1888-90.

“ In 1895 Dr. Hawkes, at the earnest solicitation of a great body of electors of the West Central Ward, allowed himself to be nominated for a seat on the Town Council. Objecting on principle to canvassing, Dr. Hawkes did not ask for a single vote, but was nevertheless successful in winning a seat on the Council, where he did excellent service to the ratepayers for several years. His subsequent loss of the seat was due in part to his well-known objection to canvassing, and in part to an agitation in which several of the best men in Ramsgate's public life were the victims of popular indifference to civic duties.

“Dr. Hawkes, besides being a witty and lucid speaker, frequently read in public, and was always welcomed by Ramsgate audiences. He was for many years the very popular president of the Ramsgate Cycling Club, whose members will keenly feel his loss.

“Dr. Hawkes was a member of the Church of England, and, latterly at all events, was inclined towards Liberalism in Imperial politics.

“By his death Ramsgate loses one of its most unassuming, kindest, and most respected townsmen, and the deepest sympathy is expressed on all hands with Mrs. Hawkes and the family.

“The funeral will take place to-morrow, the 25th, at Ramsgate Cemetery.”

In the *East Kent Times* there is a very good reproduction of a photograph of Dr. Hawkes.

Dr. Hawkes was beloved by all who knew him, not only by his patients, but also by his private and professional friends. His character was fearless, straight, honourable, and conscientious, a character that could not fail to inspire confidence on the part of his patients, and respect and love on the part of all who came in contact with him. His position in Ramsgate as a Justice of the Peace, and an active and energetic Town Councillor, a position gained without any canvassing on his part, is sufficient to show the respect that he elicited from his fellow-townsmen. He actively interested himself in, and was the means of obtaining, a public abattoir for Ramsgate, in place of the objectionable arrangements that before that time were existent. His work in connection with the St. John's Ambulance Association was well known there. He delivered a course of Lectures on First-Aid, and on the necessary education required for the purpose of passing the requisite examinations, in which all his pupils took a high place. And to every public work he gave his aid and influence. As a professional man he was most successful, and he was a staunch homœopath in practice. His therapeutic views were, at the commencement of his Ambulance Lectures, used as a reason of opposition to him, but his excellent training of his pupils, and the success which followed it, soon disarmed all animosity and jealousy. Dr. Hawkes had a keen sense of humour, and always saw the comic side of things. This gift made him an excellent companion, and he never saw things in a pessimistic light. As a speaker at any function, professional or otherwise, he was always fluent, spoke to the point, and graced his remarks by his sense of humour. At meetings of his professional colleagues he was often chosen as

a speaker, on account of the charm of his short speeches, and the fun he always managed to introduce into them, and only in this past year of 1905 he was chosen to speak at the Dinner of the British Homœopathic Congress at Hastings. Dr. Hawkes had a love for music, had an excellent voice, and recited his songs, on appropriate occasions, with much feeling and grace. At almost all festive gatherings of his colleagues, he contributed, with much acceptance, to the musical features of the evening. All this brightness and geniality made him an universal favourite. Not only will he be missed in Ramsgate, but in professional circles his loss will be keenly felt. We can ill do without such a fine, bright, noble character as Dr. Hawkes was, and the loss to homœopathy of such a consistent and staunch adherent of the law of similars, leading to success in practice, is great. But the recollection of his fine life and gifts will always remain as a bright spot in the minds of all his professional brethren, and of all who were in any way associated with him.

We offer our deepest sympathy to his bereaved widow and daughter, in this sudden and dire loss which they have experienced.

#### L. T. ASHWELL, ESQ.

We regret to learn that Mr. Ashwell, of the firm of Keene & Ashwell, homœopathic chemists, died, after a prolonged illness, on the 1st of January. We extract the following from the *Chemist and Druggist* of January 6th :—

“On January 1st, Lawrence Thomas Ashwell, chemist and druggist, managing director of Keene & Ashwell, Ltd., 6, South Molton Street, W., aged 56. Mr. Ashwell was apprenticed with Messrs. Leath & Ross, and soon after, passing the Minor in 1872, he joined the firm of Keene & Ashwell, of which he became a partner, and recently, when the firm was turned into a limited company, took the position of managing director. The business was established in New Bond Street many years ago, some nine months since being moved to South Molton Street. The firm have always been identified with the supply of homœopathic medicines; their perloids and tablets have been leading lines of late years. Mr. Ashwell is to be cremated at Woking on Friday, January 5th.”

Mr. Ashwell was an excellent artist, exhibited his pictures at the Royal Academy, and at the Institute of Oil-Painters, in Piccadilly, and he was interested in all art subjects. He was a favourite with all who knew him, and he will be much missed in the profession.



CORRESPONDENCE.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND  
STREET, LONDON, W.C.

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

SIRS,—In your issue of January you were good enough to insert a leading article on the financial position of this Hospital. I had not the opportunity of seeing it in proof, and I observe that it contained certain inaccuracies. I shall be glad, therefore, especially now that I have the complete figures to December 31st (the end of the Hospital year), to be allowed a small space in your Journal to refer to the subject.

First, with regard to our present appeal, we asked for :  
(1) £13,831 to replace drafts on Capital to Dec. 31st., 1904 ;  
(2) £3,000 New Annual Subscriptions or Donations for carrying on the work of the Hospital and for avoiding constantly recurring deficits.

The appeal was issued on the initiative of Sir Henry Tyler, the Chairman of the House Committee, who made the handsome conditional promise that if £5,000 were donated, he would give another £1,000, making £6,000, or if £10,000 were reached he would give £2,000, making £12,000. The Rt. Hon. the Earl Dysart, J. H. Houldsworth, Esq., and Captain Cundy also gave £500 each, and generously promised another £500 each if the £12,000 were secured. These were very great incentives, and the appeal met in many quarters with most generous responses. The amount paid up to December 31st, 1905, was £12,289 2s. 2d., and deducting expenses for printing, stationery and postage, etc., which amounted to £116 1s. 11d., the net result was £12,173 0s. 3d.

We received, also, new and increased annual subscriptions of £574 0s. 6d., but we lost by death and otherwise during the year subscriptions to the amount of £97 14s. 1d., so that the net increase under that head was £476 6s. 5d., and not £700, as stated in your article.

In analysing this £12,000, being the total, as above, of the Appeal Fund, and the gross increase of Annual Subscriptions—£574 0s. 6d.—we find some curious and striking facts. There were 428 contributors, of whom 18 Vice-Presidents and Members of the Board of Management donated £5325, and contributed £206 6s. 0d.

18 Members of the Medical Staff and 180 of their friends contributed donations to the amount of £1,132 16s. 6d. and of £169 3s. 0d. new annual subscriptions.

18 other Medical Practitioners not on the Medical Staff of the Hospital, and 67 of their friends, sent £180 11s. in donations and £44 12s. 6d. in new annual subscriptions.

The Ladies of the Ladies' Guild raised £1,272 18s. 2d., and 5 of the Sisters and Nurses and 41 of their friends collected £116 14s. 6d.

£3,935 12s. as donations and £153 19s. in new annual subscriptions were sent direct to the Secretary at the Hospital (in answer to special personal appeal letters written to well-known and generous friends) by 279 donors and subscribers.

A further analysis of the figures shows the following:—

<i>Number of Donors</i>	<i>and</i>	<i>Amount of Donations.</i>
1	Donor gave a Donation of	£2,000
3	Donors each gave a Donation of	£1,000
1	" " " "	£750
2	" " " "	£250
1	" " " "	£200
3	" " " "	£150
10	" " " "	£100
2	" " " "	£75
9	" " " "	£50
5	" " " "	£40
1	" " " "	£35
8	" " " "	£25
23	" " " " £20 and under	£25
40	" " " " £10	£20
76	" " " " £5	£10
243	" " " "	Under £5

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428

139 New Annual Subscribers

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567 Total

making a grand total of 567 contributors, giving donations to the amount of £12,289 2s. 2d., and £574 0s. 6d. new annual subscriptions; and it is interesting to note that, with few exceptions, the money has been raised by the generosity and individual endeavours of a comparatively small group of old friends and generous donors.

Dealing with the items of income, your article says that out-patient registration fees "yield at present about £800 per annum." The figures for the last five years are as follows:—

1901	..	..	..	£917	12	0
*1902	..	..	..	£875	6	0
1903	..	..	..	£1024	0	0
*1904	..	..	..	£984	3	0
1905	..	..	..	£1069	5	0

\* The Out-Patient Department was closed for repairs for 5 weeks in 1902 and 4 weeks in 1904.

The result of a letter, signed by the Chairman of the Board and the Vice-Treasurer, which is given to each in-patient, inviting them to contribute according to their means for the benefit of patients who may be unable to give anything, is stated as having "already yielded £80." This system has only been tried since the first of June last, and has resulted during the six months (June to December) in £119 2s. 6d. This sum is added to the Hospital Funds, and leads to the expectation that next year we may obtain from that source at least £200 in the twelve months.

It is a pleasing fact that through special exertion made during the year each item of income has increased, which affords much hope for the future.

	1904			1905			TOTAL INCREASE		
	£	s.	d.	£	s.	d.	£	s.	d.
Annual Subscriptions .. .. .	1744	14	6	2221	0	11	476	6	5
Donations .. .. .	359	13	0	386	7	11	26	14	11
Hospital Sunday Fund .. .. .	583	15	10	625	7	6	91	11	8
Hospital Saturday Fund .. .. .	146	2	0	169	12	0	23	10	0
King Edward's Fund .. .. .	200	0	0	400	0	0	200	0	0
Invested Funds .. .. .	*2666	15	7	2534	12	1			
Out-Patient Fees .. .. .	984	3	0	1069	5	0	85	2	0
Nursing Institute .. .. .	1	2	10	178	5	0	177	13	2
Other Receipts .. .. .	231	2	6	306	2	0	74	19	6
	6867	9	3	7890	12	5	1023	3	2

showing an increase of income for 1905 over 1904 of £1023 3s. 2d.

With regard to the expenditure, a sub-committee has gone very carefully into the whole question, and their enquiries have led to an investigation into provisions, such as meat, fish, milk, bread, etc., as well as into drugs, instruments, dressings, etc., and they report to the Board of Management as follows:—

"We have come to the conclusion that the system now in vogue for the ordering and supervision of the domestic requirements of the Hospital is good, and that a fair and economical price for quality is being paid, also that but little saving can be anticipated in the purchase of food; but

\* In this amount is included income strictly belonging to 1903 accounts, viz., one year's income tax reclaimed £194, and a half-year's dividend on Quin Estate £181 5s. 10d.; both amounts were received in 1904 too late to be included in 1903 accounts, to which they belong. If these items had not been carried over from 1903 and included in 1904, the 1905 income would show a still further increase of £243 12s. 4d., making a grand increase of £1,266 15s. 6d. for the year 1905.

recommendations are being made which it is hoped will enable direct savings to be made by economy in administration. With the loyal co-operation of all those working in the Hospital much may be done, and is already being done, to diminish expenditure without impairing efficiency."

A distinct reduction has been effected under various heads, as follows:—

## ORDINARY EXPENDITURE.

EXPENDITURE	1904			1905			DECREASE		
	£	s.	d.	£	s.	d.	£	s.	d.
Provisions .. .. .	2137	10	3	1936	11	0	200	19	3
Surgery and Dispensary .. .. .	983	4	10	753	14	5	229	10	5
Domestic .. .. .	2032	0	3	1801	4	1	230	16	2
Establishment Charges .. .. .	771	9	0	532	3	3	239	5	9
Salaries and Wages .. .. .	2668	17	4	2523	2	2	145	15	2
Miscellaneous .. .. .	310	0	4	300	16	10	9	3	6
Administration:—Management and Finance ..	836	19	5	468	10	6	368	8	11
	9740	1	5	8316	2	3	1423	19	2

making a total reduction of £1423 19s. 2d. without in any way impairing the efficiency of the Hospital.

The Board feel that these reductions are due not only to the recommendations of the Sub-Committee, but also to their having been carried out in an able and loyal manner by the officers, sisters, nurses, etc., concerned, and wish to express their thanks to all who have assisted in the matter.

The working expenditure of the Hospital during the past year was £8316 2s. 3d., or £1423 19s. 3d. less than for the preceding twelve months, showing, as anticipated early in the year, a sensible reduction.

This reduction of £1423 19s. 2d. was effected, notwithstanding that 116 more in-patients were admitted and 1556 more out-patients were treated than in 1904.

The in-patients cost in the year 1904 on the average £7 17s. each, and the out-patients 1s. 6d. each. The in-patients this year have cost on an average £5 13s. 8d. each, and the out-patients 1s. 6d. each. The sum of £659 5s. 4d. for in-patients, and £116 14s. for out-patients, representing the cost of additional patients, should therefore be added to the decrease mentioned above, making a total nominal saving of expenditure during the year of £2199 18s. 6d.

The Board earnestly desire to keep down expenses, and have always keenly recognized the need for the strictest economy compatible with efficiency, so as to make the available funds go as far as possible. But they feel that it is on the other hand of great importance not to check the development of the Hospital, as those who support it justly demand efficiency and progress in every branch of its work.

The deficits on the ordinary income and expenditure accounts for the past five years have been as follows :—

Year	Ordinary Income	Ordinary Expenditure	Deficit
1901	£6462 16 5	£10142 1 7	£3679 5 2
1902	£7298 0 6	£9708 18 10	2410 18 4
1903	£6287 16 5	£9991 11 5	£3703 15 0
1904	£6867 9 3	£9740 1 5	£2872 12 2
1905	£7890 12 5	£8316 2 3	£425 9 10

The encroachments on capital funds have been :—

December 31st, 1904, due to capital	..	£13,831	7	6
Deficit in 1905 as per above table	..	425	9	10

Extraordinary expenditure :

New cold water supply to wards and new cold water supply to boiler, etc., new furniture and extraordinary repairs	..	..	..	233	4	1
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£14,490 1 5

Less Special Appeal Fund ..	..	12,173	0	3
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Total due to capital, Dec. 31st., 1905      £2,317 1 2

For this balance the Board must still look to friends of the Hospital for aid, and the Board would earnestly ask those who have "this world's goods" not only to help the Hospital now, but also to remember the "London Homœopathic Hospital" in their wills.

Experience has taught them how much the permanence and prosperity of the Hospital has depended on the kindly forethought for the needs of others on the part of those who are no longer with us, and who have set so magnificent an example to those who still remain, to spread the principles of Hahnemann, and thus to relieve in the best manner the suffering poor, as well as those who can afford to pay for the treatment.

January 11th, 1906.

I am, etc.,

EDWARD A. ATTWOOD,  
*Secretary London Homœopathic Hospital.*

We have much pleasure in publishing the above letter from Mr. Attwood, and we are always glad to have any inaccuracies on our part corrected. But in justice to ourselves, and to our readers who might think we had stated the case incorrectly, it may be well to say that our figures were all obtained authoritatively.

1. We stated that the increased annual subscriptions in

the past year amounted to about £700, while Mr. Attwood states that, after making deductions for deaths, the net increase up to Dec. 31st, 1905, is £476 6s. 5d. The sum of £700 was given to us by Mr. Attwood, and he thought it possible that by the end of the year it might be £800.

2. As to "registration fees," we stated the sum as about £800, whereas Mr. Attwood gives it in 1903 and 1905 as about £200 more. The figure of £800 was given to us by the late Mr. Cross, the Secretary-Superintendent of the Hospital; it was published in our April, 1905 leader. Not only was it not then contradicted, but the Board of Management had the leader reprinted and widely circulated, *as it stood*.

3. The donations from in-patients after receiving the letter signed by the Chairman of the Board and the Vice-Treasurer, amounted, as we stated, to about £80, while Mr. Attwood states that up to Dec. 31st, 1905, the donations amounted to £119 2s. 6d. This we are glad to hear, but the figures given to us were given by Mr. Attwood himself in the middle of December. He then said that by the end of the year they would very likely be increased.

4. The amount withdrawn from capital was close on £14,000, as we stated in our leader of April, but on lately seeing it put down as £12,000, we asked Mr. Attwood on the subject. He informed us that we were correct in stating the deficit as nearly £14,000, but that, in issuing a final appeal, the amount asked for was £12,000. We therefore corrected the printed proof from £14,000 to £12,000. Mr. Attwood explains this by stating in his letter that at Dec. 31st, 1905, the total still due to capital is £2,317 1s. 2d. We are therefore pleased to have the figures given officially, and correcting some of ours. But our readers will perceive that there is no fault on our part, and that all our figures were received authoritatively.—[Eds. *M.H. Review*].

#### THE INTERNATIONAL HOMŒOPATHIC DIRECTORY.

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

DEAR SIRS,—I have just received from Dr. Hæhl, of Stuttgart, the accompanying letter, which I think is important, as bearing upon my letter in your January issue.

Yours, etc.,

*The Editor of the International Homœopathic Directory.*

*December 27th, 1905.*

DEAR DR.—By to-day's mail I have sent a roughly revised list of homœopathic physicians of Germany to the Homœopathic Publishing Company. I have been able to add a large

number of new names and towns, and to correct many of the old addresses, so that the German list of homœopaths will be up-to-date. I am more than ever convinced that we must take the greatest care in revising the annual lists of the different countries, for there is nothing in the world more disappointing than directories upon which one cannot depend. The value of and necessity for an international directory is far above doubt for anyone who has travelled and called upon homœopathic physicians. For my own part I could not, and would not, like to miss the Annual Directory, for in my position as Editor of a Homœopathic Journal, and Secretary of one of our largest Homœopathic Societies, the International Directory has been of great help to me. This was especially the case during my sojourn in Switzerland, Italy, England, France, and Germany. *There is no other book in existence that could have given me any similar directions*, and I may well say the acquaintance of many a homœopathic physician I owe just to this little book. But I am afraid that the existence of an International Directory is not sufficiently well known as yet. This at least seems to be the case in America. During my sojourn in England I met one of my former teachers, the well-known Philadelphia surgeon, Professor William B. van Lennep. Talking of some of the homœopathic physicians of London and its vicinity, he asked me, "How did you ever get acquainted with so many homœopaths of London? I scarcely know half of them." "With the help of our International Directory," I answered, and showed him a copy of it. "Oh! that's just the book I was looking for, a book which I have been missing during my entire journey. I must see to getting one at once!"

No homœopathic physician ought to undertake a journey in a foreign country without the International Directory, which will help him to make the acquaintance of colleagues wherever he goes. Of great service would the Directory also be for every adherent of homœopathy while away from home, for it forms a guide to him where to find a practitioner of homœopathy whenever needed.

Your duty and the duties of your co-editors will be to take the greatest care in the annual revision of the Directory, and the book will then be considered as one of our most needful publications.

Yours fraternally,

RICHARD HAEHL, M.D.,

Editor of *Homœopathische Monatsblätter*.

December 23rd, 1905.

## 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 Dr. DYCE BROWN, 29, Seymour Street, London, W. Telephone, 138 *Mayfair*.

Dr. POPE'S Address is Holmleigh, Approach Road, Margate.

Contributors of papers who wish to have reprints are requested to communicate with Messrs. E. GOULD & SON, Ltd., 59, Moorgate Street, London, E.C., who will arrange with the printers. Should Messrs. GOULD & SON receive no such request by the date of the publication of the *Review*, the type will be taken down.

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We have received communications from Drs. ROBERSON DAY, BLACKLEY, E. A. NEATBY, Mr. C. KNOX SHAW, E. A. ATTWOOD, Messrs. KEENE & ASHWELL, Mr. J. M. WYBORN (London); Mr. C. J. WILKINSON (Windsor); Dr. HILLS COLE (New York).

## BOOKS RECEIVED.

*Annual Report of the Leicester Homœopathic Cottage Hospital and Provident Dispensary, 1905. The Homœopathic World, January. The Vaccination Inquirer, January. Liverpool Courier, December 29. East Kent Times, January 24. Keble's Margate and Ramsgate Gazette, January 27. Calcutta Journal of Medicine, November. Indian Homœopathic Review, November. New England Medical Gazette, December and January. St. Louis Medical Review, December 16, 23, 30, January 6. Homœopathic Recorder, December. Clinique, December. Medical Brief, January. American Physician, January. Chironian, December and January. Pacific Coast Journal of Homœopathy, December. Medical Times (New York), January. Homœopathic Envoy, January. Hahnemannian Monthly, January. Medical Century, January. North American Journal of Homœopathy, January. Homœopathisch Maandblad, January 15. Allgemeine Homœopathische Zeitung, January 4 and 25. Revue Homœopathique Française, December. L'Art Medical, December.*

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.

### THE TREATMENT OF DYSPEPSIA.

It is instructive, knowing how homœopaths treat dyspepsia, and the individualizing of each case that comes under care, to watch what is the treatment of the old school, as given to us from the pen of an up-to-date writer, from one who is in authority, and who is consequently supposed to represent the old-school views and treatment. We can thus compare our methods and theirs, and observe how the latter is, and must be, comparatively speaking, a failure.

In the *British Medical Journal* of November 25th, 1905, there appears "An Address on Dyspepsia," delivered at the opening meeting of the Medico-Chirurgical Society of Norwich, on October 3rd, 1905, by DR. ROBERT HUTCHISON, Assistant Physician, London Hospital, and Hospital for Sick Children, Great Ormond Street. We give his appointments, as in the *British Medical Journal*, that our readers may know whom we quote as a representative of the old school. The paper or address is interesting in a general way, but we forbear to go into much more than the treatment, and DR. HUTCHISON'S remarks connected with this branch of his subject. His introductory observations are worth quoting to our readers, as showing the pessimistic, almost despairing way in

which he speaks of this very common disorder—a disorder which is purely functional, and not dependent on any organic disease. He begins thus, after a few words which we need not take up space by transcribing, “I took heart of grace, however, when, upon further reflection, it was borne in upon me that it is just in the case of common diseases that our notions of pathology are most apt to be vague, and our treatment either stereotyped or loose and unsatisfactory, familiarity with them too often either breeding a contempt which makes us think them beneath our notice, or kindling a feeling of despair, either as to our ever knowing more about them than we already do, or treating them more efficiently than we have ever done. To no common disorder, I think, do these remarks apply with greater force than to that which I finally selected as the text of my discourse this afternoon. . . . How often its treatment baffles us and drives us to despair of our art! No one here will deny, I believe, that he has less confidence in managing cases of dyspepsia, less of that feeling of inward satisfaction which can only come from a firm and rational line of treatment, based upon a clear understanding of the nature of the disease, than he experiences in most of the other common maladies with which it is his daily duty to deal. This unsatisfactory state of things is due in part, no doubt, to the essential nature of dyspepsia of itself, and to the obscurity which still enshrouds the chemical and mechanical processes which go on in the stomach. . . . Now if we look abroad over the field of medicine, you will be struck by the fact that wherever we have to deal with organic diseases there we have fair precision in diagnosis, and practical unanimity as regards treatment [the treatment being thus almost entirely palliative, *Eds. M.H.R.*]; where, on the other hand, we have to deal with functional disorders, we find loose and hesitating diagnosis, and corresponding uncertainty in therapeutics.”

DR. HUTCHISON then proceeds to classify cases of dyspepsia, which we must transcribe here, as he refers to it afterwards under treatment proper. He says, “Leaving aside, then, the organic diseases of the stomach which may cause symptoms of dyspepsia, let us try for a moment to arrive at some sort of classification of its functional

disorders. Now, the positive functions of the stomach are two—secretion and movement,—and it has one negative function—namely, not to feel. These functions may be disturbed in the following directions :—

*Secretory.*—Increased=hyperchlorhydria and continuous hypersecretion.

Diminished=hypochlorhydria and achylia gastrica.

*Motility.*—Increased=pyloric spasm and tormina ventriculi.

Diminished=—motor insufficiency, culminating in dilatation.

*Sensibility.*—Increased=hyperæsthesia (the morbid sensibility of the older writers), and gastralgia.

? Diminished. Of this we can know nothing, as the normal stomach is already insensitive to ordinary stimuli."

This sounds very well and interesting, but is it practically instructive or valuable? DR. HUTCHISON'S remarks on his classification are rather like a wet blanket to the listener. He says, "I believe that all the symptoms of functional dyspepsia can be referred to disturbances of function in one or more of these directions, and that we should classify our cases according to the function or functions disturbed. Unfortunately, however, there are but few cases of dyspepsia in which one function is affected alone; in most cases there is a departure from normal in several directions. Careful investigation further shows that there is a tendency for certain disturbances of function to occur together. Thus diminished motility and secretion usually coincide to produce what is often spoken of as 'atonic' or 'nervous' dyspepsia, whilst increase of sensibility and secretion frequently co-operate in the production of a group of cases which I propose to speak of as 'hypertonic.' The former of these groups has as its chief symptom flatulence, the second is chiefly characterized by pain, and into these two great divisions the majority of cases of ordinary 'dyspepsia' seen in practice fall. Sometimes, however, it may happen that one function is disturbed alone. Thus there may be hypersensitiveness of the stomach, without alteration of secretion or motor power, or there may be impaired motility with normal secretory activity and sensibility. Now, having got thus far, I think I hear you saying: 'That is all very well on paper, but how are you to place any given case of dyspepsia and tell which function or functions of the stomach are affected by it.'"

Exactly so. We have given this long quotation as DR. HUTCHISON writes it, as were we to have given an abstract or summary in our own words, it might be supposed that we were exaggerating, or misconstruing his ideas. Truly it is a pessimistic or despairing account, and his classification is valueless except "on paper," and even then is worth nothing in a practical way.

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It is not necessary for us to follow the author further than to speak of his treatment. Of the various methods of treatment, viz., (1) "General measures—for example, rest, exercise, massage, hydrotherapy, electricity; (2) Dietetic means; (3) Drugs; (4) Operation"; we pass over all but that of "Drugs," as homœopaths, far more even than allopaths, prescribe "general measures." These are a matter of simple care and common sense, and so require no remarks from us of approval or the reverse.

Under "Drugs," it is positively amusing, though somewhat melancholy, to find DR. HUTCHISON speaking as follows: "I remember an eminent physician, now deceased, who used to sum up his advice to his students regarding the use of drugs in dyspepsia in these simple words, 'Gentlemen, if you fail with your alkalies try your acids.' And is not that pretty much what most of us do? If we fail with our bismuth we try our rhubarb, and if we fail with rhubarb we try pepsin, and so on—groping in the dark, in the hope that we may find something that will do good. From such treatment no mental satisfaction can be obtained, but by adopting such a classification of cases as I have suggested, our choice and use of drugs at once becomes easy and rational. One has merely to determine what function is perverted and in what direction, and then to make use of the drugs which are known to act upon that function."

In order to show how his wonderful classification, which DR. HUTCHISON has practically told us is useless, renders "our choice of drugs at once easy and rational," it is worth while to quote in full his statements which conclude the section on treatment by drugs. "Into details of the administration of drugs in dyspepsia I cannot enter now, but I would venture to suggest a list

of those which are of most help in each form of disturbed function.

“*Increased Secretion.* Belladonna undoubtedly lessens gastric secretion ; but as its administration is attended by inconvenience, it is usually better to content one’s self with neutralizing the excess of secretion by earthy carbonates, such as carbonate of magnesia ; astringents, such as tannic acid, also lessen secretion, and the stomach may be washed out with solutions of them in some cases.” This is truly delightful ! and such a help in practice to the enthusiastic student or practitioner !

“*Diminished Secretion.* Secretion may be promoted by the use of soluble alkalies—for example, bicarbonate of soda—and bitters before meals ; also by stimulating drugs, such as capsicum and ginger. It may be supplemented by hydrochloric acid given an hour after food. Pepsin preparations are rarely needed and of doubtful value.” This is also delightful !

“*Diminished Motility.* The movements of the stomach may be stimulated by ipecacuanha, strychnine, quinine, and probably also by hydrochloric acid.

“*Increased Motility* is best met by neutralizing the excess of acid which causes it. Also by the sedative drugs useful in hyperæsthesia.

“*Increased sensibility* is allayed by bismuth, hyoscyamus, bromides, chloral, cocaine, hydrocyanic acid, opium, and chloroform, and by agents which neutralize hyperacidity. In the idiopathic (gastralgie) form it may be treated by arsenic, the coal-tar derivatives, by nerve tonics such as quinine and strychnine, and by bromides.” He then goes on to say : “ It will be observed that in this list there are no very novel drugs ; nor do I believe them necessary. These old and well-tried weapons, rightly used, are capable, I believe, of doing all for us that we can wish. I do not agree with those who deprecate the use of drugs in dyspepsia and who prefer to treat their patients by diet alone. After all it is in the case of stomach disorders, if anywhere, that drugs should be of service, for it is in such cases alone of all internal maladies that we are able to bring our drugs directly into contact with the organ we wish to influence. If drugs have fallen into disrepute it is probably because we do not know how to use them, or because we merely

play with them instead of giving them in efficient doses. But if any one wishes to learn how to use drugs he must not consult modern text-books, but return to the writings of the physicians of the middle of last century, at which period, it seems to me, the art of prescribing reached its zenith. In the works of GRAVES and TROUSSEAU, of LEARED, KING CHAMBERS, and TODD, and even in the *Peptic Precepts* of KITCHINER, there is more practical information to be gained on this subject than is contained in all our systems of medicine."

We have to apologize to our readers once more for the long quotations we have given from DR. HUTCHISON'S address, but it is necessary for our argument to have done so, as it can thus be seen exactly how he did speak, and that no ground can be used for any charge of mis-statement. We do not wish to return the compliment so often adopted by our brethren of the old school in regard to homœopathy, of stating what they think homœopaths believe, or what they think we ought to believe, and then proceeding to knock down the man of straw they have set up. We therefore let our readers see that in criticizing our opponents we are honest and honourable antagonists. But what a feeble, nay even a melancholy picture we have to give of the treatment of dyspepsia, one of the most frequent troubles we have to deal with, as described by DR. HUTCHISON. "If you fail with alkalies, try your acids." "And is that not pretty much what most of us do? If we fail with our bismuth we try our rhubarb, and if we fail with rhubarb, we try pepsin, and so on—groping in the dark, in the hope that we may find something to do good." Well may he say that "from such treatment no mental satisfaction can be obtained." Certainly not; and in his final remarks he states that this department of practice "may fairly be described as chaotic." And this is in the twentieth century!

Why this absence of "mental satisfaction," this "chaotic" state of matters? DR. HUTCHISON tells us that if we use his "classification" of cases of dyspepsia, "our choice and use of drugs at once becomes easy and rational." And yet in spite of this classification, which

looks "well on paper," he tells us that some of these functions are, though separate "on paper," often mingled together. The classification, therefore, is a failure, and treatment based on it is "chaotic," and entirely unpractical, as we see from his "list of medicines which are of most help in each form of disturbed function." Next, he considers that of all organs the stomach is the one to which we can "bring our drugs directly into contact." This surely, is a grievous fallacy to adopt. How many other organs of the body, which we know are influenced beneficially or the reverse by drugs, come into direct contact with the substances employed? Not one. And, therefore, it is a palpable mistake to imagine that any "local application" of drugs to the stomach can have any effect therapeutically. But the sum and substance of the whole failure of drug-action, as employed by the old school, lies in the candid admission that "if drugs have fallen into disrepute, it is probably because we do not know how to use them." This is the *crux* of the whole question. The old school do not know their *materia medica*, do not know the pure action of drugs, and consequently "do not know how to use them." They acknowledge no law by which they can be used with certainty and efficiency, and so are quite at sea, and prescribing is "chaotic." This is the school, forsooth, that calls itself "regular" and "rational," in opposition to the new school which has a guiding law for the selection of medicines, and has therefore the knowledge to choose the right remedy for each case. So long as the law of similars is ignored, so long will the chaos in treatment, not only of dyspepsia, but of other diseases, remain, and "mental satisfaction" will never be experienced. DR. HUTCHISON gives another reason why "drugs have fallen into disrepute," namely, "because we merely play with them instead of giving them in efficient doses." This implies that large enough doses are not given. Such must be his meaning: But he surely learns, if he would permit himself to do so, that big doses cannot, as a rule, be borne by a stomach which is unable to digest food normally, or whose functional working is all wrong, while very small doses of the right—similar—drug will often act like magic on the sufferer: So little is any actual

contact between the drug and the stomach of any practical utility, even in "efficient" doses.

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What we have said is destructive criticism. We have pointed out from DR. HUTCHISON'S own mouth how abysmal the old-school practice is in the treatment of the common malady of dyspepsia. But now for the constructive side. What would homœopaths do? In the first place, they would reserve "classification" of the various causes of dyspepsia for "paper." They would, of course, mentally diagnose the special form of dyspepsia evinced by the patient under their care, but there they would stop. They would prescribe on no theory. Theory may be right or wrong, but facts can never be wrong. Classifications like DR. HUTCHISON'S involve theory, and we see to what sandy desert they lead, if used as a basis of treatment, and such must almost always be the case. Prescription by theory has been the bane of old-school medicine since it has existed, treatment has been a failure, and has been upset when theory is changed. What at one time was fashionable in treatment owing to the prevalent adoption by the profession of certain theories, and when any one venturing to oppose such theories and their consequent treatment was looked upon as a fossil, and even criminal, becomes in a few years a thing of the past, and is never named again simply because theory has changed.

Homœopaths, when it comes to prescribing for dyspepsia or any other complaint, individualize each case, and reject theoretical prescribing. Next, they know that each medicine has a rôle of its own, it produces a certain set of symptoms, which have a remarkable similarity to every form of disordered function. This is known from the *materia medica*, from the effects of the medicine when given to a healthy body having been observed and noted. It follows, therefore, that a drug which can produce in the healthy body a state closely similar to that observed in the disease to be treated, must act on the same part, and in the same direction as the disease, causing a precisely analogous or similar state. It stands to reason that the disease and the medicine must have a definite relation one to the other. Homœopaths prescribe such



a medicine for a similar state of disease, acting on the law of similars, and the result is known and expected, namely a cure. If the improvement is not soon visible to the doctor and to the patient, the fault is not in the medicine but in the doctor, who therefore re-studies the case, to find a drug which is more closely similar to the disease than the one at first chosen. The result is invariable, showing that the method is right, and the law of similars once more practically proved to be correct. Homœopaths, while knowing all that is known of pathology, refuse in prescribing to be guided to the drug otherwise than by the close similarity it shows to the symptoms of the case under treatment. Under symptoms are included, of course, not only the subjective ones, which are essential, but also the objective ones, when they can be shown to be present. They thus have a complete picture of the disease before them, and know what drug corresponds to the state of the patient.

As to the "efficient" dose it must not be a large one, as the effects of such doses may be to aggravate the condition of disease, since the provings show the result of large doses on the healthy body. The dose must be smaller than will thus aggravate the symptoms. How much smaller is a question of individual and collective experience. Here is then the essence of the question of the small dose—a corollary, and a natural and essential one, from the mode of selection of the remedy. This then is the method of homœopathy, and the law of similars is the guide to the choice of the medicine. Dyspepsia is one of those complaints in which the triumphs of homœopathy are visible to both patient and doctor, and about which there can be no mistake. It is the homœopaths who are "regular" or "rational" in their practice, having the guidance of a law in their prescribing. What a contrast to the practice of the old school as delineated by DR. HUTCHISON! To find such a contrast is a real comfort to homœopaths, and shows them at a glance how much they have gained from knowing and using the law of similars, and how little they lose by rejecting the old "chaotic" conditions.

A few final words on DR. HUTCHISON'S contrast between

modern "systems of medicine" of the present day, and the books of a generation ago, or "the writings of the physicians of the middle of the last century." The criticism on the modern books is not ours, and we leave it as DR. HUTCHISON has stated it, quite content with his verdict. But we agree with him in placing value on the older works. SIR THOMAS WATSON'S *Practice of Physic* was the text-book for students in the middle of the last century. The lectures were delivered in 1836-7 and published in 1843. They read charmingly, almost like a novel, and would be well worth study by the younger men of the present day. The lecture on dyspepsia is delightful, and full of information, though in therapeutics SIR THOMAS was only up to the light of his day; and in the dyspepsia lecture, the therapeutics—that is drug-therapeutics—are *nil*. So also the works of GRAVES and TROUSSEAU are full of valuable information. LEARNED was more than half a homœopath, though he did not say so, and would have probably denied it, if charged with the taint of "heresy." It is a pity that the works of the first three authors alluded to are not more read at the present day. GRAVES shows a good deal of homœopathic "heresy," while TROUSSEAU, especially in his *materia medica*, written jointly with PIDOUX, is full of it, under the name of "*médication substitutive*."

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## CASES OF POST-OPERATION PARESIS.

By ARTHUR A. BEALE, M.B.

Anæsthetist to the London Homœopathic Hospital.

A NUMBER of cases of post-operation paresis following certain gynæcological operations having lately occurred, without any satisfactory explanation being forthcoming; it is the intention of this paper to investigate the same, and if possible throw some light on the mystery. The following are some of the facts. These cases have occurred entirely in connection with pelvic operations, requiring the Trendelenburg posture for some considerable time. In every case, as far as I can determine, the arms were fixed above the head, by pinning the sleeve of the nightdress to

the operation table. All the cases that have come under my notice have been on the left side,\* and in all the same group of muscles were affected, with very slight variations. Of these the one and only one which seems to suffer complete paresis is the Deltoid, whilst at the same time others, such as the Coracobrāchialis and flexors of the forearm, viz., the Biceps and Brachialis anticus, together, in some cases, with certain of the scapular muscles, seem to suffer from incomplete paresis or physical impotence. In two cases there was flattening and flabbiness of the deltoid. In some of the cases the condition was discovered immediately after the operation; in one case on the second day. Only one of these had been anæsthetized by myself, but in all the cases I had been able to trace, a mixed anæsthesia was used, i.e., the anæsthetic was changed during the operation. In the case I anæsthetized the facts are as follows:—

A.B., æt. 42, female, a patient of Dr. Burford in the London Homœopathic Hospital, was operated upon on Sept. 12th, 1905 (oöphorectomy and salpingectomy). The time taken was seventy-five minutes, and the anæsthetics used were ethyl chloride, chloroform, and ether. On the second day it was noticed that the patient had paresis of some of the upper muscles of the arm. She could not abduct the arm, nor raise it towards the head, and could only feebly flex the forearm on the arm. She had difficulty in raising the left shoulder. The muscles here affected were first and foremost the Deltoid, and others less affected were the Biceps, Brachialis anticus, and Coracobrachialis, the Levator anguli scapulæ, and perhaps the Rhomboids. The temperature at no time rose higher than 100·6, varying from that to 98·4.

The other case which came directly under my notice was a patient of Dr. Neatby, particulars of which are as follows: S. P., æt. 38, had an operation of ovariectomy for a large ovarian cyst. The left arm showed signs of paresis similar to the previous one. There was incapacity to raise, evert, or abduct the arm. The two muscles most notably affected were the Deltoid, which was flabby and flattened, and the Biceps. The extensors and flexors of the hand were unaffected, the left shoulder was higher than the

\*Since writing this there is a record of one case which occurred on the right side.

right, and the clavicle showed a depression behind. There was no involvement of the Triceps and Pectoral muscles. The Scapular muscles seemed here to have been suffering from tonic contraction rather than paresis.

Now what are the explanations of these phenomena? The possible hypotheses are:—

1. Due to the anæsthetics used.
2. Toxic selective neuritis, due to the infection of the system, previously lying dormant, and liberated in the course of the operation.
3. Toxæmia from suppuration after operation or from alimentary disturbance.
4. Some form of trauma.

Let us examine these various possibilities. As regards the anæsthetic: the only anæsthetic in common use known to have a paralyzing influence on nerves is chloroform; neither nitrous oxide nor ether having such influence. Now, the action of chloroform on nerves has been tested; the percentage strength necessary to effect the nerves directly is known (and is a high percentage), its action is complete, but if the conditions are consistent with recovery (in the case of cardiac paresis this is very difficult) the effect is transient. It is not therefore in accordance with present day knowledge that a paresis extending over weeks or months should have an origin in chloroform; moreover, before the blood could be sufficiently saturated with the drug to produce even a temporary paralysis of a distant nerve, the heart would have previously participated and stopped.

With regard to the toxic theory, it would be natural to look for evidence of such toxæmia affecting the whole system producing pyrexia. Now in one of the cases there was no such disturbance at all, in others the disturbance was insignificant, and not more than one would associate with a serious operation. When we do get toxic paresis, as in diphtheria, it is generally at a later period of the case, and suggests the invasion of the nervous tissues by the germs. Again, although there is evidence of selective influence in bacterial affection of nerves, as in trismus and hydrophobia, in these cases there is evidence of a definite period of incubation which is absent in the cases before us. We must therefore fall back on the trauma

theory. Is there any condition in the abnormal position assumed by the arms which would lead to direct or indirect trauma ?

With regard to the direct, there is no violence of any perceptible nature, there is no great pressure or bruising in such a position. We must therefore seek for a cause in the anatomical relations. The patient is raised into the Trendelenburg position, in which the head is the most dependent part, for the convenience of the surgeons, and to assist asepsis the arms are fixed over the head. In some of these cases a paresis of a certain group of muscles in the region of the left shoulder have occurred. The muscle that is regularly and more completely paralysed in these cases is the Deltoid, and to account for this we must look to the nerve. The nerve which supplies the Deltoid is the Circumflex, a branch of the posterior cord of the brachial plexus, which runs for a short distance along the axillary artery, then dips behind it, over the subscapularis, and then passes through the quadrilateral of the two spaces lying between the Teres major and minor muscles. This space is bounded internally by the long head of the Triceps, externally by the humerus (near its head), above by the Teres minor, and below by the Teres major. The nerve passes through this space in company with the artery of the same name, keeping very close to the bone, to be ultimately distributed to the under surface of the Deltoid. There are other branches, but this is the one that concerns us. Now when the arm is forcibly pulled over the head, what happens ? The quadrilateral space through which this nerve passes is curtailed in four directions: on the *outside* by the head of the humerus being brought down (as a lever would be); on the *inside* by the Triceps being brought in apposition to the bone; from *above* by the teres minor being brought down by its attachment to one of the facets of the greater tuberosity; from *below* by the Teres major being brought up with the humerus in the abnormal position. The Circumflex nerve would under these circumstances be unduly pressed on and paresis accounted for. Regarding the other muscles they are for the most part those supplied by the external or Musculo-cutaneous nerves. This nerve is derived from the external cord of the brachial plexus, and in its passage

downwards it passes through the substance of the Coracobrachialis muscle, then passing down between the Biceps and Brachialis anticus, supplying these three muscles, the impotence of which will best account for the remaining symptoms in these cases. To account for the partial interference with the function of this nerve, we have only to note the undue stretching and longitudinal tension that the Coracobrachialis is subjected to, which will go a long way to account for its disturbance of function.

With regard to the preference of the left arm to the right as the seat of disturbance, we must remember two things, first, that the extra development of the right arm and its muscles and nerves may act as a protection to the nerve on the right side, in the same way as a well-developed muscular subject may protect the nerves of both sides.

Second, that in this position the anæsthetist (unless he is left-handed) would tend to keep the patient's head directed towards the right side, which would give an extra tension to the left side, and a relaxation on the right side. Whether this is the real explanation of this part I cannot say, but it is probable, the slightest extra pressure being sufficient to culminate in the condition.

The moral of these notes is that in operations of this nature the arms should not be unduly raised above the head, and in no case fixed with pins to the couch, an injunction which is justified in the light of latest experience, for in the London Homœopathic Hospital, since we have ceased to tie the arms up no new cases have occurred.

#### AN ADDRESS ON THE RELATION OF ANGINA PECTORIS AND ALLIED CONDITIONS TO AN ARTERIO-CARDIAC REFLEX HAVING ITS ORIGIN IN THE ABDOMEN.

By WILLIAM RUSSELL, M.D., F.R.C.P. Edin.,

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[We make no apology to our readers for reprinting almost entire the exceedingly valuable and important paper under the above title, published in the *British Medical Journal*

Read before the Edinburgh Medico-Chirurgical Society, on December 6th, 1905.

for February 10th. It is well worth reading and studying, and too important to pass over. We offer our acknowledgments to Dr. Russell, of Edinburgh, and to the Editor of the *British Medical Journal*.—EDS., *M.H.R.*]

#### INTRODUCTORY.

ANGINA PECTORIS has attracted the attention, and at times rivetted the thought, of many great clinicians during the past 130 years. That it should exercise the same influence over the clinicians of to-day need not, therefore, cause surprise. Gibson of Edinburgh, Oliver of Newcastle-upon-Tyne, and Mackenzie of Burnley, have all three shown quite recently that they were the victims of the fascination or attractiveness of the subject. It requires no special courage to avow oneself a fellow-victim, however much courage it may require to attempt the elucidation of a subject which has been dealt with by so many able physicians of the present and the past. Were apology necessary for so doing, I would say that I have found the view which I am to submit of much practical value; that, instead of conflicting with past observations, this view interprets them, and that it gives the clue for the disentanglement of the confused mass of opinion on the subject. My views have emerged from the special attention which I have long given to cardiac and vascular disturbances, and more recently from a fuller knowledge of the processes of primary and secondary digestion, of nutrition, and of elimination. My indebtedness to the work of Pawlow, Herter, Chittenden, and others I gratefully acknowledge. The relations between gastro-intestinal conditions and vasculo-cardiac disturbances and the influence of dietetic substances upon the vasculo-cardiac system have recently been more and more impressed upon me, and this communication contains the conclusions at which I have arrived and indicates the path by which I have reached them.

#### HISTORICAL AND CRITICAL.

*Heberden to Trousseau, 1768-1862.*

We do not require to go further back in our historical retrospect than the date when the term "angina pectoris" was introduced into medical nomenclature. Those who

wish to examine the earliest records of the symptoms called by this name will find the references in several of the older authors, particularly in Parry's monograph.

[This historical part we omit, as occupying too much of our space.—Eds. *M.H.R.*]

### THREE VIEWS.

At this point we may draw a line and say that up to it there were, if we exclude Jurine's view—which we may safely do—three views regarding angina pectoris: the first, that it was a convulsion of the heart, or a spasm of it; the second, that it was due to interference with its blood supply; and the third, that it was a neurosis—the word having no subtle or obscure significance, but meaning, simply and plainly, a neuralgia—an idiopathic pain in nerves. Up to this time, it is also important to note that the new term was not limited to a relatively rare malady, characterized by a few dramatic incidents and a suddenly tragic conclusion. Its use had become so extended that Walshe deemed it desirable to introduce the term pseudo-angina, under which to range the cases that, in spite of the correspondence in symptoms, had not the grave significance that the fatal angina of Heberden presented.

### ANGINA PECTORIS VASOMOTORIA.

With the year 1867 a new factor was introduced into the discussion on the nature of angina pectoris. Nothnagel in that year wrote a paper which he entitled "Angina Pectoris Vasomotoria." In this condition the symptoms closely resembled those of angina pectoris, and would certainly, I think, have been placed under that designation by some of the distinguished clinicians whose works have been referred to. The essential point in this paper was the recognition of the important clinical fact that in this group of cases narrowing of the arteries preceded and caused the cardiac embarrassment and other symptoms; that, in fact, the anginous symptoms were secondary to the vasomotor ones; and that by relieving the cramp in the vessels the anginous symptoms were prevented coming on.

### EARLIER OBSERVATIONS ON BLOOD SUPPLY AND MUSCLE PAIN.

Before Nothnagel, Latham when dealing with the treatment of persons the victims of angina pectoris had not



failed to note the guidance to be obtained from a true estimate of the condition of the vascular system. He says :

“ The paroxysm is often put off and its severity mitigated and life prolonged by no means more surely than by keeping the vascular system in a just balance between fullness and emptiness, between rich blood and poor blood ” (p. 405).

Three years before the date of the publication of Latham's lectures Sir Benjamin C. Brodie's *Lectures on Pathology and Surgery* were published (1846). In them there is a lecture on senile gangrene which I doubt if any living surgeon could add to. He notes that the condition might be due to ossification of arteries or to obliteration without ossification. He enlarges upon the prodromal symptoms of gangrene—he had noted the numbness, pain, and loss of muscular power—which may precede its visible manifestation. With the clinical instinct of the great men of his time he applied these observations to interpret the much discussed question as to the nature and causes of the pain in angina. The paroxysm of pain in angina varied in intensity, so it did in gangrene, greatly. The pain in gangrene might become excruciating—the pain of angina might fail to find words adequate to convey a true sense of its anguish. “ The disease,” he says, “ is called neuralgia, which,” he adds, “ means nothing ” (p. 356). A clear thinker, as well as a masterly observer, this surgeon of sixty years ago !

A still earlier recorded observation bearing upon the relation between lessened blood supply and pain must not be omitted, were it only for the sake of historical accuracy. At the Académie Royale de Médecine, the *Séance* of October 4th, 1831, Boullay submitted an observation he had made on a mare of a condition to which he gave the name of ‘intermittent claudication.’ The symptoms came on brusquely after some minutes' exercise, and they were found to be due to obliteration of the femoral arteries. When the animal was in repose the blood was able to reach the limbs by the collaterals, but when it trotted the compressed collaterals did not furnish enough blood and the limbs were seized by *engourdissement* and by severe pain which made the animal fall.

Charcot twenty-six years later revived this subject, and drew attention to a corresponding condition as it occurred

in the limbs in man as causing severe pain, and as a premonitory sign indicative of a tendency to senile gangrene. So far as I have found, he did not apply his observations to the elucidation of the symptoms of angina pectoris as the English surgeon Brodie had done ten years earlier.

After this, however, intermittent claudication as a cause of painful muscle spasm took its place in medical literature, and has been much used by later writers when discussing the cause of the pain in anginous paroxysms.

#### *Arterial Spasm.*

Standing alone, and forming an epoch by itself, is Lauder Brunton's discovery (1867) that dilatation of the peripheral vessels by the inhalation of nitrite of amyl removed or relieved anginous symptoms. From this date vasomotor spasm became a still more definite factor in the consideration and the interpretation of the "syndrome of symptoms" known as angina pectoris.

#### WHAT IS INCLUDED UNDER "ANGINA PECTORIS" ?

What, then, are we to regard as angina pectoris? Are we to confine the use of the term to that type of case, described with such dramatic force by some of the earlier writers that there still lingers round its earlier records a glamour of picturesqueness? Are its symptoms to be bounded by the *dolor pectoris* and the *angor animi* of its early recognition, and is its close to be characterized by the same tragic suddenness? I think not. From the time of Parry the term "angina pectoris" has been applied to symptoms of less gravity, and to conditions where the outlook was not necessarily grave. Let me clinch this statement by quoting the words of Professor W. T. Gairdner, who, writing in 1877, says:

"We know now that this typical angina is only the culminating form of a group of symptoms, which in their less pronounced, less definitely painful, and more complicated forms, are found to permeate the whole field of cardiac pathology and diagnosis (p. 570)."

From his own personal experience he says:

"There is often an element of subjective abnormal sensation present in cardiac diseases which, when it is not localized through the coincidence of pain, is a specially indefinable and undescribable sensation (p. 565).

“ A sensation which can only be called anxiety or cardiac oppression (p. 566).”

To this group of symptoms he gave the special title *angina sine dolore*, recognizing thereby what he believed to be “ its true diagnostic and pathological significance and its alliance with the painful angina of Heberden.” Even the *dolor pectoris*, is then, no longer an essential symptom ; and the *angor animi* is whittled down to a sensation of anxiety. This shrewd clinical pathologist saw, however, that there were phenomena which, while different to, were of the same kind as those of the classical angina. This is what Walshe recognized when he used the much-abused term “ pseudo-angina.” While Gairdner places angina among the neuroses he hardly, I think, attaches the same meaning to the word as the earlier writers did ; and I am not sure that he does not somewhat grudgingly stick to the term. He was clearly impressed by the possible importance of vasomotor spasm.

Sansom on the other hand (1892) thinks it probable that a paroxysm of *angina pectoris* is an intense nerve storm, provoked by impulses conveyed to certain cerebrospinal centres (p. 13). He refuses to adopt the theory of cardio-arterial spasm as the indispensable cause of the pain (p. 438).

Osler, in his erudite lectures on the subject (1897), after defining *angina pectoris*, proceeds to say that the term is employed generically to define paroxysmal attacks of pain in the chest, qualifying the varieties by such names as true, false, hysterical, and vasomotor (p. 8).

Douglas Powell, in a very admirable article, classifies *angina pectoris* under (1) a vasomotor group, and (2) *angina pectoris gravior*, which includes secondary and primary cardiac angina. Forbes, Bramwell, Gibson, Oliver, and others recognize two classes, organic and functional. Huchard insists that there is only one *angina pectoris*, and that it is always due to ischæmia of the heart muscle.

From all this it is quite clear that the term is no longer confined to the severe and fatal malady described by Heberden. It has been extended to a great variety of conditions, characterized by some sense of precordial discomfort, or of discomfort referred directly to the heart, which may or may not be associated with coarse anatomical

lesion. It was to cover these lesser manifestations that such terms as pseudo-angina, angina notha, false angina, and functional, as distinct from organic, have been used and applied.

Angina is indeed, to use Osler's words, "a syndrome or symptom group," the clinical pathology of which has to be determined in each separate instance. The term angina pectoris has in fact the same nosological significance as the term dropsy formerly had. It is not a disease; it is a symptom or a group of symptoms, and it is no longer the symptom but the cause behind and determining it which is the problem presented to the clinical pathologist of to-day.

#### CONSTRUCTIVE AND CRITICAL.

In turning to the constructive side of this communication I ask you to look with me at certain vasomotor phenomena which are to be observed in the body; and I hope to make it clear what I regard to be the relations of those phenomena to the phenomena of angina pectoris.

The presence of arterial spasm has been recognized by many who have written on angina pectoris since the date of Lauder Brunton's epoch-making discovery. Views as to the causation of the spasm have been various, and the relation of the spasm to the symptoms has also been variously interpreted.

#### AN ARTERIAL ABDOMINAL REFLEX.

I ask you to consider with me certain observations regarding an arterial reflex having its origin in the abdomen, the importance of which I think has not hitherto been fully appreciated. After taking food, and for at least part of the time during which the active processes of digestion are under way, there is an influx of blood to the whole splanchnic area, leading to hyperæmia, such a hyperæmia as considerably reduces the volume of blood in parts outside this area. This drainage into the abdominal vessels is balanced in the general circulation by a systemic arterial contraction. This is evidently a reflex phenomenon originating in the splanchnic system, passing to the vasomotor centre in the medulla, and thence transmitted to the systemic arteries. The existence of this set of phenomena has been

carefully worked out by Dr. George Oliver in the average healthy person. The arterial contraction is shown by a definite diminution in the diameter of the vessels. It is to be regarded as a physiological hypertonic contraction, which in the average person is accompanied by a rise of blood pressure. However that may be, there is no doubt about arterial narrowing; and I am content to build upon this one certain and positive fact. The fact, then, with which I begin is the change in the systemic arteries during active digestion—whether it be called narrowing, contraction, or hypertonus, signifies not, so long as the word we use expresses our thought. The change will be found to be a reduction in size and an apparent thickening of the arterial wall. The degree of these arterial changes depends upon the kind of meal which has been taken. In the big eater and the wine drinker the arterial contraction is associated with a rise of blood pressure and a true increase of arterial tension.

Putting extreme cases aside, the general statement will be found to be correct that narrowing of the arteries is present, but in many people, both middle-aged and old, I do not believe that there is any constant rise of blood pressure along with it. To the educated finger and the analytical mind there is no doubt about this, whatever our instruments show. The point is not a purely academic one, for the small and constricted vessel, with its slight systolic expansion, is very commonly regarded as an indication of heart debility and treated as such. In other cases the mistaking of hypertonus for a rise of blood pressure may be of no practical consequence, for the treatment applicable to the one is suitable for the other.

The point here insisted on is the existence of this arrangement for adapting the circulation to the normal processes of ingestion and digestion of food. It is a normal reflex process. It is a systemic vessel constriction originating in a normal stimulus in the abdomen, and brought about through the anatomical connections in the nervous system. It is not, therefore, a "neurosis"; nor is the exaggeration of this reflex, prompted by a large meal of stimulating foods, a neurosis. It is necessary to lay emphasis on this distinction. This reflex, like all normal reflexes, is a beneficent arrangement, and could be easily shown to be

one of the means of protecting the body from injury. It varies in delicacy in different persons ; it exists in all.

*Exaggeration of Normal Abdominal Reflex.*

Granting the existence of this normal reflex, it will not be questioned that high feeding and alcoholic liquors accentuate it ; and that under such circumstances there is marked raising of arterial tension in addition to arterial contraction.

It must, however, be here recognized that in the latter conditions there are two elements present—one, the vascular reflex ; and second, the passage into the circulation of substances produced in the processes of digestion, and of substances derived from the alcoholic liquors drunk. It is not possible at present to give these two factors their precise place in bringing about the accentuation of vessel constriction and of stimulating the increased tension. The existence of the reflex is granted, and there is really little room for doubt that certain substances present in the blood can directly stimulate vessel contraction. Contraction so induced is not a neurosis ; it may, indeed, be induced when the connection with nerve centres is destroyed.

*Action of Reflex on Sclerosed Arteries.*

This recurring arterial contraction, especially if associated with increased arterial tension, is, as I pointed out some time ago, the efficient cause, and the usual cause, of arterio-sclerosis in the sense in which this term ought to be used. At the same time I dwelt upon the importance of recognizing that sclerosed vessels are not, because of the change in their walls, incapable of contraction but that, on the contrary, they are prone to become hypertonic from causes which are commonly regarded as trifling. Professor Pal, as seen in his recently-published work, *Gefässkrisen*, has also observed that sclerosed vessels are particularly sensitive, and specially liable to hypertonic contraction.

Let us bear in mind then, *first*, the existence of this systemic arterial reflex having its origin in the digestive organs or processes. Secondly, the influence of the character of the material introduced into the digestive

system in accentuating the reflex. Thirdly, the effect of the reflex in producing arterio-sclerosis. Fourthly, that sclerosed vessels are particularly liable to hypertonic contraction.

RELATION OF REFLEX TO ANGINA PECTORIS.

The relation between the phenomena just dealt with and angina pectoris is not at first sight apparent ; and, in order to demonstrate the close connection between the two, I must now as briefly as possible refer to several illustrative cases which I have recently observed.

CASE I.—*Angina Pectoris Gravior, showing Extreme Sensitiveness of Arterio-cardiac Reflex and its production by Taking Nourishment.*

The patient was a professional man, aged 67, whom I saw for the first time on September 6th, 1904. He had suffered for years from definite and characteristic attacks of angina pectoris. Lately he had been much worse, and had been confined to bed for weeks. When I first saw him he was having many attacks daily, and circumstances of the most ordinary kind evidently brought them on—such circumstances as the taking of nourishment, the presence of flatulence, slight excitement, and even the changing of his position in bed. The severity of the attacks varied within considerable limits ; the more severe, and therefore the most typical, attacks began with pain in the left elbow, which soon extended upwards to the shoulder and then downwards over the precordia. During an attack the hands became cold and painful. The medical attendant, who was watching the patient with the greatest assiduity, informed me that the pulse always indicated the advent of an attack ; the radial artery became more definite, firmer, and smaller, the pulse-rate increased, while the wave became small, and might almost disappear. In some of the worst attacks the patient had become unconscious and was thought to be dying. The treatment followed was the administration of nitrite of amyl and nitroglycerine for the more pronounced of the attacks, and the relief afforded by them had always been prompt. Under the influence of one or other the pulse wave became larger, the vessel wall softer, the hands became warm, and the pain passed off. The patient took a remarkably calm

and intelligent interest in his attacks, and the foregoing is gleaned from his own and the medical attendant's description. The diet for some time had consisted almost exclusively of raw eggs and weak broth, while sedatives of various kinds had been employed medicinally. The patient had always been a large flesh eater. There was no albumin or sugar in the urine. The medical attendant had been impressed by the fact that the patient more recently almost always had a seizure after being given nourishment, even when that consisted of some raw egg. I had the opportunity of confirming the observations on the change in the pulse during a paroxysm soon after my arrival at the patient's bedside. During the time I spent talking quietly to him the pulse was small, soft, and feeble. I examined the heart without causing any discomfort. The sounds were so faint that they were occasionally inaudible, although the chest wall was thin. I next proceeded to examine the abdomen, and had my hand placed quite lightly on the epigastrium when the patient told us that an attack was coming on. I at once removed my hand. He took his attack with remarkable composure, and it was evidently not accompanied by the distressing sensations which so frequently accompany anginal seizures. Pain began in the left elbow, which, as has already been noted, was always the premonitory symptom of the more severe seizures, and extended to the shoulder and then to the precordia. The face became pale. The radial artery became quite abruptly hypertonic, that is, it became firmer and smaller, the rate rose to 100 and 110, and the tension was sensibly raised. He was at once given a tabloid of nitroglycerine, and in a very short time the artery relaxed and the pulse became large, strong, and rather thumping, and the pallor of the face was exchanged for a ruddy tint, and the pain ceased. The thumping soon passed off, and the pulse resumed the small feeble character it had presented at the outset.

#### *Comments.*

There could, of course, be no doubt that the patient was the victim of a severe form of angina pectoris, and that the attacks were accompanied by marked arterial constriction. It was fortunately easy to arrest the seizures.



They had, however, persisted for weeks without any lessening in their frequency or in their severity. The question which awaited solution was, Could anything be done to lessen the tendency to the attacks? Palliation was easily achieved; but could any measures be adopted which might be more curative? The point in the history which was most uncommon was the fact that the taking of nourishment was almost always followed by an attack, although the amount taken was small and could hardly be further reduced. Acting, however, on this indication, it was decided to materially alter the diet, the nature of which has been already stated. The dietary now advised was to consist of peptonized milk, peptonized oatmeal gruel, etc., and one raw egg well beaten up daily. The patient was moreover given small doses of arsenic, tincture of strophanthus, and spirits of nitrous ether. This line of treatment was persisted in, and when I saw the patient a fortnight later the report of his condition showed considerable and satisfactory improvement; the attacks had greatly diminished in number and severity, and the taking of nourishment was only occasionally followed by an attack; the pulse was stronger. The tongue, however, had become coated, and small doses of rhubarb and soda were advised.

A week later the report was that the attacks had still further lessened in severity and frequency, and that when an attack was threatened it could be averted by a dose of aromatic spirit of ammonia or even by a dose of rhubarb and soda mixture. When pain in the elbow came on, it was accepted as an indication that the threatened attack would be somewhat severe, and the patient was at once given a small dose of nitrite of amyl. The sensations which now more ordinarily preceded an attack were a sense of discomfort and distension in the stomach, and attacks were often associated with definite flatulent distension, the escape of gas being followed by relief. The medical attendant noted that when the abdominal discomfort supervened the pulse rate increased, and there was distinct hypertonus; as the attack passed the vessel wall relaxed and the rate returned to normal. Within the next two months the patient's condition varied a good deal, but it was noted that any gastro-intestinal or digestive upset at once threatened to induce an increased number of

attacks. The management of the diet and of the digestive system required much tact and judgment, and was admirably conducted by the doctor in charge. In some weeks the patient had improved so much that he was able to be out of bed and to move about the house for the greater part of each day, and to interest himself in outside affairs. His clinical history for the succeeding months was chequered, for as his condition improved, it became impossible to continuously diet him as was desirable; still, at the end of June, 1905, he had not had a seizure for six weeks, and was in fact freer of attacks than he had been for years.

Soon after this, however, albuminuria made its appearance with anasarca. The anasarca was got rid of, but the albuminuria persisted; Cheyne-Stokes breathing developed and became extreme. The patient finally developed gangrene of his entire right lower limb, of which he died in the end of October, 1905, a proof that his arterial system was more degenerate than the radials indicated. I submit the case as illustrating an extreme exaggeration of the normal reflex which has been described. The angina in this patient was associated with a weak and somewhat enlarged heart. The hypertonic spasm of systemic arterioles, resulting from gastro-intestinal stimulus, proved so severe a strain on the weakened heart as frequently to lead to a syncope, during the anginal paroxysm, which was only short of being fatal. If we had had the opportunity of seeing the heart, it is probable that atheromatous or ossified coronary arteries would have explained its debility. The instructive feature was the extraordinary sensitiveness of the peripheral organs from which the reflex started, and the success in allaying that sensitiveness by changing the kind of nourishment given, and its partial predigestion. The remedial effect was so pronounced that it gave me the impression that in this patient the normal reflex had been irritated beyond control by the free use of the more pure proteid foods, until it responded to the most trifling local irritation. That the anginous symptoms were always determined by the vascular hypertonic contraction was undoubted, and, so long as the latter could be restrained, there was no angina, and, as has been indicated, the key of the position was in the alimentary system.

*(To be Continued.)*

## TWO CASES ILLUSTRATING THE THERAPEUTIC VALUE OF PYROGENIUM.

By DR. BOECKH, OF STUTTGART.

CASE I is that of Rosa K—, aged 9 years, and whom I have known for the past three years. On Oct. 18th, 1905, she was suddenly attacked with high fever and pain on swallowing. About 18 months previously suffered from an attack of diphtheria, since which time there has been a tendency towards enlarged cervical glands and chronic purulent middle-ear catarrh (left ear), the latter giving rise to an unusually foetid discharge; and the power of hearing having almost entirely disappeared. Beyond this the child appeared well nourished, intelligent, and rosy.

On Oct. 18th I found her in a state of high fever (temp. 40° C., pulse 120) which had come on suddenly. She complained of intense pain on swallowing, which seemed localized in the left side of the neck. The fauces showed merely slight redness but no deposit. On more careful investigation I found that the painful area followed very closely the course of the sterno-cleido-mastoideus from the clavicle to the mastoid process. On enquiry I was informed by the mother that the ear-discharge had diminished very much of late. Superficial examination of the aural region revealed no pain on pressure over the well-known spots. The child did not complain of earache, but only of a very moderate general headache. I ordered acon. 3 and a compress. On Oct. 19th and 20th the fever remained at the same height, and frequent rigors supervened. The acute pain on swallowing made feeding almost impossible; and in addition severe diarrhoea and diffuse bronchitis came on. The condition was all the more serious as the pulse rose at times to 140 in the minute.

On October 18th, I expressed to the parents my fear that we had to deal with a serious ailment connected with the chronic middle-ear catarrh, and which under certain circumstances would need surgical help in order to give egress to the pus which was present: now that I was sure of the state of matters, I strongly urged that the child should be taken to the private hospital of a well-known aurist. The parents acceded to my wish, although very

unwillingly, and the child was operated upon the same day (Oct. 21st) by the radical operation. At the end of eight days, however, in spite of the evacuation of large quantities of foetid pus from the petrosa and the transverse sinus matters were very much *in statu quo* and the aurist decided upon emptying the internal jugular vein as far down as the vena innominata : this was done, and the vein was found completely blocked by purulent thrombi. This second operation also brought no amelioration of the condition ; on the contrary, matters daily became worse, so that at last my colleague the specialist held out no hope of saving the child. He wrote to me as follows : " After the second operation there followed for weeks, rigors, abscess of the lung, with terribly foetid expectoration, and abscess of the liver, perforating apparently into the bowel."

In order that the child might at least die at home, she was removed from the clinic ; and I was summoned on Dec. 6th. I found the child no longer recognizable ; she was terribly emaciated and pale, with bluish tint of lips. In the sick room there was a penetrating putrid odour, which made it impossible to remain without open windows and turpentine sprayed about in the room. The smell arose from the expectoration, which was still very copious. On examining the chest I found over the whole of the left lung, front and back, loud rales, increasing in intensity towards the base, allowing one to hear the respiratory murmur above, but quite overpowering it below. In the lower part there was also diminished resonance. Temperature oscillated daily between 38.5° and 39° C., the pulse between 100 and 120. Appetite was nil, but there was constant thirst. She was quite apathetic, and took no notice of my visits or examinations. In these circumstances I prescribed the most nourishing diet possible, with moderate doses of strong wine (Samos, Tokay, and Malaga) ; wet-packs to the trunk once or twice a day ; and lastly, lachesis 6  $\mathfrak{m}$ v at first alone, and then, after a few days, in alternation with pyrogenium 10, each twice a day.

For a variety of reasons I did not see the patient again for a fortnight, and when I called, heard to my great astonishment that she had just gone out. My surprise was even greater when, after a few minutes, the child

returned with fresh happy face and full round cheeks. On examining further I found a wonderful change in her condition; the emaciation had disappeared, and she was as plump as before. There had been no fever for 14 days; the pulse beat 80 in the minute. The operation-wound, which at the time of my last visit was still discharging pus freely, was cicatrized. Cough and expectoration had ceased, and examination of the lung revealed only a small strip of the left lower lobe where there were scanty feeble rales but no dullness.

The remedies, at first both, and latterly only the pyrogenium, had been regularly administered. The appetite had gradually returned and was now quite "famous."

I think we are fully entitled to attribute this sudden change for the better to the remedies exhibited, especially to the pyrogenium; and in so doing, we need not undervalue the undoubted help rendered by the able specialist who by his technical skill first rendered it *possible* to save the child's life; he did all he could. The rescue from the pyæmic condition, however, was reserved for homœopathy; here the allopathic treatment, if indeed one can speak of it as such, completely failed. The operator's instruments reached but a small fragment of the disease-products present in the body, whilst our remedies pervaded the whole system, and helped its own defensive organism to triumph over the blood-intoxication.

The happy effects of pyrogenium in the above case led me to experiment with it in the following one:—

CASE II.—Frau X— during her six years of married life had had one still-born child, and, later, an abortion accompanied by severe hæmorrhage, following which she suddenly sickened with symptoms of severe peritonitis (rigors, fluttering pulse of 130–140; temp. 40·5°, excessive tenderness of abdomen to lightest touch), the first and most acute stage of which was overcome with bryonia 3. The temperature fell gradually to 38·5° to 39°. As a result of this first attack there could be felt in Douglas's pouch and the right parametrium an abundant doughy exudation about the size of a child's head, a swelling of the left ovary, and a slight (septic) endocarditis (mitral). The condition remained much the same for some weeks; about six weeks from the beginning of the illness unusually severe

rheumatic pain in the right sciatic supervened, accompanied by unconquerable restlessness, although Frau X—was usually most patient; immediately afterwards an unusually profuse menorrhagia occurred, with evacuation of coagula as large as the fist (the menses had occurred four weeks previously, but the flow was of the very slightest and lasted a few hours only).

I now gave pyrogen. 10 gtt. v morning and evening, and obtained not only a speedy fall of temperature to normal and of pulse-rate to 80, but a diminution in the size of the pelvic exudate from the size of a child's head to that of a small apple, all in the space of three weeks, and without resorting to any remedy other than the pyrogen (with the exception of hydropathic compresses, which latter could hardly have accomplished so much in so short a time).

It appears to me that we have in pyrogen, an isopathic remedy, a most valuable weapon against severe sepsis, either in the shape of pure septicæmia and sapræmia or of sepsis complicating other severe ailments, such as typhoid, phthisis in its later stages, gonorrhœal metritis, and pelvi-peritonitis, etc. The action in both my cases was so striking that the successful effects of pyrogen could not be held in doubt. Perhaps my short communication may lead other colleagues to publish their experiences with the above remedy.—(*Allgem. Homöop. Zeitung*, Feb. 8th, 1906, p. 33.)

## REVIEWS.

*A Short Sketch of the Past History of Homœopathy in India.*

By SREE HENRY GHOSE, Homœopathic Practitioner of forty years' standing, and a member of the Calcutta Hahnemannian Society. Calcutta, 1905.

The history of the rise and progress of homœopathy in India is always very interesting, and in some features almost romantic. It is a subject we take the greatest interest in, and we welcome any account of it. Mr. Ghose's *brochure* is welcome, and will be of value as a record of the past history of homœopathy in India.

*American Institute of Homœopathy. Transactions of the 61st Session, held at Chicago, Illinois, June 26th–July 1st, 1905. Edited by CH. GATCHELL, M.D., Secretary, Chicago, 1905.*

We have just received a copy of the above Transactions for 1905, and we congratulate the American Institute of Homœopathy on the handsome volume that contains the full proceedings. After an account of the daily business, we have (1) Papers in the Section Bureau of Homœopathy—the position of homœopathy and its propagandism, with the discussions on the papers, which are full of interest. (2) Bureau of Pedology, containing a number of valuable papers. (3) The Bureau of Clinical Medicine, with important papers and discussions. (4) Bureau of Materia Medica and Therapeutics. The papers in this section are of much interest. (5) Bureau of Sanitary Science and Public Health. Next comes the report of the Obstetrical Society of the Institute, with papers and discussions well worth reading. This is followed by the Transactions of the Surgical and Gynæcological Society of the Institute. The papers here are excellent, and will repay perusal. Then we have the Transactions of the National Society of Physical Therapeutics, a subject which has received marked attention of late, and the volume is finished up by an account of memorial services with an Obituary of those who have passed to the majority in the course of the year, and a report of the Committee on Organization, etc.

We regret that we cannot at present go into further detail, but the volume is a success, and does much credit to the American Institute of Homœopathy. Those who get a copy will be repaid by the perusal of the various articles in the Transactions.

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## MEETINGS.

### BRITISH HOMŒOPATHIC SOCIETY.

THE Fifth Meeting of the Session 1905-1906 of the British Homœopathic Society was held at the London Homœopathic Hospital, on Thursday, February 1st, 1906, at 8 o'clock; Dr. A. E. Hawkes, President, in the chair.

#### *Specimens.*

The following specimens were exhibited by Dr. Burford :—

(1) Large uterine myoma, requiring radical operation after myomectomy thirteen years ago. Hysterectomy. Recovery.

(2) Uterine myoma, removed on account of pelvic pain. Hysterectomy. Recovery. (3) Strangulated ovarian cyst, removed on account of acute abdominal symptoms. Ovariectomy. Recovery. (4) Hydrosalpinx, causing persistent pelvic pain. Salpingectomy. Recovery. (5) Double ovarian cystoma, with malignant infiltration. Ovariectomy. Recovery. (6) Uterine myoma, removed because of intractable hæmorrhage. Hysterectomy. Recovery. (7) Dermoid ovarian cyst, causing pelvic pain. Ovariectomy. Recovery. (8) Carcinoma of cervix, of epitheliomatous nature. Vaginal hysterectomy. Recovery. (9) Hydrosalpinx, the focus of acute abdominal and pelvic peritonitis. Salpingo-oophorectomy. Recovery. (10) Uterine myoma, with purulent cyst cavity. Hysterectomy. Recovery.

The following were exhibited by Dr. E. A. Neatby :—

(1) (With Dr. Midgley Cash). Multinodular uterine fibromyoma, removed by hysterectomy. Recovery. (2) Uterine fibromyoma, removed on account of pain. Chart showing tachycardia during convalescence. (3) A set of Michel's metal skin " sutures " or clips, with forceps, and demonstration of their methods of application and removal (griffes métalliques).

#### SECTION OF SURGERY AND GYNÆCOLOGY.

Under the auspices of this section Dr. James Johnstone read a paper on " Puerperal Eclampsia." The paper was based on a case of this disorder which had been under Dr. Johnstone's care. The patient was a primipara aged 34. Edema and albuminuria were noticed at the seventh month of pregnancy, which in spite of a milk diet, and merc. cor. 3x, increased steadily for the next month. After consultation with Dr. Burford, induction of premature labour was decided on at this stage. This operation was begun at 10.30 a.m., and proceeded satisfactorily until 12 night, when a severe convulsion and subsequent coma ensued. Delivery was at once effected with forceps, twins being the result, the forceps being used in the case of each foetus. No more fits occurred, and the patient made a good and uneventful recovery. The albuminuria slowly subsided, but at the present time (six months after) there is still a trace. Mother and children have done well.

In his remarks on the case Dr. Johnstone discussed the statistics of eclampsia with special reference to early and prompt delivery, causation, warning symptoms (albuminuria being the most important of these), and preventive treatment,



also treatment at the onset of an attack. Under the latter clause four points stand out prominently (1) Take immediate steps to empty the uterus; (2) Rigid asepsis and antiseptics; (3) Full anaesthesia; (4) Therapeutic measures.

Dr. Johnstone's paper was discussed by Dr. Madden, Mr. H. Wynne Thomas, Dr. T. Miller Neatby, Dr. Watkins, Dr. Burford, Dr. E. A. Neatby, Dr. Granville Hey, Dr. Moir, Dr. McNish, Dr. Goldsbrough, with a reply by the author.

Dr. Edwin A. Neatby then read a paper on the operative treatment of uterine displacements, with special reference to hysteropexy, and its after-results. Dr. Neatby first alluded to the history and effects of the various methods of operation, going back to the year 1869, when Koeberlé first performed hysteropexy, and in his paper the author wished to bring out the advantages or disadvantages and after results of this operation. Out of fifty-eight of his own cases he had been able to get a recent report from the majority of them. In all but two the uterus remained in good position, and the symptoms for which the operation was done disappeared. In one or two cases where the improvement was less marked the patients were neurasthenic. He recommended suspension rather than fixation in patients of the child-bearing age. In cases of fixation the uterus sometimes was so firmly fixed as to cause subsequent pregnancies to become difficult and painful.

The results as to permanency were very good. The chief element of failure, where any occurred, was due to a recurrence of vaginal prolapse. This occasionally took place, but the patients were able to get about and do their work with the aid of a pessary, which before operation was impossible. Dr. Neatby summarized his paper as follows: "Many cases of displacement require operative relief where other methods have failed or are inappropriate; in the great majority of them hysteropexy is the most suitable operation. The variety always to be selected during active sexual life is direct suspension. Where prolapse or procidentia co-exist, extensive vaginal plastic operation must be carried out, or perhaps Richardson's operation; the danger of dystocia is largely due to fixative instead of suspensory methods. Where relapse occurs, it is usually in the vaginal and not in the uterine sphere where failure takes place. Neurasthenic cases, especially in single women, should be undertaken with reluctance and caution.

Remarks on this paper were made by Drs. Johnstone and Burford, to which Dr. Neatby replied.

## NOTABILIA.

## THE INTERNATIONAL HOMŒOPATHIC CONGRESS.

WE have the pleasure of informing our readers that the date fixed for the meeting of the International Homœopathic Congress is from Monday the 10th to Saturday the 15th of September.

The titles of the papers should be sent to Mr. Knox Shaw, 19, Bentinck Street, W. *as soon as possible*. The papers themselves need not be sent to him sooner than May 1st.

## INTERNATIONAL HOMŒOPATHIC CONGRESS.

ATLANTIC CITY, N.J.,

SEPTEMBER 10th to 15th, 1906.

I. Pending the arrival of full details of the Congress from America, the British Committee are anxious to make early arrangements with regard to papers to be read or presented by British Homœopaths, and to ascertain the probable number of visitors from this country.

The Congress opens on Monday, September 10th, 1906, at Atlantic City, New Jersey, a short railway journey from New York and Philadelphia, and is held in connection with the Annual Meeting of the American Institute of Homœopathy. Our American Colleagues are most desirous of receiving papers on Homœopathic Materia Medica, or Therapeutics, or contributions on special subjects, to be read before the Appropriate Bureau or Affiliated Sectional Society. We shall be glad to receive, without delay, the title of any paper you may be willing to present. The paper itself should reach us by April 20th, in time to be transmitted to the Secretary of the Congress by May 1st, that the arrangements in America may be completed before the summer vacation.

II. We have ascertained, that in order to secure comfortable accommodation at this busy time, when so many Americans will be returning, it is essential to engage berths immediately. This can be done by paying one-fourth of the passage money, with a minimum of £5. (In the event of your being prevented from sailing it is usually easy to dispose of the berth.)

The following are sailings and fares :—

CUNARD LINE (7 days' journey), "Caronia," leaves Liverpool August 28th; first-class fares, outside cabins, £19 and upwards; "Campania," leaves Liverpool September 1st. £20 and upwards.

**WHITE STAR LINE** (7 days). "Oceanic," leaves Liverpool August 29th. First-class, £22 and upwards.

**AMERICAN LINE** (7 days). "St. Paul," leaves Southampton September 1st. First-class fares from £20 upwards.

**ATLANTIC TRANSPORT LINE**. "Mesaba." (This is a small boat.) Leaves London August 25th (10 days). First class fares from £14. "Minneapolis," leaves London September 1st (9 days). First-class fares from £17 upwards.

The Atlantic Transport Line is strongly recommended by many of our American and English colleagues as being pleasanter travelling than the more rapid boats.

All these companies allow a reduction of 10 per cent on the return journey. If, however, the return journey is made in a more expensive boat the proportionate excess is payable.

Particulars of berths can be obtained at the following offices :—

Cunard Line : London, 32, Cockspur Street, S.W. ; Liverpool, 8, Water Street.

White Star, Atlantic Transport and American Lines : London, 1, Cockspur Street, S.W.

Messrs. Howard & Cope, Tourist Agents, 3 Bloomsbury Court, W.C., are willing to arrange for a circular tour from London (including Niagara, etc.) for a party for the sum of about £45 per head, including all hotel expenses (first-class travelling). The exact sum would depend on the size of the party. If you wish to avail yourself of this excursion, application should be made at once to the undersigned.

Accommodation at Atlantic City may be obtained at Chalfonte Hotel, or Haddon Hall, at both of which meetings of the Congress will be held.

C. KNOX SHAW,

Signed, GEORGE BURFORD,  
EDWIN A. NEATBY.

An early reply to Mr. Knox Shaw, 19, Bentinck Street, W., is requested.

## H.M. THE KING AND THE LONDON HOMŒOPATHIC HOSPITAL.

OUR readers will be gratified to learn that His Majesty the King has, with his usual kindness and generosity, sent a present of twenty pheasants to the London Homœopathic Hospital, for the benefit of the in-patients. We are grateful to His Majesty for his kind remembrance, showing his appreciation of the Hospital and its benefits to the poor.

## LONDON HOMŒOPATHIC HOSPITAL.

## THE LADIES' GUILD.

THE Guild consists of a central association and branch associations, each with its own officers, and managing its own business.

*Objects of the Guild.*

1. To increase the annual subscriptions to the Hospital.
2. To support one or more beds in the Hospital.
3. To provide clothes to be lent or given to destitute patients on their discharge from the Hospital.
4. To arrange for ladies to visit the patients in the wards.
5. To take up any other work in connection with the Hospital which may commend itself to a general meeting of the Guild.

The members are of two classes :—

- (a). Honorary members, who shall pay a minimum annual subscription of one guinea to their Branch for the Hospital, and half-a-crown to the funds of their Branch.
- (b). Working members, who shall pay a minimum annual subscription of five shillings to the funds of their Branch, and who will be expected to take an active part in the work of their Branch, either by visiting in the wards, attending the working party, or undertaking to contribute at least two garments a year.

*Report, 1905.*

The Annual Meeting of the Ladies' Guild was held in the Board Room of the Hospital at Great Ormond Street on Monday, January 29th, 1906. In the absence of the President of the Guild, The Countess Cawdor, Mrs. R. W. Perks, the President of the Executive Council, presided, and there was a large and representative gathering of members, including many of the Presidents and Secretaries of Branches. Among those present were Mrs. R. W. Perks (President), Mrs. Holman (Honorary Secretary), Mrs. Spencer Cox (Hon. Sec. Kensington Branch), Dr. E. A. Neatby, Mr. and Mrs. Knox Shaw, Dr. and Mrs. Galley Blackley, Sir Henry Tyler (Chairman of the House Committee of the Hospital), Mrs. Algie, Mrs. Carter, Mrs. Arnold, Miss Wright, Miss K. E. Black, Miss Hogg, Miss Jones, Miss Carter, Mrs. Pinarro, Mrs. John Stark, Miss Victoria Daunt (Matron of Hospital), The Misses Wale, Mrs. Haves, Miss Boyle, Miss Howard, Miss Sarah Wale, Mrs. McDowall, Miss Dixon, The Misses Wolston, Mrs. Burlingham, Mrs. Terry, Mrs. Edward Lyne, Mrs. Langley, Mrs. Read,

Mrs. Ryland, Mrs. Thirlby, Miss Wallace, and Mr. Edward A. Attwood (Secretary of the Hospital).

The Fourth Annual Report of the Ladies' Guild was read by the Honorary Secretary, Mrs. Holman, as follows :—

In reviewing the work of the Guild for 1905 the Council feel that the special effort made by the Guild as a whole—which effort culminated in June last—was of such importance that it deserves comment even before the general work of the Branches of the Guild is dealt with.

In view of the serious condition of the Hospital finances, the Guild resolved, on the suggestion of the ladies of the Hampstead Branch, to help by holding a "Sale of Work and Garden Fête," which resolve was announced at our last Annual Meeting. Mrs. R. W. Perks most generously placed her house and grounds at the disposal of the Guild, and the undertaking receiving the hearty co-operation of the members and of many friends of the Guild, the Garden Fête was held on June 8th, and proved successful even beyond our expectation.

The Council desire most heartily to thank all those members of the Guild and their friends, and the friends of homœopathy generally, for the splendid help which they gave towards making the "Garden Fête" the great success that it undoubtedly was.

The balance sheet of the Honorary Treasurer of the Fête—Mr. Morton—shows that as a result of the Fête the sum of £1,183 2s. Od. was realized, free of expenses, and paid to the Earl Cawdor, the Treasurer of the Hospital.

Then, at the beginning of December, a Supplementary Sale of Work was held at the Hospital, to dispose of the work and pictures left over from the Garden Fête, and this resulted in a sum of £90 16s. 2d. being added to the sum realized by the Fête, and so making the total given by the Ladies' Guild to the appeal to replace the Reserve Funds of the Hospital £1,273 18s. 2d.

The seven branches at present formed are as follow :—

The Hampstead Branch : President, Mrs. Fellows-Pearson.  
Honorary secretary and treasurer, Mrs. Kimber, Carn Brea, 14, Belsize Grove, N.W.

The Highgate, Finchley and Muswell Hill Branch : President, Lady Tyler. Honorary secretary and treasurer, Mrs. Holman, 55, Talbot Road, Highgate.

The Tulse Hill, Streatham and Denmark Hill Branch : President, Mrs. Hahnemann Epps. Honorary secretary and treasurer, Mrs. Carter, Rawdon Lodge, New Park Road, Clapham Park.

The Kensington Branch: President, Mrs. R. W. Perks.  
Honorary secretary and treasurer, Mrs. Spencer Cox,  
12, Sheffield Gardens, W.

The Crouch End Branch: President, Mrs. Pugh. Hon.  
secretary and treasurer, Mrs. Algie, 12, Glasslyn Road,  
Crouch End, N.

The Bloomsbury Branch: President, Mrs. C. Whateley  
Willis. Honorary secretary and treasurer, Mrs. Knox  
Shaw, 19, Bentinck Street, W.

The South Kensington Branch: President, Lady Ida Low.  
Honorary secretary and treasurer, Mrs. Gordon Fellowes,  
17, Onslow Gardens, S.W.

The year 1905 has seen much steady work in the branches of the Guild. The Hampstead Branch subscribe £50 per annum for a bed, named "The Hampstead Bed." The Highgate Branch subscribe £35 a year for a cot in the Children's Ward named "The Highgate Cot." The Kensington Branch subscribe for "The Kensington Cot," while the ladies of the Bloomsbury Branch subscribe the necessary amount for "The Bloomsbury Bed." The membership is as follows: Hampstead, 121 members; Highgate, Finchley and Muswell Hill, 73; Tulse Hill, 30; Kensington, 47; Crouch End, 24; Bloomsbury, 99; and South Kensington, 10; making a total of 404 members.

The subscriptions given through the various branches of the Guild in 1904 and 1905 were as follows:—

	1904.			1905.		
	£	s.	d.	£	s.	d.
Hampstead .. .. .	67	10	0	60	11	11
Highgate, Finchley and Muswell Hill	34	19	0	40	0	0
Tulse Hill, Streatham and Denmark Hill	14	14	0	11	11	0
Kensington .. .. .	36	7	0	35	11	0
Crouch End and Crouch Hill	8	8	0	5	5	0
Bloomsbury .. .. .	36	18	6	35	3	0
South Kensington .. .. .	6	4	0	2	2	0
Reading .. .. .	1	1	0	1	1	0

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£206 1 6 £191 4 11

In addition to these subscriptions, a lecture was given on "Japan," on behalf of the Hospital, at the Hampstead Conservatoire, by J. E. Liddiard, Esq., F.R.G.S., arranged by the Hampstead Branch, and Mrs. Kimber had the pleasure of handing to the Hospital, as a result, the sum of 31 0 0

Proceeds of Sale of Work and Garden Fête .. 1,183 2 0

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Making a total of .. £1,405 6 11

Contributed to the Hospital, through the Ladies' Guild, in 1905.

The number of garments sent to the Hospital was as follows :

	1903.	1904.	1905.
Hampstead .. .. .	122	121	111
Highgate, Finchley and Muswell Hill ..	66	105	58
Tulse Hill, Streatham and Denmark Hill	49	64	20
Kensington .. .. .	100	110	68
Crouch End and Crouch Hill ..	21	45	34
Bloomsbury .. .. .	12	35	84
South Kensington .. .. .	14	35	15
<b>Total .. .. .</b>	<b>384</b>	<b>515</b>	<b>390</b>

A comparison of these figures shows a slight increase both in the number of garments and in the subscriptions paid to the Hospital.

In the case of the garments the Council anticipated some slight decrease owing to the great amount of work done by many of the members in connection with the Garden Fête, and an exceptionally large number of garments being sent in during 1904, but the Council regret the slight falling off in subscriptions, and earnestly impresses on all the members of the Guild the importance of securing new members and so making up for the loss of subscribers due to removals and other causes each year.

The Council confidently hope that the increase of interest in the Guild and Hospital due to the Garden Fête will greatly stimulate each and all the branches, and result in an increased membership for 1906.

The adoption of the Report was moved by Mrs. R. W. Perks, who referred to the steady progress made by the Guild, and the need for securing new annual subscribers and members to replace those lost through removal and other causes.

Mr. Knox Shaw, who seconded the motion on behalf of Mrs. Spencer Cox, the Secretary of the Kensington Branch, said that it was impossible to over-estimate the value of the Ladies' Guild to the Hospital. The crowning achievement of the year had been the successful Sale of Work, and for which they were so deeply indebted to Mrs. Perks. He spoke of the value of the work done by the Guild, both in helping to support the Hospital, and in making its needs known, and not least in the supplying of so many useful garments for the inmates. He would like the ladies of the Guild to realize how much their efforts were appreciated by those who worked in the wards of the Hospital. He urged the Branches to cultivate the collection of small subscriptions as well as larger ones.

Dr. Edwin A. Neatby, in support of the adoption of the Report, said that such an excellent document as they had just heard needed no support. The clear and businesslike statement of audited accounts and the very excellent way in which it had been read were sufficient proof of the ability of the ladies at the head of the Guild, and of the thoroughness with which they managed its affairs. He felt that the Guild was quite able to stand on its own basis. It was probably a like feeling which accounted for the fact that more of the Staff were not present that afternoon. He could heartily corroborate Mr. Knox Shaw's remark that the members of the medical staff thoroughly appreciated the work the ladies were doing. He would like to congratulate the ladies on the magnificent success of their Sale of Work. He confessed that when he heard that they were aiming at a thousand pounds he was afraid they would be disappointed, though it was of course a good thing to have a high aim. When they not only reached that sum but considerably surpassed it, he felt that his breath was quite taken away. It would not do, however, to rely entirely on special efforts of that kind to advance the work of the Guild. The real financial strength of the Guild was its annual subscription list. There came in the opportunity of each individual member. He thought it would be a good thing if each member would promise to do her very best to gain one new subscriber during the year, so that at the next annual meeting the report might show a very decided advance in that direction. They could not have a sale of work every year. They could not expect even so able and generous a President as Mrs. Perks to make another such effort again just then. As a result partly of the efforts of the Ladies' Guild and other friends of the Hospital, and partly of the economies effected by the Secretary, Mr. E. A. Attwood, the debt had been almost removed and the annual expenses considerably reduced. That was very satisfactory, and he thought the subscribers deserved a rest from special efforts for the present. Much as he would like to obtain a view of Queen Square from the windows of the Hospital, he thought it would be unwise to undertake any great outlay till they could more nearly pay their way. He had much pleasure in supporting the adoption of the very excellent Report.

Sir Henry Tyler, the Chairman of the House Committee of the Hospital, proposed the thanks of the meeting to Mrs. R. W. Perks, for her presence there that day, and for her energy on behalf of the Guild; also to the Presidents and Honorary Secretaries of Branches. He much regretted the absence of Mrs. Kimber, the Honorary Secretary of the Hampstead



Branch, through illness; also the President of the Hampstead Branch, Mrs. Fellows-Pearson.

Dr. Galley Blackley seconded the vote, which was unanimously tendered.

It is felt that this early success of an organization still young, the formation of which naturally involves a good deal of time and labour, and much self-denying energy on the part of the honorary secretaries, cannot but be regarded as gratifying. It is to be hoped that still more members of the medical profession residing in the various localities will, during the coming year, take a deep personal interest, and lend active aid in the formation of Branches, and securing members for existing Branches. The splendid progress made by the Guild in 1905 warrants the expectation that the Guild will grow to much greater strength, and become one of the most important aids in the ever-growing work of the Hospital.

## THE CHARITABLE INSTITUTIONS, KANKANADY, MANGALORE, SOUTH CANARA, INDIA.

### REPORT FOR THE YEAR 1905.

THESE Institutions embrace a leper asylum with twenty-eight patients, a hospital with a daily average of fifty-three inmates, a poor-house for old people (seventeen inmates) who have no one to take care of them and are not able to gain their livelihood, and a hospital for the plague stricken.

The staff consists of Rev. Father Aug. Muller, S.J., Dr. L. P. Fernandes, B.A., L.M. & S. (Bombay), four trained infirmarians, and seven trained nurses, who all give their services gratis to the poor.

Increase of work during the last year obliged us to engage the services of Mr. S. Mascarenhas, first-class hospital assistant.

Besides the above institutions there is the Dispensary, with twenty-six clerks who prepare and despatch medicines to all parts of India. The profits of these sales all go to the maintenance of the aforesaid institutions, and to pay the salary of the clerks and the hospital assistant.

In conclusion we thank our customers, friends, and benefactors for the help they have given us in the past. We feel especially grateful to the several newspapers which so kindly published our leaflets, and thus made our work and our wants known to many of their numerous readers not as yet acquainted with it.

The expenses in 1903 were Rs. 9,039—6—4. The expenses in 1904 were Rs. 12,076—1—1, and in 1905 they were Rs. 14,011—8—11.

In all probability the expenses of 1906 will be as great, if not greater than those of 1905. Any donation therefore, no matter how small, that will help to meet these expenses, will be gratefully received by the superintendent.

FATHER AUG. MULLER, S.J.

When this report was already in the press, we received the following letter from the Collector of South Canara, Khan Saheb M. Azizuddin Saheb Bahadur :—

MANGALORE, *January 9th*, 1906.

DEAR FATHER MULLER,—I regret owing to the pressure of official work I was not able to write and thank you for your having kindly taken me round your premises and shown me your hospital, the factory, the leper asylum, and the various other buildings in your spacious and cleanly kept compound. I write now to thank you most sincerely and to congratulate you warmly on your splendid work in the cause of suffering humanity. Everything is so clean and in order that I can scarcely compare your institution with any of the kind I have had the opportunity of coming across in the several districts with which I am acquainted. I am aware that in the good work you have been doing you do not look to any worldly approbation or reward, but nevertheless I consider it my duty to give expression to my feelings of satisfaction about what I was able to see through your kindness, and if my remarks tend to encourage you, your assistants, and others who are engaged in the good work, I shall feel amply rewarded.

Believe me to be

Yours very sincerely,

M. AZIZUDDIN.

We extract the following from a leaflet issued at Mangalore, and headed, "To our customers, friends, and benefactors" :—

The very many who have been ministered unto in one or other of "the thousand natural shocks that flesh is heir to" by the homœopathic poor dispensary, Mangalore, South Canara, will be glad to hear excellent news of Dr. Lawrence P. Fernandes. He left Mangalore for Bombay last May on his way to Europe. The five years of close application to medical studies in the Grant Medical College, Bombay,

where he consistently held one of the highest places in every branch, and the subsequent two and a half years of ceaseless professional work in Fr. Muller's Charitable Institutions at Kankanady, had somewhat undermined his health, never too robust. Our readers are, doubtless, aware that Fr. Muller's Institutions comprise a leper asylum, a plague hospital, a hospital for men and women, a poor-house for the aged of both sexes, and a large dispensary, to all of which Dr. Fernandes had to attend as Fr. Muller's right-hand man. No wonder, therefore, that the Father, noting the doctor's failing strength, should bethink himself of allowing him the benefit of a sea-trip. Though the financial pressure was great at the time owing to the erection of several buildings necessitated by the growing needs of the place, the extra expense which would be incurred would, it was thought, be amply justified by the vast advantages of a voyage to Europe, which would at the same time afford the doctor exceptional opportunities to add to his knowledge and skill in surgery, homœopathy, and particularly ophthalmology, a speciality of his. How completely these expectations have been realized is evident from the fact that in London, where he spent four months, he made the acquaintance of the foremost authorities in medicine, both allopathic and homœopathic. His introduction notably to St. Bartholomew's Hospital, to the famous Homœopathic Hospital in Ormond Street, and the Moorfields and Westminster Eye Hospitals in London, will stand him in good stead in his medical work at Kankanady. He left England for Leipzig in October, and visited the far-famed establishment of Dr. Wilmar Schwabe, one of the oldest and most reliable homœopathic pharmacies in the world, from which Father Muller has been receiving the major portion of his supplies for the last twenty years. He was most hospitably entertained by the good doctor and his friends. From Leipzig Dr. Fernandes proceeded to Venice, and from thence to Rome.

On Saturday, the 14th of October, Dr. Fernandes, who was accompanied by Mr. Verwega as interpreter, had the honour of being received in a special private audience by the Holy Father. Mgr. Bisletti, Master of the Chamber, conducted Dr. Fernandes to the private room of his Holiness, and having presented him retired.

After receiving the doctor's homage the Holy Father most amiably invited him to take a seat close by him, and told him that he was already well informed with regard to the charitable and humane work which had been founded by the good Father Muller, and expressed his great admiration

for him, for Dr. Fernandes, his brethren and assistants, who have so nobly chosen to devote their lives to the glory of God in the spiritual and temporal care of the lepers and sick natives.

His Holiness took a great interest in some photos which Dr. Fernandes submitted to him, enquiring how many beds the wards contained, and all about their arrangements, and was told that the leper asylum averages thirty patients, all castes and creeds being admitted. The General Hospital for Catholics only contains seventy beds; then there is the Bubonic Plague Hospital, and finally the Dispensary for Outdoor Patients, who average about 100 per day and are supplied with medicines and attendance gratis: here there is no distinction made of caste or creed. The hospital staff consists of four infirmarians, besides Dr. Fernandes and seven nurses, all Indians and working under the direction of Father Muller, S.J.

The Pope was much pleased with this report, and enquired how they managed to meet the expenses of these establishments, which must be very considerable. Dr. Fernandes replied that the expenses are met by the profits of the sale of Father Muller's famous specifics and homœopathic medicines, as well as from voluntary contributions from patients, customers, and well-wishers. The Holy Father expressed the hope that the institutions will continue to prosper and will be supported as they deserve, "for this is a truly grand and charitable work. I give my special blessing to all its benefactors," he added.

His Holiness then conversed on other matters, and consented with much pleasure to write under a photograph of himself a special and beautifully-worded blessing for Father Muller, Dr. Fernandes, the staff, assistants, and benefactors of the Kankanady establishments, of which the following is the translation:—

"To our beloved son Father Muller, S.J., and Dr. Lawrence Fernandes, who have both well merited of the foundation of the hospital for poor lepers in Mangalore, and to all equally beloved benefactors, who help in this favourite work of charity and to all the sick, praying for resignation from heaven in their sufferings, we impart with all our heart the Apostolic Benediction.  
PIUS, P.P.X.

"From the Vatican, the 14th October, 1905."

The doctor left Rome on Sunday, for Naples, en route for India, and he arrived in Mangalore on the 9th of November to resume his labour of love for the poor.

We had not before heard of the "Charitable Institutions"

at Kankanady, Mangalore, and we are indebted to Dr. E. A. Neatby, who has shown so much interest in missionary work, and such active energy in promoting it, for a copy of the above report and leaflet. Especially we observe with much satisfaction that the valuable institutions are conducted on homœopathic lines, and that Dr. Fernandes is a homœopath. We have much pleasure in making the "Charitable Institutions" as widely known as possible, and we wish them and Dr. Fernandes continued success in their admirable work.—  
Eds. *M.H.R.*

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### FOLKESTONE HOMŒOPATHIC DISPENSARY.

#### ANNUAL MEETING.

THE Annual Meeting of the Folkestone Homœopathic Dispensary was held at the residence of the Misses Laird (No. 2, Bouverie Place) on Tuesday afternoon, the 30th of January. General Sir Rowley Sale Hill, K.C.B., presided.

The Secretary read the Hon. Medical Officer's (Dr. Murray's) report, which stated that the number of patients on the books at the beginning of the year was fifteen. Since then 382 had been enrolled, making a total of 397 for the year. Together they had made 1,815 attendances, and most of them had either been cured or much relieved, but, as in former years, they were unable to speak definitely of a few who had either ceased to attend or failed to report themselves. The number of patients attended in their homes was about the same as in the previous year, notwithstanding the very healthy conditions which prevailed most of the year. To some extent also the fact of there being no increase in the number of these cases might be due to the desire of the Committee to lessen the expense incurred for home visitations. The number so attended was thirty-eight, and they received 227 visits. There was one death from phthisis among the home patients.

The report of the Hon. Treasurer (Mrs. R. G. Wood) showed a balance in hand of £63 17s. 7d.

The annual report contained the following: "In presenting their fifteenth annual report to the friends and supporters of the institution, the Committee of the Folkestone Homœopathic Dispensary feel, as in former years, that they have reason to be satisfied with the working of the past twelve months.

"The Hon. Treasurer's statements shows that during the past year the income and expenditure have (with one notable exception) been on the whole much the same as

during the previous year. The one notable exception referred to is the welcome addition to our income of the handsome sum of £98 18s. 1d., the sum being the net proceeds of the recent sale of work, so successfully organized and carried through by the sub-committee formed for the purpose.

“Reference was made in last year’s report to the fact that during the financial year 1897-1898, a portion of the Hospital Saturday and Sunday Fund (i.e., £25), was allocated to the use of the Homœopathic Dispensary, and though, up till then, no similar allocation had been subsequently made, the hope was expressed that, in future, the just claims of the Homœopathic Dispensary in the matter might not be overlooked. In the later months of 1905 these claims were again laid before the Committees, both of the Friendly Societies and of the Hospital Saturday and Sunday Fund, but without success. It is now suggested that those members of the various religious bodies in the town who are also homœopaths should each, some time before the date annually fixed in his or her own particular congregation for the annual collection, write to the clergyman or minister presiding in that congregation, and plainly express the wish that the fund should be general, and that an equitable proportion should be allocated to the use of the Homœopathic Dispensary.

“It has for some time been felt by the Committee that the system of finance now for many years carried out in connection with the institution needs to be somewhat amended. Hitherto our history has been an almost continuous record of lapse year after year into a serious state of debt, out of which the institution could only be lifted by such heroic efforts as those involved in the holding of a sale of work, or by the timely generosity of individual benefactors. Such a state of things is felt by the Committee to be an eminently unsatisfactory one, and if it is to be remedied, our expenditure, it would seem, must be reduced. As a first step towards reducing it, the Committee have resolved—unless, indeed, upon further investigation, such a scheme should appear to be impracticable, or unless some other scheme can be suggested—(1) to move, as soon as may be, into less expensive quarters, and (2) to dispense, at the same time, with the services of a caretaker, and, with this view, six months’ notice has already been given in the proper quarters.”

The Chairman said that, although the report was satisfactory, as far as he could see, their position was one of haphazard finance. He had tried to get people to subscribe, but there was such opposition. The contributions received were inadequate to such a charity, which he thought did more good

in proportion than the Victoria Hospital. What could be done to increase the present income?

On the suggestion of Mr. Holden, the minutes read were adopted, and the reports accepted.

All the officers were re-elected. Mrs. Hooper, Mrs. Axford, the Revs. R. Bentley, G. H. Howgate, and W. D. French were elected as members of the Committee.

In conclusion votes of thanks were passed to the Committee and officers, the hon. subscribers, and special donors, the ladies' guild and friends and helpers, the hon. auditor, the Misses Laird, and the Press. *Folkestone Herald*, Feb. 3rd.

We regret to hear that the pecuniary support of this excellent Dispensary, under the able care of Dr. Murray, should be so difficult. This surely ought not to be so. We trust that energetic means will be taken to make the support adequate to the needs of the Institution, which is a very deserving one.—Eds. *M.H.R.*

## DEVON AND EXETER HOMŒOPATHIC DISPENSARY.

### ANNUAL MEETING.

THE Mayor of Exeter (Mr. T. Linscott) presided at the 56th annual meeting of the Homœopathic Dispensary, 15, Castle Street, Exeter, held at the Guildhall, Exeter, on Tuesday, February 6th. Among those also present were Dr. E. Tindall (Hon. Medical Officer), the Rev. W. F. Newman (Hockworthy), Messrs. A. E. Ward, C. E. Rowe, C. J. Webber, D. Burnett, R. J. Mills, W. Baker, A. Carter, W. Chudley, J. H. Brown, A. Cole, E. Turner, and F. W. Wood (Hon. Secretary).

The Medical Officer's report for the year 1905 showed that the number of patients treated was 592. The number of attendances totalled 2,443. Details were furnished as follows: Number of cases still under treatment, 32; cured, 479; relieved, 37; no report, 21; not improved, 23.

The Hon. Treasurer's account for the twelve months showed the receipts to amount to £71 18s. 4d., including £12 0s. 4d. balance in bank on December 31st, 1904, subscriptions and donations £35 2s., contribution from Hospital Saturday Fund £21. After defraying expenditure, the balance in the bank on January 4th this year was £11 8s. 3d.

The Mayor, in moving the adoption of the reports, assured those present that it gave him great pleasure to do so. He was rather surprised that there was so much done in the homœopathic way, but he had no doubt those who believed in it derived as much benefit from the system as from any

other. The institution was evidently worked in an able manner (Hear, hear.)

The Rev. W. F. Newman, in seconding, remarked that many people were inclined to laugh at homœopathy, but he assured them if they had seen as much as he had they would not do so. (Hear, hear.) He was glad to see they had a balance in hand, although it was rather smaller than last year. He would, however, like to see more subscribers. (Hear, hear.)

The reports having been adopted, Mr. Hamilton, of The Retreat, was, on the proposition of Mr. Ward, seconded by Mr. Rowe, unanimously re-elected President. Mr. Webber having resigned the treasurership through ill-health, Mr. D. Burnett was appointed, on the motion of Dr. Tindall, seconded by Mr. Brown. Mr. Wood was unanimously reappointed Hon. Secretary, on the proposition of Mr. Mills. Mr. Wood suitably returned thanks. He said that he was only too pleased to further the ceause of charity. (Hear, hear.) His work as secretary was very light when associated with such an able medical officer as Dr. Tindall, and he took the opportunity of thanking him for the help he had tendered him during the last year. He assured them that in the future he would do his best to further homœopathy. (Hear, hear.)

Mr. Burnett proposed, and Mr. A. Cole seconded, a vote of thanks to Dr. Tindall for his services. This having been supported by Mr. Mills and heartily carried,

Dr. Tindall, in returning thanks, said it was satisfactory to him to know that he had their confidence and best wishes. And he could not let the opportunity pass without thanking them for the loyal and unvarying support given him ever since he became their medical officer. The result, he thought, had been satisfactory. (Hear, hear.) They commenced last year under circumstances which were, perhaps, not as advantageous as they might have been. They had just lost one of their oldest and most generous supporters by the death of the Earl of Devon. They all felt it very much, and felt that that alone was a sufficient cloud over their heads. Then they had just changed premises, and, in this connection, Dr. Tindall pointed out that as the patients were scattered, the location of the new premises was not so well known as the old Dispensary. Apart from this, however, the medical officer was pleased with what had been done, and, in order to give those present some idea of the work which had been accomplished, pointed out that in March alone he had the pleasure of writing out over 300 different prescriptions for Dispensary patients. (Hear, hear.) Patients came from all



parts of the district, so that it gave them a claim on other places than Exeter. He hoped they would continue to get patients from the district, and support. (Hear, hear.) They were indebted to the Hospital Saturday Fund for the generous support accorded the institution, and mentioned that the President wished him to express gratitude for the subscription. (Hear, hear.) Continuing, Dr. Tindall gave an interesting account of how other and kindred institutions to the Homœopathic Dispensary are faring, and the report was satisfactory. Homœopathy was, he said, more alive and active than ever. (Hear, hear.)

Mr. Chudley proposed a vote of thanks to Mr. Webber for his past services as hon. treasurer. Mr. Mills seconded, and Mr. Webber suitably responded to the vote, which was carried unanimously.

A vote of thanks to the Mayor for presiding and for the use of the Guildhall terminated the meeting.—*Devon and Exeter Gazette*, February 7th.

## THE BRIGHTON HOMŒOPATHIC DISPENSARY.

### SIXTY-FIRST ANNUAL REPORT.

THE Committee has pleasure in presenting its Sixty-first Annual Report. The record of the work done during the year shows a slight falling off, but it must be borne in mind that the year previous was a record one. On the whole, 1905 was exceptionally healthy, as shown by the decrease in the number of cases to be treated at their own homes.

The following are the figures for the past three years (including Hove).

Year.	DISPENSARY.		VISITING.	
	New Cases.	Consultations.	New Cases.	Visits Paid.
1903	1364	7655	256	1223
1904	1577	7221	341	1442
1905	1215	5514	210	1050

The Financial Statement shows that the loss on the year has been reduced from £133 to £105, but such large annual losses as these are causing a great drain on our reserve fund, which, at the present rate of decrease, will only be available for two years more.

It will be necessary to seriously consider means of increasing the income of the Institution or making alterations in its methods of working.

In April last the Committee decided to issue an appeal to Brighton and Hove for increased support, stating that if such

increase was not forthcoming they would have no alternative but to close the Hove branch, which, although being the means of valuable medical assistance to the poor of Hove, was not adequately supported by Hove Subscribers.

The result of that appeal was the receipt of an additional 44 subscriptions and donations amounting to £29 18s. This sum the committee felt did not justify them in continuing the Hove Branch; consequently, with great regret, its doors were closed at the end of 1905, after having been in existence three years. For the convenience of Hove patients Dr. Wilde has kindly consented to attend at Middle Street on Tuesday afternoons at 4 o'clock. If sufficient numbers do not take advantage of this, the sitting will be discontinued.

The experiment of the charge of one penny as a medicine fee for each attendance at the Dispensary has been most successful, and during the eight months it has been in vogue has produced the sum of £13 18s. 1d., a most welcome addition to the funds, while not in any way being a hardship to the patients.

On the other hand the charge for the monthly ticket has been reduced to 1s. 4d.; thus patients who purchase their own tickets pay during the month 1s. 9d., including registration fee, and those having subscriber's free cards, 5d.

Your Committee note with regret the loss by death during the year of the late General D. E. Hoste, who for many years was one of its members, and the late Earl of Chichester, from whom they had been in the habit of receiving the donation from the Pieschell Fund. That donation, however, as will be seen by the balance sheet, was not forthcoming last year.

Your Committee desire to express their thanks to the members of the Medical Staff (Drs. Minter and Wilde) for their services during the year, and to gratefully acknowledge the receipt of donations from: the Hospital Sunday Fund, the Brighton Friendly and Trade Societies, Hospital Parade Fund, the Royal Brunswick Lodge, the Charity Football Match, the Mission Hall, Clarendon Villas, the West Street Chapel, the Evangelization Society.

WILLIAM WILLETT, *Chairman.*

F. W. FOWLES, *Hon. Secretary.*

#### DISPENSARY REPORT.

Number of cases admitted during the year, 871; number of cases left from last year, 63; number of cases discharged, 884; number of cases remaining under treatment, 50; number of consultations, 4005.

### VISITING OFFICERS' REPORT.

Number of cases admitted during the year, 210 ; number of cases left from last year, 12 ; number of cases discharged, 195 ; number of deaths, 10 ; number of cases remaining under treatment, 17 ; number of visits paid, 1050.

### HOVE BRANCH DISPENSARY REPORT.

New cases, 344 ; consultations, 1509.

Total consultations and visits paid (Brighton and Hove), 6564.

The deaths for the year 1905 were as follows : (1) Male, 5 months, broncho-pneumonia ; (2) Female, 71 years, heart disease ; (3) Female, 60 years, cancer of rectum ; (4) Male, 32 years, pulmonary tuberculosis ; (5) Female, 9 months, meningitis ; (6) Male, 17 years, spinal caries ; (7) Male, 25 years, pulmonary tuberculosis ; (8) Female, 36 years, cancer of lung, hæmorrhage ; (9) Female, 7 months, whooping cough, bronchitis ; (10) Male, 69 years, chronic nephritis.

### LONDON HOMŒOPATHIC HOSPITAL.

THE 56th Annual meeting of the London Homœopathic Hospital was held on Thursday, the 22nd of February, at 4 o'clock p.m. We regret that owing to the lateness of the date, and February being a short month, we are obliged to postpone a further report of the meeting till our April issue.

### CLINICAL CASES.

By P. C. MAJUMDAR, M.D., Calcutta.

#### *A Case of Marasmus Cured by Abrotanum.*

A CHILD about two years old was brought to me by my friend Babu Radharaman Shome, suffering from extreme prostration and complete emaciation. The child got diarrhœa about six months ago, and was treated by kabirajes and allopaths, with some relief.

The child was irritable, very peevish, did not take food at all, and when offered it, rejected it with great rage.

Emaciation great, only skin and bone left. It was particularly noticeable at the neck and the face.

Canine hunger, but the patient did not like food. Abdomen generally distended with gas. All organs were healthy, but shrivelled.

Stools were generally loose, with undigested food; sometimes constipated. There was a little evening fever, but when he was brought to me I found no symptom of fever. There was slight night sweat, but not very profuse. Abrotanum 6x, two globules morning and evening for one week. The medicine had the desired effect. Mental condition of the child showed distinct signs of improvement, and so did the digestion. No undigested food noticeable, though the stools still soft and pappy. No medicine for the next week. Improvement continued unabated. Some placebo powders, one dose a day. As the digestion was not good, I ordered barley-water, with an admixture of fish soup. Child was taken to the open air of the Maidan every evening. No more medicine was required, and the child made a slow but perfect recovery.

I saw the child one year after my treatment, and could hardly recognize him as my patient.—*Indian Medical Review*, Oct., 1905.

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### AN INTERESTING CASE OF NUTMEG POISONING

*To the Editor of THE MEDICAL PRESS AND CIRCULAR.*

SIR,—Mrs. M., a woman of about 30, came to me about 9 o'clock p.m. on November 15th, in a great state of terror. She stated that at about 5 o'clock she took the whole of a large nutmeg grated in half a quartern of gin, because it was five weeks from her last period. She stated that she had also taken a half nutmeg in gin the previous week. She was very excited, could not keep still, and complained of burning dryness in mouth. She had spasms of larynx and lower jaw, difficulty in breathing, giddiness, and ringing in ears. The lips were deeply cyanosed, the face flushed, and the nails dark, pulse very small and rapid, the heart was beating rapidly and jerkily, no murmurs, no nausea. She stated that she felt queer, but not ill on the occasion when she took the half nutmeg.

As it was so long since she had taken the nutmeg (four hours) I did not give an emetic, but sent her to bed with hot bottles, and gave hot milk to drink and a strong mixture of magnes. sulph. and carb. with ammon. carb. to be taken every half-hour till bowels were freely cleared. Next morning she was all right. She stated that she did not feel ill till nearly 8 o'clock, but as she had some fried fish for tea about 6 o'clock, the fulness of the stomach may have delayed the absorption. It is noteworthy that there were no symptoms of narcotic poisoning.

I had not previously heard of nutmeg being used as an abortifacient.

As the case is so unusual I thought you might find room for it in your valuable journal. I may add that it did not produce the effect desired.

I am, Sir, yours truly,

JAMES HAMILTON, M.D., Q.U.I.

60, Sydney Street, Chelsea, S.W.

*The Medical Press, Dec. 6th, 1905.*

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#### SUMBUL : CARDIAC ASTHMA.

Dr. W. McGeorge in the *Medical Advance* commends the tincture of sumbul for the immediate relief of cardiac asthma, with arterio-sclerotic conditions. He uses a drop in a teaspoonful of water repeated every five or ten minutes until somewhat relieved, when the interval is lengthened. In some cases months elapsed before another attack.—*North American Journal of Homœopathy, January.*

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#### GASTRIC ULCER : ARGENTUM NITRICUM.

WOMAN, æt. 30, no hereditary influence. When 16 she developed chlorosis, and has since suffered from the incident dyspepsia. When 28 the ulcer developed : violent epigastric pains coming in crises, often with vomiting. After a year hæmatemesis followed by melæna ; the ejection was sudden, rapid, and of a large quantity of red blood. The treatment of milk and lime water, with morphine, was of no avail, the condition steadily grew worse, and she finally entered the Hospital of Saint-Jacques (Paris). The syndrome was : pain at the xiphoid radiating to the corresponding dorsal vertebræ ; vomiting after any food but milk ; pale, emaciated, but not presenting a cancerous cachexia. Prolonged palpation failed to show any epigastric tumor. Argentum nit. 6, gtt. 11 in 125 grams of water, 4 teaspoonfuls daily. Milk diet continued. The argentum nit. was poorly borne, and for two days the patient complained of aggravation, especially of the pain. The 12th dil. was then prescribed, and in two days there was marked amelioration of the pains. The drug was continued for ten days and then stopped for twenty-four hours, whereupon the patient immediately complained of a return of the pains. With continuation of the remedy the improvement was so great that four days later she began solid food, eggs at

first, then meat. The pains and vomiting did not reappear ; the digestion was good, and five days later, somewhat against our advice, the woman went back to her work as cook.

This affords a complete demonstration of the curative power of infinitesimals ; moreover, it shows that when a drug is perfectly homœopathic an aggravation may follow the use of even the 6th dil. and require a higher potency. Kali bichromicum, arsenic, antimonium tart. have been commended in this disease, but the clinical evidence is scanty and of little authority. Personally we consider argentum nitricum specific. —*L'Art Medical, from North American Journal of Homœopathy, January.*

### LYCOPODIUM AS A REMEDY.

By P. C. MAJAMDAR, M.D.

THE botanist knows lycopodium as a mere inert substance. It is the spores of a plant, and according to him devoid of any medicinal properties. But thanks to the genius of Hahnemann, who was endowed with great power, many so-called inert substances were converted into active medicinal agents.

And such is lycopodium. The more we study its action in the diseased states of the human body, the more amazed we grow.

Recently I had the occasion to treat a bad case of dropsy, with jaundice and emaciation of the upper part of the body ; and the curative power of lycopodium was exhibited in a marvellous manner. Not only this, the power of the high potencies and single dose was also remarkably noticed in this case. It was a case of an adult European who had been a victim to disordered liver for a length of time. He had symptoms of bilious colic, and his doctors diagnosed the case to be one of gall-stone colic. He was subjected to allopathic treatment for months without much benefit. This state of things went on for days together, though in a mitigated form.

Subsequently yellow colour of the whole body, particularly the face and conjunctiva, appeared. Itching of the whole body, tympanitic distension of abdomen, thin, yellow, painless stools. Feverishness in the evening supervened, and quinine and other febrifuge medicines of the allopathic pharmacopœia had been resorted to. The disease took a chronic form, and an operative measure was advised.

My advice was sought, and I prescribed some medicine and sent it by post without seeing the patient. This had no perceptible effect. What was thought by the local allopathic doctors as tympanites of abdomen proved ultimately to be a

dropsical swelling. The patient became reduced in strength, and all hopes of recovery were abandoned. When dyspnœa appeared, a paracentesis abdominis was preferred. A large quantity of straw-coloured fluid was let out from the abdominal cavity, with some relief of the dyspnœa. But this amelioration as a matter of course did not last long, and the abdominal cavity was again full of fluid. Two or three times the operation of tapping was performed, and the patient was reduced in strength.

He came down and placed himself under my care. Extreme prostration and emaciation, loss of vital fluid, dyspeptic conditions—all pointed to china as the remedy. I gave it a fair trial in high potencies, and there was considerable improvement in general strength. Even the jaundiced hue was changed to some redness of face. The dropsical symptoms and the colic troubled him still.

At last lycopodium seemed to me the true simillimum, and I gave a single dose in the 200th potency. This dose had a wonderful effect, and the fluid in the abdomen was reduced wonderfully. The liver, formerly somewhat enlarged and hard, became softened and smaller; the colic disappeared altogether. This single dose of lycopodium was followed by many doses of placebo in powder. The patient is now nearly cured.

The effect of lycopodium upon the urinary organs is very great. In renal calculi and colic I have seen decidedly beneficial effects. The severity of pain subsides as if by magic if the symptoms correspond.

I have given lycopod. a fair trial in cases of appendicitis, and here I am charmed by its curative power. A young man, otherwise healthy, though dyspeptic to a certain extent, had an attack of appendicitis. He used to have fever in the evening, when his abdomen distended with gas, constipation, urine high-coloured with brick-dust sediment, pain so severe that he could not move his limbs or sit up in bed. Lycopod. cm. cured in a single dose.

His allopathic advisers told him to undergo an immediate operation. —*Indian Homœopathic Review*, December, 1905.

### ANILINE POISONING AMONGST DYERS.

A MEMORANDUM has just been issued by the Home Office calling the attention of those engaged in the dyeing industry to the dangers attendant on the use of aniline oil and alkaline bichromates in the production of the so-called "fast blacks." The result of observations made by the Chief Medical Inspector

of Factories, in seven dye works, was that out of 60 persons employed in the mixing, preparing, and dyeing processes, 28 (47 per cent) were found to present a pale, grey, or blue colour of the lips, 34 (57 per cent) characteristic pallor, and 5 scars as the result of previous work in chrome or of injury to the skin; out of 82 employed in the chroming, washing, drying and other processes, 28 (34 per cent) showed the same condition of the lips, 16 (20 per cent) exhibited pallor, and 11 (14 per cent) present or past effects of chrome. Other common symptoms found were headache, indigestion and heartburn, distaste for food, drowsiness, tremor and slight weakness of grasp. It is also pointed out that extreme cyanosis and unconsciousness have been known to occur. The ill effects of working in the bichromate solution noted were papular eruptions, ulcerations, and scars. Attention is directed to the application of Sections lxxiv. and lxxv. of the Factory Act requiring exhaust ventilation, washing accommodation, and separate rooms for taking meals, and suitable provision of this nature is required to be made. In addition, it is stated that no person suffering from rash or ulcer should be allowed to come into contact with the bichromate, and that persons weighing bichromate crystals or ladling out the prepared aniline liquor should wear indiarubber gloves. It is also suggested that mixing should be done in a separate room; that water might be introduced first into the tank, then the hydrochloric acid, and then the anilin oil, to lessen the vapour; that no person should remain in the mixing room whilst chemical action is proceeding; and that a notice be posted in the works drawing attention to the need for special care. Attention was first directed to the dangers of this particular process in a paper contributed by Dr. W. F. Dearden to the Section of Industrial Hygiene at the Manchester Meeting of the British Medical Association in 1902, and it is satisfactory to note that this evidently practical contribution is likely to prove productive of substantial benefit to the workers in an important industry.—*Brit. Med. Jour.*, Jan. 6th.

### IS STIMULATION BY SUGGESTION IN PNEUMONIA POSSIBLE ?

By W. W. GILBERT, M.D.,

Professor of Clinical Medicine in the Homœopathic Medical College  
of Missouri, St. Louis, Mo.

MANY stimulants have been advanced by various authors and writers for the treatment of crises of pneumonia. It has been an observation that the increase in mortality in pneumonia



in the adult over that of childhood is due to the fact that with patients who have arrived at the years of understanding, to pronounce their disease pneumonia is to sound their death-knell. So much is the disease dreaded by those of mature years that they immediately give up any idea of recovery, and make no resistance to the inroads of the disease, when they become aware of its nature. With children, who do not understand the severity of the disease, their minds are alert to combat its progress. This being the fact, medicines have a better effect on the child, especially when the seventh or ninth-day crisis appears. However, even in these cases it sometimes happens that all measures seem to fail, and it is on account of this failure that the use of suggestion was employed in the case of a boy patient nine years old.

This little patient, when admitted to the hospital, had been sick three days, and at the time of his first examination his right lung was nearly completely consolidated. His temperature was 103° F., breathing rapid, cough dry, with no expectoration. The usual treatment was instituted, cotton jacket about the chest and the internal administration of ferrum phos. and bryonia. This was continued up to the ninth day, the fever continuing higher each evening until the temperature was 106° F. at seven o'clock of that day. At ten o'clock the temperature had suddenly dropped to 93° F., per mouth (as taken by three thermometers), the axillary temperature being 94° F. The patient was sweating profusely, cold and clammy. Pulse had declined from one hundred and twenty to sixty. The use of whiskey, and strychnine hypodermically, resulted in absolutely no change. The extremities became cold, and death was predicted in a few hours.

When he was admitted to the hospital the boy gave a history that he was a poor newsboy, and was the main support of a sick mother. It occurred to us that he might be bribed, so to speak, to live, or suggestion used, whichever it may be termed. Anyhow, a quarter was held up before his eyes, and he was told that if he would make an effort to rally he should have the quarter as soon as he was better. This produced the first appearance of the return to vitality, for his eyes brightened, and he whispered something which, on account of his weakness, could not be understood. The pulse increased about five beats per minute from this stimulation. Temperature continued the same throughout the night. The use of hot applications kept the extremities warm, and the next morning he demanded his quarter, which he clung to until completely recovered. The temperature continued

stationary for four days, otherwise he made an uneventful and rapid recovery.

This case is reported in the hope that physicians will not inform their patients of the nature of the disease in cases of pneumonia, but always inform their family, under the promise of absolute secrecy, as far as the patient is concerned. To inform the patient that his trouble is pneumonia produces the same psychological effect as for the patient to be told he has cholera.—*Medical Brief*, February.

### PERIODICAL DEAFNESS.

By W. E. MANCILL, M.D.,

Cisco, Texas.

I WANT to report to the *Brief* what I call a very singular trouble that I know of in a man that I suppose to be about fifty-five years of age. He came to me in September, 1879 or 1880, and reported to me that he was perfectly deaf in one ear. I made as careful an examination as I could, and found the ear in perfectly normal condition, as far as I was able to tell. I could see no difference between it and the other. Then he gave me the following history of the case: About six years before, on or about the first day of September, he woke up in the morning to find that he could hear in but one ear. He remained in this condition until the last day of the same month, when he woke up to find that his ear was all right, his hearing just as good as ever; and that every year, exactly at the same time, he loses the hearing in this same ear, and at the same date, which is the last day of September, his hearing returns. This man, whose name is Whitesides, lives in Stevens County, Texas, about twenty miles from where I live in Cisco, and is a farmer. This city being his market, I see him several times every year, and often talk with him about this trouble. I saw him a few days ago; he told me that there had been no variation in dates of its coming on or going off, except one time, that was a few years ago, when it varied, I believe, about five days, but at no other time had it varied two days, and always lasts exactly thirty days, no more and no less. There is no pain at all, and never has been. There is a roaring and deafness, and that is all there is of it. Mr. Whitesides has been examined by different specialists without any discovery being made as to the cause. It goes and comes (so to speak) of its own accord.—*Medical Brief*, February.

## BUTTER-MILK IN THE GASTRO-INTESTINAL DISORDERS OF INFANCY.

Stooss (*Corr.-Bl. f. Schweizer Aerzte*, November 1st, 1905) has employed butter-milk in certain gastro-intestinal disorders of infancy. As a food for infants it has recently been recommended by de Jager and Teixeira de Mattos. It contains 2.5 to 2.7 per cent of albumin, 0.5 to 1 per cent of fat, and 3 to 3.5 per cent of sugar. Teixeira de Mattos gives the following directions: A level tablespoonful (10 to 12 grams) of fine rice or wheaten flour is stirred in a litre of butter-milk, which is placed on the stove and constantly stirred until it has thrice been on the point of boiling over (for about twenty-five minutes). Two or three heaped tablespoonfuls (70 to 90 grams) of cane or beet sugar are then added. As butter-milk is acid the utensils should not be of any metal which is soluble in acids. The writer follows Heubner's recommendation and adds slightly less sugar (50 grams of cane sugar). The food is then poured into Soxhlet's flasks and boiled for a further three minutes. Unless it is poured into several flasks (one for each feed) an upper watery layer forms on standing.

CASE I.—A male child of prosperous parents weighed at birth 3,640 grams. At first it thrived on cow's milk and water, but afterwards became constipated, and, in spite of change of diet and the addition of various infants' foods, emaciated. At four months the weight was only 3,215 grams. Six feeds, each of 100 grams, and later of 120 grams, of butter-milk, were given daily. The bowels at once acted normally. This diet was continued (except during ten days, when there was diarrhœa) until June 23rd, when ordinary cow's milk was gradually substituted. On that date the weight was 5,410 grams, and on July 15th 6,500 grams. Thus in the first four months weight was lost, but in the second four months it was doubled.

CASE II.—A female child at nine months weighed 3,640 grams. At nine weeks there was an attack of diarrhœa and vomiting, and the weight fell from 4,000 to 3,500 grams. Since then, in spite of numerous changes of wet nurses and of foods, she did not thrive. There were constant constipation and vomiting, which were uninfluenced by gastric irrigations and enemata. At the ninth month the weight was practically the same as at the third. Butter-milk (120 grams for each feed) was, on June 3rd, gradually substituted for the infants' food which was previously given. The stools rapidly became normal, and on July 20th the weight had increased

to 5,050 grams. Cow's milk was then substituted and was digested perfectly.

CASE III.—A child, aged 2 years and 2 months, weighed only 4,275 grams. It had always been fed artificially and with a variety of milks (including goat's) and foods. It was of about the size of a 6-months-old baby, and scarcely more intelligent. In hospital, between December 7th and February 17th, there was no improvement. Numerous furuncles and slight pyrexia developed. Butter-milk was then given. There was rapid improvement; and though there were two attacks of convulsions, the child was discharged on March 29th, weighing 6,120 grams, and in good condition. Butter-milk is thus of special service in cases of infantile atrophy from chronic dyspepsia from which there is no intestinal irritation. If there is diarrhœa alternating with constipation, it may occasionally be given in the latter periods with advantage, but is harmful in cases of acute diarrhœa and vomiting. Only butter-milk which has been obtained by the most cleanly methods is admissable.—*Brit. Med. Journal*, February 10th.

#### IODIDE OF POTASSIUM ERUPTION.

DR. H. L. MCKISACK read notes of two cases at the Ulster Branch of the British Medical Association.

I.—A labourer, aged 45, was admitted into the Royal Victoria Hospital on December 30th, 1905, suffering from aortic incompetence. His arteries were sclerotic, his liver slightly and spleen considerably enlarged; albuminuria, œdema of the legs, but no ascites were present. Five grains of iodide of potassium with thirty drops of sal volatile were ordered to be taken three times daily, and the bowels were loosened by means of a saline aperient. When he had taken six doses—that is, 30 gr. of iodide—an eruption appeared. Clusters of raised, rather solid-feeling, circular vesicles, from  $\frac{1}{2}$  to  $\frac{1}{4}$  in. in diameter, rapidly developed on the forehead, cheeks, chin, and scalp, while single vesicles were scattered over the neck, shoulders, forearms, wrists, and backs of the hands. The rest of the body was free from the eruption, except for one or two spots on the trunk. Each vesicle contained a turbid fluid, which soon became purulent, and was surrounded by a narrow red areola. There was no great pain nor constitutional disturbance, but the vesicles, or pustules as they soon became, rapidly increased in size and number, coalescing and spreading peripherally, till in

some places they formed rings of vesicles, and in others masses of confluent blebs. For about a week the eruption continued to increase in intensity, in spite of the fact that the iodide was stopped immediately the eruption appeared, as its cause was obvious. The treatment adopted was: (1) Immediate cessation of the administration of the toxic drug; (2) The conjunctival sacs were washed out with boracic lotion, boracic poultices at first and later a saturated solution of picric acid were applied to the affected regions; (3) Elimination of the iodine was aided by saline aperients and by digitalis. During the ingravescient period the temperature was only slightly raised, touching 100° on two or three occasions, but since January 8th or 10th it had been practically normal, whilst the eruption had steadily but rather slowly healed. Some of the patches in the beard and hairy scalp still required attention, but the greater part of the skin had cleared up without cicatrization.

II.—The second case was very similar, though less severe. Here the administration of four powders, each containing 5 grs. of iodide of potash and 10 grs. of resin of guaiacum, was followed by a crop of vesicles, a few of which became purulent, and many were hæmorrhagic; together with enlargement of both parotid glands, and slight pyrexia. The patient was suffering from osteo-arthritis, but in his case the heart and kidneys were free from disease; several of the vesicles appeared inside the mouth, and one on the corneal margin, which was seen by Dr. Cecil Shaw, and all eventually disappeared without leaving any trace.

The author said the occurrence of such a case as the first described was a misfortune both for the patient and for the practitioner, and it was necessary to take all possible measures to avert such an affliction. Both bromine and iodine, and their compounds, produced in susceptible persons eruptions of great diversity. In the bromides the commonest form was an acne-like rash, which differed from ordinary acne in being more generally distributed over the body and in the rapidity of its development. A similar eruption was not uncommonly produced by the iodides, but the more typical form was the bullous or vesicular. It was said that when the iodide eruption appeared, the other symptoms of iodism were usually absent; the more serious of the two cases recorded supported this statement, while the milder one showed one other symptom, namely, enlarged parotid glands. While there could be no doubt that individuals differed immensely in their susceptibility to the toxic effects of iodine and bromine, that was only one factor in the problem; and

it was fortunately not the only one, because it was a factor we could only become aware of by experiment, and the information might be too expensive. It was clear, however, that in addition to individual susceptibility, another factor existed which was not quite so much beyond control as idiosyncrasy, and that was, imperfect elimination of the drug. If from any cause iodine or bromine which had been ingested was allowed to accumulate in the body through failure of the eliminating organs, even a small quantity of the drug might be sufficient to produce toxic symptoms in susceptible persons. In the first case this was obviously the cause, the heart, kidneys, and liver being defective. In the other case, though there was no apparent disease of those organs, the presence of rheumatoid arthritis was an evidence of disturbed metabolism, and probably of defective elimination. It was, then, imperative, when the function of elimination was known to be feeble, to begin the administration of iodides or bromides with very small doses, and to give careful attention to the action of the kidneys, bowels, and skin. The addition of a drop or two of Fowler's solution to each dose of iodide or bromide was said to act as a preventive of the rash.

Dr. Dempsey expressed the opinion that large doses of iodide were not so likely to cause unpleasant symptoms as small ones, and Dr. Mitchell agreed with this.—*Brit. Med. Journal*, February 10.

#### THE ACTION OF RADIUM ON THE VIRUS OF RABIES.

TIZZONI and Bongioranni (*Rif. Med.*, May 6th 1905), have carried out their experiments on rabbits, using a fixed and powerful virus sufficient to kill all the control animals. Two sets of experiments were carried out, one *in vitro*, and the other in the rabbit. In the first set the radium rays were directed for a fixed period on a 1 per cent solution of rabies virus in sterilized water. In the second the rays were made to converge for one hour a day, for a period of eight days, on the eye of the animal into which some of the same rabies water had been injected, either in the eye or subdurally. In some cases the treatment was begun at the same time as the virus was injected, in other cases one or more hours after the disease had declared itself. In the first set of experiments the radium was found to possess a very rapid decomposing action on the virus, which after a short time was rendered quite innocuous when injected intraocularly. If the action

had been insufficient (only an hour) still some effect was produced in attenuating the power of the virus, as the animals died at a much longer interval, and then with symptoms of marasmus rather than rabies. Further experiments are being made to see if a reliable vaccine can be procured in this manner. Equally satisfactory results were obtained in the living animal when the rays were used contemporaneously with the injection of the virus for an hour a day for eight consecutive days. If used an hour after injection, cure could be relied upon, but if twenty-four hours had elapsed between the injection and the use of the rays, the treatment was of no avail. It does not appear to be necessary to use the rays at the place of injection, as equally good results follow from application at a distance. The authors offer no hypothesis as to how the rays act, unless possibly by their disinfecting and depoisoning action on the nervous system.—*Brit. Med. Journal*, September 9th.

#### A RAPID CURE FOR LUMBAGO.

THE usual methods of treating lumbago being uncertain and mostly unsatisfactory, I am anxious to make known the following simple, certain, and speedy mode of treating this painful affection, which I have used for many years and never known to fail. It consists in the local application of tartarated antimony. This is most easily effected by thoroughly rubbing into the painful part unguentum antimonii tartarati *B.P.*, twice a day until the pustules characteristic of antimony make their appearance. By this time the pain is greatly relieved if not quite gone, and the patient is practically well. Along with this local treatment it is advisable to administer a saline aperient mixture containing sodium salicylate. The number of applications of the ointment required depends greatly on the thoroughness with which it is rubbed in. If this is well done one or two applications are usually sufficient. It is prudent to warn the patient not to continue having the ointment rubbed in longer than necessary to relieve the pain, or after a fair crop of pustules have come out, as this makes the skin unnecessarily sore and ulcerated; also not to let the ointment be used for any other purpose. I have known the remains of a box of this unguent handed on by a grateful and well-meaning patient to a friend for him to apply to his inflamed leg, with a not very satisfactory result.—G. H. KENYON, M.D., C.M. Edin.

*Brit. Med. Journal*, Jan. 13th.

## NOTICES TO CORRESPONDENTS.

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

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We have received communications from Mr. JOHN P. STILWELL, J.P., (London), and we regret that his letter was omitted to be acknowledged in our Feb. issue; Drs. BEALE, E. A. NEATBY, Mr. KNOX SHAW, Dr. GOLDSBROUGH, Mr. ATTWOOD, Mr. J. M. WYBORN (London); Dr. J. W. HAYWARD (Liverpool); Dr. OGDEN (St. Paul, U.S.A.); SARCAR (Calcutta); BURWOOD (Ealing); STORAR (Ramsgate); PURDOM (Croydon); Mr. F. W. WOOD (Exeter); AYLESBURY DAIRY CO. (London).

\*.\* Dr. BURWOOD, of Ealing, has altered his *Telephone* address to "494, Post Office, Ealing."

Dr. W. M. STORAR, of Belfast, has succeeded to the practice of the late Dr. HAWKES, at Ramsgate, and may be consulted at Dr. Hawkes' address, 4, West Cliff Road, Ramsgate.

## BOOKS RECEIVED.

*Report of Petrie and Abdominal Surgery for 1904*, by Florence N. Ward, M.D., San Francisco. *The History of Homœopathy in India*, by S. H. Ghose, Calcutta, 1905. *Hom. World*, Feb. *Jour. of the Brit. Hom. Soc.*, Jan. *Vaccination Inquirer*, Feb. *Calcutta Jour. of Medicine*, Dec. *Indian Hom. Review*, Dec. and Jan. *Thanet Advertiser*, Jan. 27. *Standard*, Feb. 6. *Report of the Charitable Institutions of Kankanady*, 1906. *Folkestone Herald*, Feb. 3. *Devon and Exeter Gazette*, Feb. 7. *Report of the Brighton Hom. Disp. for 1905*. *Bournemouth Visiting Directory*, Feb. 10. *Croydon Advertiser*, Feb. 17. *St. Louis Medical Review*, Jan. 11, 20, 27, Feb. 10. *Hom. Recorder*, Jan. *Medical Brief*, Feb. *The Doctor*, Jan. *University Hom. Observer*, Jan. *Medical Times* (N.Y.), Feb. *New England Medical Gazette*, Feb. *Hahnem. Monthly*, Feb. *Chironian*, Feb. *Medical Century*, Feb. *Pacific Coast Jour. of Hom.*, Jan. *Hom. Envoy*, Feb. *N. Amer. Jour. of Hom.*, Feb. *Hom. Monatsblätter*, Feb. *Allgemeine Hom. Zeitung*, Feb. 8 and 22. *Hom. Maandblad*, Feb. *Zeitschrift des Berliner*, etc., Feb. *Revista Hom. Catalana*, Oct. *L'Art Medical*, Jan. *Revue Hom. Française*, Jan.

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THE MONTHLY  
HOMŒOPATHIC REVIEW.



OUR CURRENT NUMBER.

WE much regret that owing to the publication of necessary matter, we have to defer till May our usual leader, the report of the London Homœopathic Hospital and of its Annual Meeting, a review of RAUE'S Diseases of Children, and other articles.

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UTERINE POLYPI.\*

By A. MIDGLEY CASH, M.D., Torquay.

HAVING been requested by our Secretary to prepare a paper for to-night's meeting, I turned up the notes of some past cases and decided to give attention to the subject of *Polypi of the Uterus*.

These growths are not perhaps met with so frequently as to be called common in the course of ordinary private practice; yet they do occur occasionally, and possibly, if one's mind were more on the alert to discover them, they would be found oftener than they are now. They do not as a rule cause symptoms which are not also common to many other forms of utero-vaginal disease—diseases, too, of much more frequent occurrence. Hence it is that the practitioner may not be sufficiently alive to their presence.

Whilst treating symptomatically a discharge of blood or of fluor albus, months may pass away, the woman losing health and strength meanwhile, when, on the other hand,

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\* Paper read at the Western Counties Therapeutic Society's Meeting held at Clifton, February 28th, 1906.

an early examination would have discovered a causal condition requiring surgical and not medical treatment.

And it is surprising how it should occur, and yet we have probably all met with such a case, where a woman comes to us for help so exsanguine as to be reduced almost to death's door, and yet the cause is one which should have been discovered and removed perhaps years ago. But whilst saying this I wish to take the warning to myself, for I confess to its coming on me almost as a surprise to find on P.V. examination that a uterine hæmorrhage has been all along due to a neoplasm of this description. For one does well to suspect that there may be many women who go along for years bleeding from uterine polypi which are never discovered because they do not cause extreme symptoms. Copious hæmorrhages, of course, attract attention, and active investigation follows, but milder hæmorrhages, only perhaps coinciding with the monthly flow, may be overlooked, and yet will be surely, if slowly, undermining the unhappy patient.

This is most especially apt to happen at and about the time of the "change of life." The irregularity and redundancy of the uterine loss which occurs at this time needs to be viewed with suspicion, for it may easily happen that, while we are watching a case and waiting for the menopause to terminate the hæmorrhage, a woman may be bleeding to death by instalments from the presence of an undiscovered polypus.

Admitting, then, the importance in such cases of an early P.V. examination, what of the DIAGNOSIS of uterine polypi?

The late Sir James Simpson, in his exhaustive writings on this subject, as published in his selected obstetrical works, says: "No practitioner can ever be perfectly certain that any large growth in the vagina is a uterine polypus until his finger touches and traces the pedicle itself of the tumour." And again: "In polypi arising from any part of the interior of the uterus and projecting into the vaginal cavity, the stalk of the tumour is always found more or less encircled by the lips of the dilated os and cervix of the organ. The tracing with the finger of this circle of the cervix round the pedicle of the polypus forms always an important diagnostic mark in such forms of the

disease." Thus, mainly by digital examination, we arrive at the diagnosis, and, further, by the use of the uterine sound we shall be able to exclude what may of all conditions most closely simulate a polypus, viz., an *inverted uterus*. Also we may be able to obtain precise knowledge as to the region of attachment of the growth, and the calibre and length of the stalk.

The process of formation of a stalk or pedicle in these tumours is interesting. Simpson treats of this in his lectures to his students, when he shows them a fibrous polypus of the uterus cut into to exhibit its identity in structure with that of fibroid tumours of the uterus. And he says, "You will see that the tumour has been caught in the neck of the cervix uteri, and you can almost see how, under the contraction of the uterus, the growth will be drawn from its seat and its stalk tend to become elongated.

"But the process takes place mainly when the tumours are still confined within the uterine cavity, and is seen to take place as distinctly on the peritoneal surface. We only know that the tumour, like every other living structure, grows most readily in the direction in which it meets with least resistance. And, as the fibroid of the uterus cannot easily increase by forcing its way among the dense tissues of the middle coat, it must grow towards the surface to which it lies the nearest, and it may be that a continued but imperceptible degree of muscular action goes on in the adjoining walls which hastens its protrusion on the surface and favours its pediculation."

These growths which Simpson has so clearly described are then *fibroid polypi*, identical in structure with embedded fibroid tumours of the uterus, but as a rule pedunculated—attached by a stalk or neck to the uterine wall. They are usually rounded or oval bodies, sometimes taking a pear-shaped form. They vary in size from a small marble to a growth several pounds in weight. They are not extremely vascular, and the hæmorrhage they give rise to is probably not so severe as that we meet with in the mucous polypi.

This bleeding occurs less from the growth itself than from the mucous membrane of the body of the uterus, which, especially at the menstrual period, is apt to become extremely hæmorrhagic, from the presence and irritation of the growth. This then will account for the fact that

these fibroid polypi may be freely removed without fear, as a rule, of hæmorrhage.

No large vessels are found in the pedicle, so that it may usually be divided, even by sharp instruments, as scissors or, as Simpson advocates, by his Polypotome, a sharp, sickle-shaped knife.

*Mucous polypi*, on the contrary, are often extremely vascular, and from them take place at times those sudden drenching hæmorrhages, which cause intense alarm, and may seriously threaten life.

These are the two commonest forms of uterine polypi, "benignant growths," yet serious, from the hæmorrhage they cause, and they equally require radical treatment. Attempts have been made to effect a cure by Homœopathic remedies.

In the 34th vol. *British Journal of Homœopathy* Dr. Herzberger is reported to have cured a case, the remedies being calcarea and thuja, with thuja vaginal injections. The time required was from December to the middle of February before the polypus came away. But, as the patient had severe bleeding and collapse during this time, it is probable she might have been saved a good deal by prompt removal at the first. Again, in the 26th Vol., Drs. Alvarez and Chavez report cures under conium, but with violent hæmorrhages occurring during the process of treatment. The Editor in a note, speaking of these cures by foreign doctors, says: "We envy their success in these cases of polypi, which we have not found to be so amenable to homœopathic treatment on this side of the Atlantic."

On the whole we conclude that while we may be thankful for the possession of medicines which may wither these growths where they are inoperable, yet where the contrary is the case we shall best consult our patients' interests by removing them as soon as we become aware of their existence. Simpson is with us here; he says: "It is a generally acknowledged principle in obstetric surgery that a polypus of the uterus should be extirpated as early after its discovery as possible." And Blundell says in his *Observations on Diseases of Women*: "In the treatment of this disease (uterine polypus) the first principle, undisputed I suppose by those who are possessed of experience in the management of these morbid growths, is, that it

ought by all means to be extirpated ; for unless it be removed, it will continue to grow larger and larger till it utterly wears out life, and this especially if it be shooting from the upper part of the uterus or even from the neck. It is, moreover, of vast importance in polypus, not only that it should be extirpated, but that this extirpation should be accomplished as early as possible. Lay this down, then, as a most important part of your practise, that polypi are not only to be taken away, but that they are to be extirpated early, as soon as they are discovered and as soon as it is practicable."

Now as to the *method of removal*. Various methods have been practised. The most usual are, excision—done by scissors—bistoury, or polyptome. This may be suitable, as I have said, for a fibroid polypus, in many instances without fear of hæmorrhage ; probably for a muco-cellular polypus it would be risky ; and as we cannot tell beforehand what vessels may be concealed in the stalk, we shall best consult our patient's interest, and our own reputation, by choosing some method which will remove the growth in a bloodless fashion. To affect this, we may have recourse to torsion : seizing the pedicle with a strong pair of forceps, and twisting it round till the polypus comes away ; or we may cut safely and bloodlessly through the stalk by the cold wire snare, or by the incandescent loop of the galvano-cautery.

I have tried these several ways, and have found that when the growth is small and soft enough to be so dealt with, that by torsion is most quickly and easily practised. But I am inclined to think that the greatest security against after-hæmorrhage is attained by slowly working off the growth with the wire snare, as by the use of the Hicks' ecraseur. And this is a matter we need to take some care to avoid, for when, after the section is made, the cut end of the pedicle retracts within the uterus, and the uterus itself—downward traction withdrawn—retires upwards into the abdominal cavity, it is not difficult to imagine what trouble may be caused if secondary hæmorrhage should follow.

So much then for the methods, and given the complete removal of the uterine polypus, no operation in the realm of surgery is more satisfactory. The hæmorrhages, large

and small, obstinate and recurrent, at once cease, and the patient makes a rapid and uneventful recovery to health and strength. Her physique becomes more robust, her pallor disappears, the various neurasthenic and anæmic conditions vanish, and in a few months one would hardly recognize the regenerated woman for the weak, washed-out invalid, with the pseudo-cancerous cachexia, who came but recently for diagnosis and treatment.

The first case I have to bring before you this evening occurred many years ago, when I had only just commenced practice.

CASE I.—Mrs. B., aged about 45, was sent to me by the late Mr. Gillow. She had always been a sensitive, delicate woman, and since her last confinement, fifteen or sixteen years previously, had suffered from partial prolapse of the womb. This had become more marked the last eighteen months. She had had much “bearing-down” pain, and became aware for the first time of the presence of polypi. They had bled occasionally, and she had been troubled by uterine catarrh. She consulted Mr. Gillow, who advised her to have them removed. *On examination* two fleshy growths were found protruding from the vagina, and by the probe it was evident they sprang from the internal os uteri, and were situated one on either side of it. The os was patent but too narrow to admit the finger. It showed evidence of cervical catarrh. The uterine prolapse caused the cervix to be very low in the vagina, and so made the necessary manipulations easier. Dr. Ayerst and Mr. Gillow fixed the uterus and drew gently with volsella on the cervix. I slipped a fine wire noose in a Wyld’s snare over the smaller growth, but the wire snapped at the strain, so using a pair of polypus forceps the two growths were successfully removed by a few steady twists. A sponge tent soaked in perchloride of iron solution was inserted in the cervical canal, which effectually prevented any bleeding. The smaller polypus was about an inch long and shaped like a grape, with a short, narrow stalk. The larger one was about three inches long, its base of attachment only slightly contracted. It had a fibrillated surface with longitudinal septa. Microscopically these growths were found to be of the mucous variety, having a fibro-cellular structure with a considerable vascular supply.

The patient made a good recovery and returned to her home in the country seven days afterwards. Two months later I had her report : " Doing very well, can take exercise and feels better than for a long time," having got rid of all her former symptoms.

This lady had always been a delicate, sensitive creature, and the presence of these growths had largely increased her troubles, having superadded uterine catarrh, and aggravated uterine prolapse, which incapacitated her from taking exercise and reduced her to a condition fit for little but constant confinement to a couch. Their removal quickly remedied the prolapse and catarrh, and enabled her to get about and take exercise of which she had long been deprived.

CASE II.—Mrs. M., *æt.* about 48, and recently married, came to me complaining that for the past nine months she had suffered from profuse flow which she supposed to be excessive on account of the " change of life." She had formerly consulted Dr. Neild, then of Plymouth, who had discovered she had a uterine polypus. I found the polypus to be attached by its pedicle to the inner aspect of the anterior lip of the os uteri, which latter was concealed by its growth. It was about the size of a blackbird's egg, and very red and vascular.

A duck-bill speculum was introduced, and with a long pair of forceps I got hold of the pedicle of the tumour and twisted it off by several turns of the instrument. The hæmorrhage was slight and was stopped by pledgets of lint soaked in hamamelis tincture. There was no further discharge of any kind, and on the eighth day the patient was up and going about as usual.

The polypus here was of the mucous variety, and attracted attention by causing the usual hæmorrhage, and in addition some amount of pain was complained of. The result was a satisfactory recovery.

The fact of recent marriage in this case is a clinical point of interest in the life of a uterine polypus. Sexual intercourse being specially likely to provoke bleeding.

CASE III.—Mrs. B., a stout, rather ponderous woman, *æt.* 47, who had had fifteen pregnancies, came under my care complaining of an increasingly profuse flow at the monthly periods, sometimes lasting as long as three weeks ; the

discharge was dark, clotted, and very copious, and had lasted off and on for eighteen months. She had had a good deal of inter-menstrual leucorrhœa, and was getting very low, exhausted, and depressed by this severe constitutional drain. She complained much of backache and a distressing sense of "sinking." The bleeding was markedly lessened when she stayed in bed, and was perhaps slightly reduced by the medicines she had taken, of which ipecacuanha, hamamelis, and sabina, seemed to have had the most effect.

On making a P.V. examination, I found a firm, fleshy polypus, the size of a bantam's egg, protruding through the os. uteri. It was very vascular, and bled freely when touched. Its pedicle appeared—as well as could be made out—to take origin at the anterior part of the cervical canal; the sound passed easily two and a half inches into the uterus.

Within a few days I removed the growth. The bleeding was first stopped by applying Ruspini's styptic; then the wire loop of a Hicks' ecraseur was slipped over the polypus, and pressed home on to the pedicle. The wire being gradually tightened by a few turns of the screw, the stalk was slowly cut through, and the polypus fell into the vagina, where it was easily extracted. There was no bleeding. Chloroform was not given and the patient hardly felt any pain. There was no after discharge. Twelve days later the ordinary "period" occurred, but the discharge was pale and slight, very different to what it had been for many months past. The following menstrual interval was eleven weeks, and thereafter catamenia became pretty much a thing of the past.

This unfortunate patient had had a hard child-bearing life, fifteen pregnancies, living and dead, severe post-partem hæmorrhage, and a septicæmia of which she nearly died. She had never known what it was to enjoy a healthy, comfortable existence, and when her troubles seemed about leaving her, a stormy menopause was complicated and aggravated by the drain and distress of a uterine polypus. I am happy to be able to recollect that with its removal, her special troubles disappeared, and she was able to enjoy a more peaceable existence till the time of her final departure, sixteen years afterwards. The



hæmorrhage was coincident with the menopause, the natural loss of which it greatly increased; but as Mrs. B. had always tended to some considerable freedom in this way it did not at first seem to be anything unusual.

CASE IV.—An elderly single lady of sixty, generally enjoying good health, residing seven or eight miles in the country, sent hurriedly for me on account of an attack of hæmorrhage. Dr. Cash Reed was staying with me at the time, and gave me his kind assistance. On our arrival the history given was that she had been bleeding from the womb for about four years; the first hæmorrhage being one year after the menopause was apparently passed. For the last day or two the hæmorrhage had been severe, and more than once in that period she had lost over a pint of bright blood at a time. Not being aware on leaving home of the nature of the case, I was not fully prepared to deal with what I found at once on examining, viz., a uterine polypus, about the size of a large grape, nodular, but soft, and which was hanging by a long firmish pedicle from the os. uteri. I had only with me a short pair of Spencer Wells' catch forceps. With these I endeavoured to seize the pedicle, but only succeeded at first in reaching and twisting off part of it. Dr. Cash Reed managed to hook down the pedicle with his finger, till I was able at last to get firm hold of it, and twisted it through bringing away the polypus intact. On this all bleeding at once stopped. A tampon of carbolised wool was inserted. The polypus appeared to be of the muco-cellular variety. It was about an inch long, flattened and shaped somewhat like a broad bean.\* An injection of liq. potas. permang. was used for a few days. She had no further trouble and remained soundly cured.

This case illustrates the somewhat insidious character of these growths. As far as I recollect, for it is some eight years since, the attacks of hæmorrhage from which this lady suffered, had never been mentioned before, though I was frequently in the way of seeing her, as her sister was a constant invalid and under my care. Clearly they had never been severe enough to attract much attention. And yet, without any apparent reason, sudden profuse

\* Specimen shown.

gushes came on, upwards of a pint being lost at a time, making the case one of first-rate severity requiring instant attention. The growth being soft, may have had some vessel possibly ulcerated by attrition—small mucous polypi having been frequently known to give rise to the most extensive bleedings.

CASE V.—This was a married lady of fifty-five, a patient of the late Dr. Woodgates, of Exeter, with whom I had previously seen her. She had never, apparently, got over the menopausal flow which had been going on for years in large amounts, and she was extremely blanched and anæmic from loss of blood. Latterly she had become worse and begun to pass clots. She had, I believe, always objected to having any internal examination made. Dr. Woodgates, however, now insisted it must be done, and sent for me. I found a large, firm, nodular growth, the size of a hen's egg, projecting into the vagina, and tightly grasped above by the cervix uteri. It was possible to pass the finger quite round this body and up to the fundus, where the point of attachment was found to be. There was bloody and mucous discharge, and she suffered much from bearing down. It was clear she was suffering from a pediculated fibroid polypus of the uterus.

The patient and her friends consenting to its removal, I went over to Exeter again, in a few days, meeting there Drs. Reed and Vaudry, who kindly came up from Plymouth to assist me. Dr. Vaudry anæsthetized the patient with A.C.E. mixture. A vaginal douche of (1-3000) perchloride of mercury was given as a preliminary. The tumour was then pulled well down, by volsella, and the womb got low enough for the necessary manipulations. A strong platinum wire loop was put over the tumour and slipped up past the cervix to the fundus, where it was screwed home on the pedicle at its point of origin from the uterus. I used a powerful ecraseur, made by Meyer and Meltzer, in which the loop of wire worked, and this was now connected with an electro-cautery battery and the current turned on. The revolving wheel was slowly worked so as to give ample time for searing through any large vessels which might be cut, for as the neck of the polypus was large, it was possible that a too rapid section might entail hæmorrhage. The neck being, however,

slowly divided, very little blood was lost—not more than two drachms in all. The growth was thus gradually cut through at its neck and removed. It was a typical pear-shaped, dense, fibroid polypus, firm and compact in structure. It measured two and three quarter inches long by two inches across at its inferior and largest diameter.\*

An iodoform suppository was put in and secured with a tampon. Arnica was given her internally. In a few days I received a favourable report from Dr. Woodgates. There had been no bleeding or trouble of any kind. She slept much better than she had been used to do—the temperature had been always below 100°, and was then normal. At first the use of a catheter had been necessary. Seven months later she was reported as quite healthy, and having “lost all her old anæmia.” The result was here eminently satisfactory. The patient was quite unusually exsanguine, and at the time of the operation appeared to have hardly any more blood to lose.

She could not have continued much longer at the rate she was then going down hill—she was reduced to a pitiable degree of abject nerve and muscular debility.

The removal of the growth stopped all this, and promptly reversed the order of things. She at once responded to a tonic line of treatment, medicinal and dietetic, rapidly gaining colour and strength.

I have a high opinion of the electro cautery incandescent loop in a case such as this, where one cannot be sure that there may not be large vessels in the pedicle of the tumour. Its hæmostatic action is just what would be desired, and is thoroughly attained when the loop of heated wire is very slowly drawn tighter, so that plenty of time is allowed for the sealing up of each vessel as it is divided. As one cannot see the process, the test is to have a gentle fizzling sound produced, such as the hot wire will cause when, at a dull red or black red heat, it presses on the constricted neck of moist tissue which it is incinerating. When it is certainly known that large vessels are in the pedicle, and very thorough searing is necessary, I have found a distinct advantage, whilst dividing the tissues, in occasionally

\* Specimen shown.

cutting off the electric current. and then again turning it on *without at the same time tightening the loop*. This manœuvre more completely hardens the soft parts, and-coagulates the blood and moisture in the tissues. More over, in a septic cavity like the womb is when it contains a polypus, the action of the electric fire is advantageous over cutting instruments, in that it leaves no raw surface for absorption, and hence lessens any after-danger of infection and septic phlebitis.

CASE VI.—Miss L., a slight, rather delicate young lady of thirty-five, of a rheumatic tendency.

Under treatment, two years previously, for rheumatoid arthritis of hand which she appears to have quite got the better of. For the last eleven months has been troubled with menorrhagia.

The first thing she observed was that the menstrual period was prolonged and lasted about three weeks as a discharge of light, thin blood. Under millefol. and sabina this passed off. She was only seen occasionally as she lived at some distance, and for a time their own local doctor had her in hand.

Then she turned up again complaining that the “period,” after apparently stopping, had returned and was lasting off and on indefinitely. She got Trillium 1x, which helped matters, and seemed satisfactorily to check the flow. So she went on through the summer and by staying in bed for the first day of each monthly time, and continuing Trillium, she got along without much loss and did not seem to be pulled down or unduly lowered. Her periodical condition though free was not more than what many normally go through and might, it seemed, be fairly accounted for by her arthritic temperament. At the same time, I did not feel satisfied, and told her mother that if this hæmorrhage recurred I must have an examination to clear up the case.

Up to this time such loss as she had had always yielded to treatment, and the effects produced upon her constitution were not such as to make it evident that it was injuring her. These two circumstances justified me, I considered, in postponing an internal examination on an unmarried woman. However, shortly after this, the hæmorrhage recurred, and I went over and examined the

patient. I found the parts extremely dense and rigid, a very narrow vagina, and the cervix high and difficult to reach. Grasped firmly by the cervix was a firm round body, protruding through the os uteri into the vagina. I was just able, beyond it, to touch the pedicle, apparently springing from the uterine wall, near the internal os. I explained to the mother that her daughter had a fibroid polypus of the womb, which was causing the bleeding, and that it should be removed. After some consideration consent was obtained, and the patient transferred to a nursing home. In order to relax the rigid genital passages vaginal injections of warm oil were given the night before, and at the same time the bowels thoroughly cleared by enemata. For the sake of its relaxing effect it was deemed best to use a general anæsthetic, and a mixture of chloroform and ether was given, under which the patient went very gradually. My brother, Prof. Cash, and nephew, Mr. Arnold Gray, were present, and gave me the benefit of their assistance. The patient was fixed in the lithotomy position, a duck-bill speculum was passed, and the growth thoroughly exposed. The parts were, however, extremely rigid, and still needed dilatation. A bi-valve speculum was therefore used, and by opening the blades with the screws, the necessary room was obtained.

With a strong pair of long double-jointed forceps I endeavoured to get a hold of the pedicle, but after several trials failed to get a firm grip, the blades, perhaps, were too short to grasp the whole neck of the growth. Firm traction by means of a volsellum brought the polypus by degrees well down to the vulva, and it was held there while the wire loop of a Hicks' snare was slipped over it and insinuated up to the pedicle, and by gradually tightening the screw this was divided and the growth removed. The cervix retracted, and passing my finger well up I was unable to feel anything against the wall. The point of attachment was from the uterus just above the internal os anteriorly and to the left. Very little bleeding occurred. The electric lamp was turned on the os for a few minutes, but nothing passed and firm pressure above failed to show any hæmorrhage.

A Hemisine enule,  $\frac{1}{4}$  grain, was put into the cervical canal and tamponed in with sterilized gamgee tissue. Not

a stain of hæmorrhage was visible afterwards. The tampon was withdrawn the same evening. Arnica was given internally every hour.

In seventeen days the catamenia came on and lasted five days, quietly and naturally, a normally moderate flow such as was usual to her in former years, and entirely unlike any period she had had during the preceding eleven months.

The growth, on examination, proved to be a smooth fibroid polypus with the usual dense structure similar to a uterine fibroid tumour; the section, white with wavy, retractile tissue, felt grating on cutting almost like scirrhus, the cut sections showing strongly convex\*.

As to the nature of the polypi. In my six cases, two were fibroid, three were mucous or muco-cellular, and of one I do not find it clearly stated, but, probably, it was mucous in structure.

The pre-eminent symptom was bleeding. In five of them specially so. In one (the first), cervical catarrh and prolapsus were chiefly complained of, but this lady was an invalid who had lead a very inactive life, which probably accounted to some extent for the fact.

In four of the cases menorrhagia or metrorrhagia (for strictly speaking both were present) co-existed with the menopause and complicated it. The average age of the women when they came under treatment was forty-nine, but this average is made higher than it would have been because of the greater age of Case V., where the hæmorrhage had certainly prolonged, as well as increased, the ordinary menopausal flow considerably beyond the usual time. Of the others, one was aged sixty and had passed the menopause before the flooding began. The other was a comparatively young woman of thirty-five, the youngest of my cases. On the whole the worst hæmorrhages were met with in those cases where the polypus was mucous rather than fibroid, which I am inclined to believe is the usual experience.

Where, however, these latter growths attain a large size, they may, doubtless from the turgescence of the uterine mucous membrane which they cause, set up a quite extraordinary bleeding.

\* Specimen shown.

No great difficulty was met with in the removal of these growths.

The last case certainly appeared as likely to be so, on account of the extreme rigidity and length of the vagina, making access to the tumour difficult. Dilation, however, was finally well brought about.

The result in all of the cases was entirely satisfactory, the hæmorrhage in each disappearing completely and promptly on the removal of the polypus, and a marked change for the better being established in the health and strength of the women.

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AN ADDRESS ON THE RELATION OF ANGINA PECTORIS AND ALLIED CONDITIONS TO AN ARTERIO-CARDIAC REFLEX HAVING ITS ORIGIN IN THE ABDOMEN.

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(Continued from page 154.)

CASE II.—*Condition allied to Angina, showing the Stimulation of the Arterio-Cardiac Reflex by Digestive Disturbance.*

This case might be classed as angina sine dolore, but I use it as an example of conditions allied to angina pectoris, in which hypersensitiveness of the abdominal reflex gave rise to phenomena of considerable interest and importance.

The patient, aged 68, was a member of one of the learned professions, and had spent many years in the tropics. I saw him in November, 1904, during convalescence from an influenzal bronchopneumonia, and was informed that on the afternoon of the previous day between 4 and 5 o'clock he had had a "fainting attack," in which his face became pale, he broke out into a cold perspiration, and the pulse was imperceptible. The nurse had been greatly alarmed, as she thought the patient was dying. He soon, however, rallied from this, and I saw him in the afternoon of the following day. It is unnecessary to enter into the

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details of this case at this stage, beyond saying that when the medical attendant and I enquired fully into his dietary it was found to be very faulty, and he was forthwith put upon a comparatively austere regimen.

He had no similar attacks during the following days, but he often spoke of an attack as impending, and he apparently expected an attack about 4 o'clock in the afternoon. It was thought by his family and the nurse that this was pure nervousness, and an expression of the pessimistic view he tended to take of his condition. Five days later I again saw the patient and obtained from the nurse the statements on which the preceding account is based. I was waiting by the patient's bedside for his medical attendant to arrive, and thought the patient, who was sitting propped up in bed, looking well, for his colour was good. His pulse was 80, soft, small, and feeble. The respiration, however, showed a long deep breath often with a little sigh, followed by several quiet inspirations; it was distinctly "cerebral" in type, and it made me somewhat anxious. I asked the nurse to give him half an ounce of whisky in water, although he had had a couple of drachms shortly before, as I wanted to see the effect it would have upon the pulse and respiration. The effect was unexpectedly striking and even alarming. In a few seconds the pulse altered greatly in character: the artery very plainly tightened up, becoming smaller and harder, and the rate varied within very wide limits. It was frequently 88 per minute, then it would run up to over 100, and again sometimes fall even to 40. Along with this sudden irregularity in the pulse rate there were equally pronounced respiratory and cerebral phenomena. Lying with his eyes shut the patient seemed to fall asleep, and the breathing was so quiet and shallow that only on close attention could it be seen that he was breathing at all. Then he wakened up with a start and a groan, followed by some deep breaths. This series of phenomena went on with perfect regularity as long as he was not spoken to, each part of the cycle only lasting some seconds. When asked on awakening what was the matter, he explained that he had become unconscious, and had been dreaming that he was falling down a precipice, or passing through some equally unpleasant experience, often in company



with some old friend long dead. He spoke of these attacks as "delirium," and insisted that the present was only an exaggeration of what he had experienced every afternoon, and to which reference has already been made. He could be kept awake by speaking to him, and he preferred being spoken to, because, as he said, it helped him to fight against the attacks. When he woke up from the nightmare his words were sometimes incoherent and unintelligible for a few seconds, but he rapidly regained complete self-possession.

This alarming and curious condition lasted about an hour. It had come on about three hours after lunch, which had consisted of a chop, spinach, and one potato. Some time after that he had had milk and hot water and two drachms of whisky in lieu of afternoon tea. When the patient's condition was as has been described, I asked the nurse to make some tea, and he was given two-thirds of a moderate-sized cupful of this. The attack had completely passed off by the time the doctor arrived; the pulse had returned to the condition it was in before the attack, the breathing was regular, and he was quite calm and self-possessed. When the next meal came he was quite able to feed himself. I had no doubt the patient's view was correct that the symptoms shown this particular afternoon were only an exaggeration of the afternoon symptoms which he had spoken of, but which no one with more understanding than a nurse had witnessed. The doctor had called at various hours for the purpose of observing the attacks, but the stimulus of his visit appeared to be sufficient to postpone them.

#### *Comments.*

The phenomena in this case were very striking, and the symptoms could only be regarded as indicating an anxious condition of matters. The fact that they threatened chiefly in the afternoon, and had so far lasted only for a comparatively short time each day, was reassuring; while the time of their occurrence suggested a connection between the symptoms and the stage of the digestion of the mid-day meal, which was the principal meal of the day. Suspicion was all the more strongly directed to this view by the fact, of which I had no doubt,

that the attack I witnessed was precipitated or intensified by the half ounce of whisky given at my suggestion. The immediateness of the effect was startling: it gave the impression of being produced the moment the draught reached the stomach. It was indeed impossible to escape from the conviction that the phenomena pointed to the production by the alcohol of a peripheral gastric irritation or stimulation, which precipitated or intensified a condition which was already threatening. On this assumption the local irritation must have been followed by a very prompt reflex effect. The impulse communicated by the sensory nerves of the stomach to the vasomotor centre must have stimulated that centre so as to increase its vasoconstrictor action, the result being the hypertonic contraction of the radial artery which was so markedly present. This stimulation of the vasomotor centre must have also told in some way upon the cerebral blood supply, judging from the cerebral manifestations which were present. That even the motor area of the brain was involved was shown by the occurrence of muscular twitching and starting of the limbs, especially on the right side, when the other cerebral manifestations were at their maximum. The respiratory centre, as shown by the great respiratory irregularity, shared in the perturbation; this association, however, is of common occurrence. That the attack should have passed off as it did, without any therapeutic measures being taken beyond the administration of a few ounces of tea infusion, only strengthened the view that it had been determined by peripheral conditions of a temporary kind; that, indeed, the true cause of the trouble lay in an error in the digestive process at this particular period after the mid-day meal.

The diet was altered in some of its details, and for an afternoon or two the patient was given a dose of one of the commonly-used vasodilators as soon as the symptoms threatened to come on. He had no more attacks; his recovery was complete, and he has returned to his duties in the East.

CASE III.—*Anginous Paroxysms First Appearing on Physical Effort: Influence of Emotion and of Diet.*

This patient was a public servant, whom I saw in July,

1905. He had suffered for some time from attacks of typical angina pectoris, commencing with pain referred to the heart. This symptom first appeared when he was hunting, and so constantly reappeared when he attempted to follow the hounds that he had to stop doing so. He had had one or two attacks of great severity during the night, in at least one of which it was thought he was to die. He had been treated with considerable success by an eminent Irish physician. He carried about tabloids of trinitrin in his waistcoat pocket, and had been taking potassium iodide for some time. His condition had become practically stationary; hunting was out of the question; he could only walk on level ground; the slightest hill, or the slightest hurry, produced a breast pang, which arrested further activity. When I first saw him he was having a slight attack almost nightly, soon after midnight, and at that time he usually took a tabloid of trinitrin. He claimed to be a small eater, and his daily wine consumption did not exceed two or three glasses. His dietetic habits had not been seriously enquired into, and had not been altered. He had been told that the artery of his heart was rigid, and he and his family were dwelling under the shadow of the fear of sudden death at any moment. On examining him I found that the heart was slightly enlarged, the dullness reaching to the nipple line, but the sounds were clear and pure at apex and base. The pulse was regular, of good strength, and gave no indication of an enfeebled myocardium. The vessel wall was not much thickened for a man of his age, and in view of the arduous life he had led at home and abroad; there was no albumin or sugar in the urine, but it tended to be scanty and high-coloured. The bowels were acting, but not freely, and his conjunctivæ indicated "sluggish liver." The question here, as in Case I., was whether anything could be done to carry improvement beyond the point it had reached. I was again fortunate in witnessing a slight attack in this patient. When I was examining into the state of his heart and vessels, which under the circumstances I was doing with great care, and not hurriedly, he became a little agitated and informed me that he was having a slight attack, with the usual feeling in his heart. On putting my finger on the radial pulse it had become markedly

hypertonic. In a very short time the hypertonic spasm relaxed, and the heart sensation vanished.

Here was another instance of the pain and anxiety of angina, assuredly due to arterial spasm. There seemed to me, further, no doubt that the measure of emotional disturbance aroused by the medical examination had induced the attack. There was, therefore, no doubt as to the existence of marked vasomotor sensitiveness. As the patient was already taking potassium iodide more or less regularly, and trinitrin when threatened with a paroxysm, I felt that not much benefit could be expected from further medicinal measures. Guided again, therefore, by the theory that this vasomotor sensitiveness owed its origin to the circumstances and conditions of the alimentary system, I strongly advised that all wine should be stopped, and that other changes be made in the diet. The progress of the case need not be enlarged upon; it is sufficient to say that the patient made marked improvement in every respect.

CASE IV.—*Angina with Gastric Disorder: Attack caused by Palpation of Epigastrium.*

This was a female patient in the Royal Infirmary, who complained of attacks of pain in the chest, over the precordia, with shortness of breath and of indigestion and pain in the epigastrium. The heart was weak and somewhat dilated. I mention this case on account of an experience I had in connection with it somewhat resembling an incident noted in Case I. On examining the patient's abdomen I found that there was surface hyperæsthesia in the epigastrium, as is common in some forms of gastric disturbance; and as I was gently palpating the region, I noticed the patient's face become pale and expressive of anxiety and discomfort. I at once put my finger on the pulse, and asked her what was the matter; she replied that the pain in her chest had come on. The radial artery had become markedly contracted and hardened. As the hypertonic spasm of the artery relaxed the heart discomfort passed off.

CLINICAL PATHOLOGY.

We are now in a position by gathering up our separate points to explain the whole clinical pathology of angina

pectoris. In the first place there may or may not be a morbid anatomy. When present, it varies so widely in different instances that, from the earliest times to the present, many physicians have refused to accept any anatomical change as sufficient to explain the phenomena. Whenever this is the state of knowledge it will be found that men turn to that scapegoat of all that is unknown—the nervous system.

In attempting to interpret the phenomena of angina pectoris, I shall begin with an illustration of the simplest form of angina. Tobacco poisoning, from smoking, is commonly recognized as the cause of a form of angina pectoris—a toxic angina. It so happens that I can give myself tobacco angina by smoking strong tobacco. The symptom which arouses me to the fact that I must put my pipe aside is a sense of constriction at the heart, a feeling as if it were grasped; it is not a very unpleasant sensation, but it gives one the impression that it only required to be much intensified to make the dolor pectoris to be avoided, whatever self-denial it required. The heart discomfort is accompanied by a hypertonic contraction of the radial arteries. Discomfort and hypertonus disappear together. If I am told this is a neurosis, all I can reply is, if it is, opium poisoning, or tetanus, is also a neurosis; and that I do not look at morbid processes from that standpoint.

Whatever the degree of intensity the heart-pang may reach, it is, I believe, always the result of a *sudden* embarrassment of the myocardium, and usually and chiefly that of the left ventricle. This sudden heart embarrassment, varying widely in degree and intensity, is the one fact common to all the divisions or subdivisions under which all cases have been classed. The *angor animi*, which also varies in degree, is, I think, common to all sudden heart embarrassments, which fall short of being so immediately fatal that there is no time for the development of such sensations.

This heart embarrassment is, as Mackenzie has quite recently pointed out, an “impairment of the function of contractility.” This is the modern expression of what Parry meant by “syncope.” It is to this condition, associated with pain, that Rosenbach confines the term “stenocardia.”

The impaired contractility is due either, in the first place, to the sudden strain put upon a feeble myocardium by general arterial contraction, or by a call for increased work; or, in the second place, to a myocardium feeble, not from anatomical changes in it, but temporarily so, from deficient blood supply, the result of the participation of the coronary arteries in a general arterial spasm.

The cause of the sudden heart embarrassment in the vast majority of cases is the arterial hypertonic contraction, or spasm contraction, we have been considering; the latter term indicating the more sudden and severe degrees of contraction. Even toxic conditions only give rise to angina when the factors indicated are present.

By means of the cases reported I have endeavoured to illustrate the remarkable relations which exist between the digestive system, or the materials introduced into it, and the general arterial system. I have also shown that conditions having their origin in the abdomen can induce a hypersensitiveness of a normal vasomotor reflex, which becomes apparent as arterial spasm, whenever the exciting conditions are sufficiently pronounced; and that when those conditions are altered the arterial spasm disappears.

As I have already indicated, the arterial spasm may be determined by direct irritation of the stomach. In two of my cases the spasm and its accompanying paroxysm of angina were caused by palpation of the epigastrium. This illustrates the well-known nerve connection between surface and viscera—gastric disorders frequently causing surface hyperæsthesia, while in these two cases the surface stimulus produced the same effect as if a stimulus had been applied directly to that viscus.

The stimulus is also provided by the substances taken into or absorbed from the alimentary tract. These substances exercise a supreme influence in producing and in maintaining the hypersensitiveness of the vasomotor reflex, and therefore of the vasomotor centre.

This *hypersensitiveness of the vasomotor centre* will explain what has long been recognized—that paroxysms of angina have as their main determining cause physical effort, mental emotion, or digestive disturbances.

### THE UNIFYING PRINCIPLE.

By the application of the facts I have brought under review the group of symptoms known as angina pectoris can be satisfactorily explained, no matter how diverse the conditions may be in which it occurs. It explains the occurrence of the symptoms without anatomical change, while at the same time it shows the importance of the presence of anatomical changes in the coronary arteries, or in the myocardium. In this connection it must always be borne in mind that even calcareous coronary arteries are not calcareous to their finer subdivisions, so that in this condition, as well as in the varying degrees of arterio-sclerosis, the power of spasm contraction is not lost—may indeed be intensified. It gives to the nervous system its due place in the production of the phenomena.

To illustrate the production of a paroxysm by mental emotion or physical effort, let me refer to Case III., in which slight emotional disturbance or slight exertion had the effect of inducing a paroxysm. The connection between the emotional centres and the vasomotor centre is a normal one and constantly active. In this case a normal emotional impulse acted upon the hypersensitive vasomotor centre, resulting in the arterio-cardiac phenomena of angina. This was no abnormal excitation of any emotional centre. It was a normal excitation passing on to an abnormally sensitive vasomotor centre. The vasomotor centre in this same patient was equally influenced by slight physical effort; it was not the voluntary muscle centres, nor the nerve endings in the muscles, which were unduly sensitive, but the vasomotor centre to the normal influences resulting from voluntary muscular effort.

By the cases reported I have also shown that this hypersensitiveness of the vasomotor centre, even in grave angina pectoris, can be reduced, controlled, or even removed by dietetic measures, with the result that the anginous seizures are removed or greatly modified. In cases where the arterial spasm is associated with great anatomical change, either in the myocardium or in the coronary vessels, absolute cure can hardly be looked for; but in all cases the symptoms of angina pectoris may be much ameliorated by accepting, as a working hypothesis, the propositions I

have ventured to submit, and conducting the treatment in accordance with what they indicate.

There was need of a principle which, when applied, would explain the phenomena in each of the various groups into which the disorder has been divided. There was abundant clinical experience showing the remedial effect on the paroxysm of vasodilators; but the only explanation of the arterial spasm which up to the present time has been offered has been, to use Sir R. Douglas Powell's words, that of a "pure neurosis of the cardiovascular system."

Owing to the varying degree of intensity of the symptoms I would suggest that in classifying the cases the simplest distinction might be found in the terms "angina pectoris major" and "angina pectoris minor," the former being confined to those cases in which there was believed to be permanent anatomical changes in the heart or its vessels.

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## REVIEWS.

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*Refraction, including Muscle Imbalance and the Adjustment of Glasses.* By ROYAL S. COPLAND, A.M., M.D., Professor in the University of Michigan; and ADOLPH E. IBERSHOFT, M.D., Instructor in the University of Michigan. Philadelphia: Boericke & Tafel, 1906.

As indicated in the preface, this is an eminently practical book, placing, by the omission of much theory, and by terseness and conciseness of expression, a difficult subject in a clear manner before the student of ophthalmology. The reviewer has read the book with much interest, as every sentence tells, and every page teems with practical teaching, which teaching, however, may be said to be distinctly didactic. Having mastered its contents it would be necessary for the advanced student to go to one of the larger works on the subject in order to understand the theoretical part of his work.

Some of the terms used are not those current in this country: hyperopia, astigmatia, and muscular imbalance sound strange to British ophthalmologists. The authors apparently teach that the testing of vision by the subjective method—a method dependent in every case upon the replies of the patient to the questions of the examiner—should first



be instituted, and that the confirmatory (objective) tests should follow later. It is, however, in actual practice much more satisfactory, after testing and noting the visual acuity, to start at once on the objective examination. These objective tests, of which retinoscopy is the best known and most frequently applied, depend solely on the examiner, and the first glance through the ophthalmoscopic mirror, as used in retinoscopy, reveals at once the refractive error, as well as the transparency or otherwise of the cornea, lens, and vitreous. When the final results by this method are obtained, then they can be confirmed by the subjective test of the lenses in the trial case. The authors speak favourably of orthoptic training in muscular imbalance by prism exercises, but give no limit as to the normal power of abduction and adduction of the ocular muscles, an important point to remember when instituting a course of exercises for the development of the weakened muscle. The illustrations are good, and of a somewhat unusual character. The book is an excellent one for any one beginning refraction work in an ophthalmic clinic.

*Hæmorrhoids and Habitual Constipation*; their Constitutional Cure; with Chapters on Fissure and Fistula. By John H. Clarke, M.D., Consulting Physician to the London Homœopathic Hospital. Second Edition, revised and enlarged. London: John Epps & Co., Ltd., 1906.

A second edition of this work having been required, owing to the exhaustion of the first, is an indication of its popularity. The chief point that Dr. Clarke develops is the curability, without operation, of the majority of cases of hæmorrhoids that come under the notice of the physician. It is a very important matter to insist on, since, such is the vogue now-a-days in specialism, that many patients suffering from piles got the surgeon at once instead of to the physician. In the old school there is practically no treatment to suggest other than operation, while, with careful homœopathic treatment in the hands of the physician, many cases can be cured entirely, while others that are not absolutely cured are so relieved that the piles cease to give any trouble. That piles are constitutional and not merely local, and are only a local manifestation of constitutional disorder, is manifest to all who take the trouble to think the matter out, and Dr. Clarke has done well in bringing forward this fact. He gives a number of excellent and interesting cases to support these correct views. The

chapter on constipation is interesting, as homœopaths know well that this is quite curable by homœopathic medicines, while the public is taught at present, by wide advertising, to use the hundred and one allopathic purgatives, which do not in the least cure, but often only aggravate the trouble. Other chapters are taken up with cases of fissure and fistula. In fact this work largely consists of illustrative cases, and we have no doubt that this second edition will be as popular as the first one. If it succeeds in bringing into general notice the main aim of the book, it will have done a great service to the public, and we may add to the profession as well.

*International Homœopathic Medical Directory, 1906.* London : Homœopathic Publishing Company.

We have received the 1906 number of the Directory, and we again welcome it, as it is essential for strangers visiting London, and travelling abroad, who otherwise would not know what homœopathic practitioners there are in the United Kingdom, and in foreign countries. There are several new names in this directory, and we think that those who still refuse to insert their names stand in their own light, and do not aid the cause of homœopathy by so doing, but the reverse. The lists of our Colonies and Dependencies, and of all foreign countries, are given under the direction of representative men who are good enough to take charge of this department, and they, no doubt, are accurate and correct. There is a considerable addition to the list of our American cousins, and we think that each year they will increase in numbers, as they ought to do. We hope it will have a large and increasing circulation. It is excellently got up, and reflects credit on the Editor and publishers.

## MEETINGS.

### BRITISH HOMŒOPATHIC SOCIETY.

THE sixth meeting of the Session (1905-6) of the British Homœopathic Society was held at the London Homœopathic Hospital, on Thursday, March 1st, 1906, Dr. A. E. Hawkes, President, in the chair.

#### THE LATE DR. HAWKES, OF RAMSGATE.

A feeling reference was made by the President to the death of Dr. Hawkes, of Ramsgate. Dr. Hawkes' presence was

always appreciated by the members of the Society, and in his comparatively early removal homœopathy had lost a true friend. Dr. Burford proposed, and Dr. Dyce Brown seconded, a resolution of condolence and sympathy with Mrs. Hawkes in her bereavement, which was carried unanimously.

#### HOMŒOPATHY IN GERMANY.

Dr. Kranz, of Homburg, gave an interesting short account of the present status of homœopathy in Germany. The number of practitioners at present is 310. There are three hospitals, and large polyclinics for out-patients in various towns. A society, newspapers, and periodicals represented the scientific and literary aspects of the subject.

#### NEW MEMBERS.

The following gentlemen were elected members of the Society: James Eadie, M.B., Ch.B. Glasgow, of 7, Upper Woburn Place, London, W.C.; Thomas Henry Barnes, M.D. St. And., M.R.C.S., L.M., L.S.A., of 148, Lavender Hill, London, S.W.

#### SPECIMENS.

The following specimens were exhibited: (1). A specimen of calculous pyo-nephrosis, by Mr. Knox Shaw. (2). Carcinoma of pancreas diagnosed during life and confirmed by presence of Cammidge's reaction of the urine, with microscopical section of same, by Mr. Frank Watkins. (3). Hydro-salpinx adherent to scar after vaginal hysterectomy performed for carcinoma uteri five years ago. Recovery. And (4) bilateral ovarian hæmatoma with multiple small myomata uteri. Recovery. By Dr. E. A. Neatby.

#### SECTION OF MEDICINE AND PATHOLOGY.

Under the auspices of this section Mr. Dudley Wright, F.R.C.S. Eng., read a paper on "The use of Light Energy in Therapeutics," of which the following is a short abstract:—

By way of introduction, Mr. Wright mentioned some considerations regarding the power and mode of action of light energy. He referred to the antiquity of belief in the value of its beneficial action in all states of ill-health. Persians, Brahmins, Buddhists, Hindus, Jews, all speculated upon its nature, and experimented with it. The modern scientific application of light dates from the middle of the nineteenth century when Dr. S. Pancoast and General Pleasanton, in America, began using blue and red light for the treatment of diseases. This was carried on by Babbitt, of New York.

and later by Finsen. Mr. Wright referred to the effects of light upon the circulation, the blood, and general metabolism, the effect of light upon the latter taking place through the blood. The chief methods of applying light energy in treatment are by (1) the direct solar rays; (2) the arc light; (3) the incandescent light; and (4) the mercury vapour lamp. These methods were described and illustrated by lantern slides, and practical demonstrations. The chief diseases in which light treatment is indicated are tuberculous states, neurasthenia, anæmia, and chlorosis, as well as eczema, nasal asthma, nocturnal enuresis, and diabetes. The incandescent light baths are chiefly useful in diseases of metabolism and toxæmias. On the use of chromo-therapy, Mr. Wright sums up as follows: "Maniacal patients are treated by confinement in blue-lit rooms, and the excitement rapidly declines. Conversely, melancholic patients are placed in cheerful red and yellow rooms. Anæmic and chlorotic patients are treated by red light. In cases of local diseases, excess of action such as inflammation, as well as local neuralgias, are treated by concentrated arc or sun-light filtered through blue glass. One of the most modern applications of light is that of the ultra-violet rays by means of the mercury vapour lamp. A patented preparation termed Uviol has done away with the impenetrability of ultra-violet rays, so that now a ten minutes' application of the new lamp at close quarters will produce marked erythema of the skin." The lamp finds its chief use in skin lesions, but on the basis of the sedative effect of blue rays, Mr. Wright has succeeded in quieting a pulse of 130 in a case of exophthalmic goitre, down to 98, in ten minutes, and other symptoms were relieved.

The paper was well received by the Society, and a discussion followed, taken part in by Dr. Hawkes, Dr. Jagielski, Dr. E. A. Neatby, Dr. Byres Moir, Dr. Madden, Dr. Roberson Day, Dr. Beale; and Mr. Dudley Wright replied.

## NOTABILIA.

### ON THE TREATMENT OF ECZEMA IN CHILDREN.

VAN der Stempel, of Amsterdam, agrees with most French authorities in regarding viola and dulcamara as the chief remedies, especially in impetigo. He uses them in the third decimal dilution. He says both remedies in his hands have answered remarkably well both for the eruption and for the accompanying enlargement of the lymphatic glands.

The other drugs which he employs are:—

*Antimon. Tartar.* 3x, especially in impetiginous eczema; “vesicles surrounded by a red areola, especially on the nose, eyebrows, ears, neck, and shoulders.”

*Arsenicum* 3x; “spreading eruption, with burning feeling and open places”; of use more especially in chronic cases.

*Hepar Sulph.* 3x; in chronic cases.

*Mercur. Sol.* 6x; “bright-red eruption, burning pain, brown scabs, swollen glands.”

The internal treatment may be supplemented by the outward application of remedies, e.g., ten drops of tinct. of croton tigl. 1x in 100 grams of distilled water may be used for bathing the affected part once or twice a day. Or, in place of this liquid, we may use an application consisting of 20 drops of ol. croton tigl. mixed with 50 grams of olive oil. When the head is involved the hair must be kept cut short, and the head itself washed with a pure superfatted soap after the crusts have been carefully removed.

If the skin is very much inflamed, then an ointment of basic nitrate of bismuth, 1 gram in 50 grams of lard, can be employed.

In *impetigo* the crusts may be removed with salad oil or with warm vaselin. Beyond this the treatment is the same as for chronic eczema.

In *intertrigo* the affected parts should be carefully washed with lukewarm water and then carefully dried, preferably with absorbent cotton; this may be done two or three times a day. Where the surfaces of the skin are in contact it is well to lay between them a piece of linen moistened with a solution of 5 drops of tincture of calendula in 100 grams of distilled water; or, in very severe cases, with a mixture of 1 gram of hydrastis, 5 grams of glycerin, and 5 of water: now and again powdering with talc acts very beneficially.

The greatest cleanliness should be always observed. Baths and rubbing of the skin which remains healthy are very advisable. The water used must be soft (rain water or distilled water). Green vegetables and fruit are of great importance in the diet.—*Homœopathisch Maandblad*, February, 1906, p. 109. J. G. B.

We regret that, through an oversight, it was not stated that the translation of the paper on Pyrogenium, by Dr. Boeckh of Stuttgart, in our March issue, was from the pen of Dr. Blackley, to whom we offer our apologies and thanks. Eds. *M.H.R.*

## BRITISH HOMŒOPATHIC ASSOCIATION.

## FESTIVAL DINNER.

Held at the Great Central Hotel, on Wednesday, March 14th.

The Festival Dinner was a great success from every point of view. There were nearly 130 present, among whom were the following:—

The Right Hon. the Earl Cawdor, Sir George and Lady Wyatt Truscott, J. P. Stilwell, Esq., J.P., and Mrs. Stilwell. Col. James Clifton Brown, C. A. Russell, Esq., K.C., and Mrs. Russell, J. Carlton Stitt, Esq., Frederick Ames, Esq., H. J. T. Wood, Esq., J.P., and Mrs. Wood, John Mews, Esq., and Mrs. John Mews, C. A. Kelly, Esq. and Mrs. Kelly, Madame Van de Velde and Miss Van de Velde, Miss Spensley, The Misses Raffles, Wm. Penfold, Esq., Dr. J. Roberson Day and Mrs. Day, Dr. E. A. Hall and Mrs. Hall, Dr. G. Burford and Mrs. Burford, C. W. A. Stewart, Esq., and Mrs. Stewart, Dr. E. M. Madden and Mrs. and Miss Madden, Dr. Byres Moir, C. Knox Shaw, Esq., H. Just, Esq., C.B., H. C. Thompson, Esq., H. J. Kluht, Esq., L.D.S., E. H. Thirlby, Esq., and Mrs. Thirlby, Dr. Pulla, Dr. Spencer Cox and Mrs. Cox, Dr. D. Dyce Brown, Dr. John H. Clarke and Mrs. Clarke, Dr. Cooper, Dudley Wright, Esq., F.R.C.S., Dr. James Johnstone, Dr. Sydney Gilbert, Dr. and Mrs. Renner. The following sent regrets for unavoidable absence: The Earl of Dysart, Lady Hartland, Sir Edward and Lady Durning Lawrence, Sir John and Lady Knill, Sir Alexander and Lady Hargreaves Brown, Sir Robert and Lady Hunter, Joseph Howard, Esq., J.P., W. Ryland, D. Adkyns, Esq., M.P., W. Willett, Esq., E. T. M. Dennes, Esq., The Lady Ida Low, W. Melville Wills, Esq., Mrs. Cates, Miss Ford Barclay, Mrs. Fowler, and Henry Manfield, Esq., M.P.

After an excellent and well-served dinner, at which the chair was occupied by the Right Hon. the Earl Cawdor, the President of the Association,

The noble Chairman said: Ladies and gentlemen—Our first toast is one which all loyal Englishmen drink, and needs no words of commendation—nothing but a full bumper. We drink to the health of "The King," the best and wisest of constitutional monarchs, and one of the greatest safeguards of European peace. Gentlemen, the health of His Majesty the King.

The Chairman: Our next toast is one that commends itself equally with all others. I have to give you the toast of "Her Majesty the Queen, the Prince and Princess of Wales, and the rest of the Royal Family." No one in this country

can mention the toast of her Majesty the Queen without feeling at once that tenderness of sympathy which she well appreciates, I am sure, in the hearts of her subjects, when asking to be allowed to join with her in feeling that sorrow which has come into her life by the death of her revered and esteemed father. We venture to tender to her Majesty our respectful and loyal sympathy. We know what a happy home life they have had for many years, and trust her Majesty may be helped to bear her sorrow, remembering how happy she has made her father's home for many years past. We turn then to the Royal Family—the hardest-worked of all His Majesty's subjects. We watch with interest the tour that the Prince and Princess of Wales are taking in India. It sounds to some of us a very charming tour, but how many of us could bear the daily work which that tour has meant to their Royal Highnesses—day after day deputations, entertainments, and ceremonies, carried through with a loyal regard for the interests of the great empire, and with a tact simply marvellous towards our Indian subjects, which must endear more than ever to the hearts of the Indian people the great tie binding them and us to their Royal Highnesses. Gentlemen, the Queen, the Prince and Princess of Wales, and the rest of the Royal Family.

The Chairman: Ladies and gentlemen,—it is my duty now to propose to you one of the toasts which affect the business of the evening. I have to deal with a toast which refers to the British Homœopathic Association and the meeting we are holding here to-night. It is entitled: "The British Homœopathic Association: Progress and Prospects." I do not want to make a speech of great length, but I want to touch for a moment or two, if I may, on the objects at which we are driving; secondly, to some extent on what we have achieved; and thirdly, what we wish to do in the future. I may remind you that we established this Association in 1902, for certain definite purposes; first, for the federation of homœopathic interests in Great Britain; also in order to organize local branch associations; to encourage the establishment of cottage hospitals and dispensaries; to a great extent, I think, to endeavour to found an educational establishment, and hoping to carry out much valuable scientific research. Now, what have we done? Since 1902 we have obtained something over £12,000. We want a little more. That is a story for which most of us are prepared. I gather that some mention various figures. We started modestly at five figures, but remarks have been made that we want £100,000. If we pitch our figures high, we are

more likely to obtain a large sum. This Association means to go ahead, I am perfectly sure. I said we have got £12,000. In addition to that we have a promise from our very excellent patron, the Earl of Dysart, of £2,000. I am told also there is an amount on our list to-night of £1,000, obtained through the good offices of Dr. Sydney Gilbert. I do not think I need remind you that is not all we owe to Dr. Gilbert—not only we but the Hospital. He has my own little debt of gratitude in that respect. I do not think the story we have to tell in finance is an unsatisfactory story. I wish it was double the amount, but the amount is growing steadily and well. I think I am right in saying that we received more in 1905 than ever before in one year since the Association was established. Therefore, I talk of finance, not with bated breath or with fear, for things are growing in the direction of finance. I feel we are progressing in the right way, and that we shall get as much as we want. That tells the story roughly as to finance up to the present time. What have we done in consequence? We have invested half of that £12,000, and spent about half in ordinary current work. What is there to show for that work? I think before we get to the actual details we may claim this much. We are much more a really consolidated body. There is a greater link throughout the country than there has ever been. We have to thank heartily many kind friends working for us, and we owe a deep debt of gratitude to the Homœopathic profession throughout the world. There is more interest taken in our annual meetings. Our dinners are not unsuccessful or unpleasant to those attending them. We have some actual work we can lay our hands upon. In January to March this year we had two courses of lectures on homœopathic materia medica. In May, June, and July we had a course of lectures on homœopathic therapeutics. During the summer session there was a special course of lectures by a gentleman whose fame, I believe is world-wide, as a professor and lecturer. I mean Professor Nash, of the State Homœopathic College of New York. We had a series of Wednesday lectures on special subjects, and consultation days special to those giving instruction. We had, besides, lectures to missionaries, which, I believe, does not sound important, but is of great importance and use. Those who have any knowledge of missionary work say that is a work of very, very great use. We had research work, and we have also been dealing with drug-proving, that, I am told, is the life-blood of the science of homœopathy.

I must turn to other subjects, where the ladies, as usual, come to our rescue. The Ladies' Branch has endowed a travelling scholarship, representing special branches of medical study.



I believe it has answered very well. I am told possibly the next scholar is to be a lady. I hope I am not divulging a secret. In South Wales there is need of men doctors. There is also a "Dudgeon Scholarship." We had a very successful fête at Ham House by the assistance of our good friend, the Earl of Dysart. We have a special 1,000 guinea fund for the London Homœopathic Hospital, which we hope to carry out in three years. Lastly, I may mention we have already decided to appoint delegates from the Association to go to the International Congress in America in the autumn of this year. We shall send some medical men to keep in touch with all our friends in homœopathic activity.

Ladies and gentlemen, that, practically, is the story of the past. I have said before, and I say again, that work has been done; and it is work that is growing, and that will grow, if our friends will give us the sinews of war with which to carry it out. Now I must look to the future. I am told I have to speak of that as well as the past. Looking to the future we want, of course, and mean, to carry out the good work. For would-be contributors to our funds, I would suggest there is no dearth of selection. I can mention no less than twelve—in fact, I may mention thirteen—different subjects all shouting aloud for contributions. I can say nothing handsomer to would-be contributors than that. We want to establish centres, where possible, in all towns; and not to forget the country districts. We want to spread our boundaries as far as possible, to increase the number of dispensaries and cottage hospitals. I believe where we have dispensaries, well-worked, immediately there comes a cry for cottage hospitals. There is a need, too, for generally distributing among ordinary people a knowledge of the principles of homœopathy. It is perfectly astounding the ignorance of well-educated men and women on the subject. Much would be done by a pamphlet, clearly and shortly written, to explain to the ordinary public the principles of homœopathy. Then, of course, we want more medical men. We want to stumble across a few millionaires, but it is quite as important to get the smaller people all over the country to give small sums to make the knowledge of homœopathy go ahead throughout the country. I venture to think that the sums we are dealing with are very great, and I think we are absolutely justified in looking forward to the future with the utmost hope. There is much to be done which calls for hard work and for patience. It is no use thinking everything is coming at once; but, if need be, there is a call also for a certain obstinate determination. It is patience which is

going to carry through the work we have to do. This work, ladies and gentlemen, believe me, is worth doing, worth the very highest effort. The ultimate success of it we believe certain; and, in the building up of this great work, we may teach others, in the future, to be proud even to have laid one stone of the whole edifice (Applause).

Sir George Wyatt Truscott: My Lord Cawdor, ladies and gentlemen—It is the first time, My Lord Cawdor, that the members of the British Homœopathic Association have had an opportunity of expressing personally to your lordship the very sincere pleasure with which, a few months ago, they heard of your appointment to a high position in the Government of the country. I think we congratulated ourselves more than ever we generally do, because we felt there was a gentleman of great capacity for business. We regret your connection with that high position has been severed. I am sure, whatever political views we hold, we all hope that, when the party you represent is returned to power, you may once again take up the reins of office. I want to congratulate you to-night upon the story you have been able to tell us as to the progress of our great Association. I am asked to draw the attention, through the toast, "Britain for the British Homœopathic Association," of our visitors here to-night, and the homœopathic world generally, to the fact that this, the British Homœopathic Association, is not the London, or even English, or Scottish, or Welsh, or Irish, but the *British* Homœopathic Association, and, if we accept the modern interpretation of the word "British," it means that this Association is intended to be an educational centre for the whole of his Majesty's vast empire.

Now, my Lord, I have thought, in proposing this toast, as to what I am to say in respect to it. Coming along in the carriage I asked my wife. She gave me a most excellent speech, and I only wish I could have shorthand-written it. Unfortunately, I was not able. You must, she said, try to impress upon the homœopathic world the great responsibility of our empire, and of homœopathy in connection with that empire. It is difficult enough in political matters to get people to understand the vast destiny of the little island over which our Emperor-King rules, but it is more difficult to disabuse their minds of the fact that this Association is not local in its interests, but Imperial. Fortunately I have the pleasure of connecting with this toast a gentleman who will say to you what I ought to have said—Dr. Madden—a name well-known in the medical world of homœopathy, a gentleman we all respect and honour. It is his name I have

the pleasure to associate with this toast. I propose to you the toast of "Britain for the British Homœopathic Association," coupled with the name of Dr. E. M. Madden.

Dr. E. M. Madden : My Lord Cawdor, ladies and gentlemen, I esteem it a very great honour to be chosen to reply to this toast. I can only imagine that I have been selected because I have been a humble agent in introducing to this Association the gentleman who proposed this toast. I can assure you it is with very great pleasure I do it. There is no doubt that this Association should always be considered to be intended for the whole of the British Empire. As far as I know, there is not a single homœopathic doctor practising in England or the Colonies who has had any real education in homœopathy. That is a disgrace to us only in the sense of lacking something. It is primarily with the object of removing the disability and disgrace from British homœopathy that this Association has been formed. When it has completed this object, and we have established a full-blown school of homœopathy in connection with the London Homœopathic Hospital, we shall hope to draw candidates from every quarter of the British empire. In America they have some ten or twelve fully established universities in which the medical faculty is under the charge of homœopaths. Naturally, what we should wish—speaking for myself, what I should wish—to see is that there should be a homœopathic course in every medical school throughout the country. We do not wish to perpetuate our isolation. We wish homœopathy and its practitioners to be a recognized part of the whole medical profession ; and it is not our fault if we are not so. We have been from the very first ostracized, and every attempt to bring about a better state of feeling between us and our colleagues, having no sympathy with homœopathy, has failed. I believe we are nearer to the chance of getting over this difficulty now than ever before. The latest investigations in medicine point with an unmistakable finger to homœopathy, and it is impossible that the great men working on those lines can very long fail to see it. We hope for better things, and, for myself, my sincere hope is that this Association will come on to establish a homœopathic school, giving qualifying diplomas, and our Association as a separate one will no longer be necessary.

C. A. Russell, Esq., K.C. : My Lord, ladies and gentlemen, —It would be a great relief to me, taking a hint from the performance we have just listened to, if I could say my speech would be "continued in our next\*," but I am afraid I cannot

\* Referring to a comic song, sung by Mr. Joseph Blascber.

get off in that easy fashion, but must perform the task allotted to me, and that task is to discourse to you, not, I hope, for very long, upon "Homœopathic Service to the State." Now I confess the idea embodied in that toast is not very clear to me. I have experienced the benefit of a homœopathic doctor, and I have the greatest respect for homœopathy, but it had not occurred to me till this evening to consider homœopathy in its service to the State, and so, not unnaturally, the most obvious service which has occurred to me is that we are all present here to-night. I suppose, in greater or less degree, we owe our presence here to-night, and ability to enjoy this extremely allopathic dinner, that we are in the care of homœopathy. Now, a more particular service to the State, which will bear second allusion, is that we are presided over to-night by one who has served in one of the highest and most important offices of the State. This toast is associated with the name of Mr. Henry Manfield, M.P., who serves the State in the other House than Lord Cawdor. One great point is the entirely non-party character of homœopathy, because, I suppose, that if they were wise enough to try it, homœopathy would cure or kill, with equal impartiality, either Sir Henry Campbell-Bannerman or Mr. Balfour. Trying to pursue the idea to where we can apply homœopathy, it occurs to me, is there a possible remedy for any of the evils we have discussed? Will it, for instance, be possible to cure the crying evil of too much talk by talk in homœopathic doses? One or two other matters we may approach in the same way. One point I would recommend, and by which the most valuable, and invaluable, lessons are taught, is, that the very life-blood of homœopathy is the proving of drugs. And if we can only persuade people to prove remedies before applying them, we might introduce some life-blood into the State, and do it very considerable service. Well, now, I have had placed in my hands a document which brings me to the serious and indeed the only important part of what it is my task to put before you. It is a statement headed: "Homœopathy as a State Asset," and I am going to call your attention to that by saying this: In legal matters we are familiar with what is known as "making statements from information and belief." Now, I do not know of my own knowledge the truth of the statements contained in this paper, but I am going to make them on the information of Dr. Purford. I profess my belief in these statements, and I only hope that in relying on this information and expressing this belief I shall not come under the condemnation I once heard uttered by an eminent judge. He criticised severely the statements made, which

the deponent said he believed. Having read them, the judge said: "He states this on information and belief. He was misinformed and was unduly credulous." Well, now, the first suggestion made to me as showing that homœopathy is a State asset (I will not attempt to explain what is meant by this) is: that in cases of diphtheria a greater percentage is shown to be cured by homœopathy than by allopathy, and the result is established by evidence. It is the same in cases of broncho-pneumonia and acute rheumatism, which perhaps we have all had or will have, and I am sure, if we really believe that, we shall look forward to the coming of old age with more composure than up to the present time. That points out a detail which may not have occurred to you. It is obviously to the service of the State that citizens, when they are sick, should be speedily cured; and, when rendered incapable of doing their part, should quickly be put back into a condition of being able to do that work. This points out with great force the advantage to the poor and the most numerous part of the community. I am sure it does not need any words from me to impress upon this audience, even if you were all bigoted allopaths, that it is a most important service, perhaps the highest service, medical science can render to the State, to bring to the homes of the great mass of the population the means of speedy cure in cases of sickness. There is only one other matter, before I sit down, to which I wish to refer, and I was going to refer to it in particular in connection with the name of the gentleman whom I thought was going to reply to this toast. I must ask your chairman to take upon him the burden of what I think Mr. Manfield would do. It seems to me one service that might be rendered to the State would be this. Homœopaths who are members of the legislature, might consider whether some legislative measure could be framed, if not compulsorily to remove, at all events to facilitate the removal of the barrier between the homœopathic branch of the profession and the allopathic. On the only occasion on which I have ever before spoken in relation to homœopathy, I ventured to deprecate in medicine, as I should in any other matter, any sort of sectarianism, and I hope enthusiasm, which in itself is admirable, will never lead us in a sectarian spirit and make it difficult for us to unite with the other branch of the profession. Anything which would tend to bring about the removal of the division, and make all recognized as brothers of the same profession, would be of the greatest possible service to the State.

Lord Cawdor called on Colonel Clifton Brown to respond.

Colonel Clifton Brown: My lord, ladies and gentlemen, I have been in many curious situations in my life, but never one more curious than I am in now. In the first place, I am not the M.P. supposed to respond to this toast. I may say, if it is any comfort to the gentleman who seems to regret it, I was once in my life an M.P. In the next place, as to the way in which this toast is proposed, "Homœopathic Service to the State," he seems to have some difficulty in recognizing this particular service to the State. I must confess I myself have a considerable difficulty in recognizing how far that service has been useful to the State. I have two sons in the navy; one of them went through South Africa. I do not find in that profession that homœopathic surgeons are admitted even to attend to young men enduring perhaps the greatest hardships that young men have to endure in this life. I have a son in the army who has been through Africa, and I do not see that the homœopathic profession is recognized as it should be in that service. I hope this Association will go on and increase till we can get due recognition in the navy and in the army of the service to the State that homœopathy can give.

Gentlemen, I should like just to say a few words, if you will allow me, on the state of affairs. Not very long ago, we looked upon homœopathy as perhaps being only an annual flower, and likely to perish in the course of a year or two. It is not so now, with the Hospital out of difficulties. It stands now as a flourishing tree, bearing ample fruit. It is my hope that that Hospital may always flourish. It should be of the greatest assistance to the Association that the students can always come to the Hospital and gather that knowledge which can alone be obtained from a great hospital like that in the City of London. That Hospital will be of great value to the Association. We have some leaders in that Hospital who have been extremely generous to it, and the Hospital is flourishing through their means. We have amongst us, but shall not always have, men who can gather such sums of money as they have, and we must look to a broader source of foundation to keep that Hospital in a flourishing state. We must decide for other means of taxation. I believe there is nothing better than to put homœopathy on a better footing than now, and bring success to that Hospital. Gentlemen, just one more word to my speech. It is this. Not long ago it was said by an eminent orator that men had discovered almost every known place on the earth; but it was not so in the medical profession. There were vast continents yet that medical science has never reached.

There were capes and promontories that no medical ship has ever weathered. There were deep bays and silent places of the shores where no medical ship has yet grated. I, for one, am anxious that this Association may have funds enough to explore those continents, weather those capes, search those bays, and bring them to the knowledge of the medical profession, I am glad to have the opportunity of speaking a few words to-night. I was not prepared; Dr. Burford is responsible. If we can encourage this Homœopathic Association by the means we hope to get to-night, not from this room alone, but from the outside public beyond the walls of this room, and also bring benefit to the old Hospital, for which some of us have worked so hard, and I hope not failed signally, if we can do this we shall indeed have done something for homœopathy all the world over.

J. P. Stilwell, Esq., J.P. : My lord, ladies and gentlemen, —The toast I have had placed in my hands is that of “Our Propagandist Work.” One hundred years ago homœopathy emanated from the wonderful brain of one man. For fifty years it gradually grew, and for twenty-five years it progressed, and at that time I came into touch with homœopathy, through the kind mention of it from an old friend of mine. This homœopathy is wonderful to me, but, I regret to say, about that time, it ceased to be a growing body; though it acquired a certain position and had a certain fame. Twenty years ago I was asked by an old friend to go on the Board of the Homœopathic Hospital. I said I was too busy a man. He said, “You busy men must not be always making money. You must do your duty.” I could not resist that appeal so I joined the Board. I have been for many years that Board’s chairman. Then, I was asked to join the Board of the Homœopathic Association. I was proud to do so, because I saw very plainly that homœopathy, as represented by the homœopathic profession and the Board of the Homœopathic Hospital required expansion. So I joined, with very great pleasure, the Council of the British Homœopathic Association. I assure you nothing could have given me greater pleasure than to have done so, because I look upon the Association, at the present time, as the life of homœopathy. Very fortunately for homœopathy the Association was formed. It has already done good work, as you have been told this evening. I am not going again over things so well told you by those preceding me, and perhaps I could say what an old Greek said—it is rather a rough statement—that “those who went before him had spoken his own words.” I must go on to the words not already said. Now Mr. Russell

very kindly alluded to politics with regard to what homœopathy is doing for the State. Do not misunderstand me in the very slightest degree. I am not going to talk politics to you, because, in the last week or ten days, or perhaps a fortnight, I have had too much of that in Hampshire. I feel in a certain measure the number of labour members in our Parliament—barring politics, mind you—is good for homœopathy, because homœopathy is the medicine of the poor and of the labouring man. The man who is a labour member must know, being in touch with his fellow-labourers, that homœopathy shortens the period of sickness and sets a man or woman on their feet in two-thirds—I won't make a stronger statement—in two-thirds of the time any other system of medicine in London or the United Kingdom can do it. That is our position; in two-thirds of the time they cure, or say they cure, in another hospital, we have them out cured. I do not say we cure everybody; we have an average of five per cent of deaths in our hospitals, but "you cannot cure those who are to die," that is perfectly certain. At the same time the percentage of cures is very high. It is seldom under sixty per cent. But what I have to speak about this evening is our propagandist work. I think men who go out from our hospitals can carry homœopathy into the very darkest corners of the earth, and not only carry it there, but are able, by the knowledge they have acquired, to alleviate diseases and cure many of those who suffer from them. This they are able to do by homœopathy in all places and amongst all sorts of people. Now I am speaking to many more laymen than medical men, I suppose, to-night, and I wish to impress upon all who are not medical men here, that they ought to do all in their power to extend the knowledge of homœopathy. We are about to issue pamphlets explaining homœopathy, and I think it is our duty, as laymen of the homœopathic persuasion, to take those books and distribute them to our neighbours, and influence them in every way we can to make known homœopathy, with the idea that ultimately we must have more medical men, because without homœopathic doctors homœopathy must cease. It is quite true that many of the minor ailments of mankind can be cured by a few simples. But we want not only that, we want the highest science, to make men useful to their fellow-creatures. We must look to increasing the number of our medical men and bringing medical science to the very highest point. I hope I have said enough to induce everyone to spread, as energetically as he can, the knowledge of homœopathy.



I propose to you "Our Propagandist Work," and with that I couple the name of Dr. Dyce Brown.

Dr. Dyce Brown: My Lord Cawdor, Mr. Stilwell, ladies and gentlemen—I thank you very much for the honour you have done me in asking me to respond to this toast. After all you have heard from our noble chairman and also from Mr. Stilwell, and from the little booklet sent to all those who have done us the honour of coming here to-night, I need not go into details. There is one point which our noble chairman has alluded to, that is, the effect of the Association on homœopathy generally. We know very well that union is strength, and we have found in other departments of life that, if organization and union are brought to bear, results are much greater. To take an example, the number of our labour members in the present Parliament. Formerly, though they had the power they had no organization to use it. Now they have the organization, and the effect that the labour members of Parliament will have on the country in general will be much greater. The essential point is the organization, and that is what I wish to bring prominently forward. In the same way with homœopathy. We want this Association brought more to the front. Hitherto we have had a number of items all over the country, sufficient to keep up homœopathy, but what we want is union and organization and propagation. That is one great feature of our propagandist future. We must organize to produce good work. We hope this will be so, not only in the United Kingdom but also by the excellent training of the missionaries going out. We expect that thus great centres of homœopathy will be formed throughout the world. These will complete the organization which we want, the teaching of new practitioners and students in homœopathy, and thus imparting homœopathic knowledge in every possible way. This is what we aim at. You may think this is a Utopian view, but, ladies and gentlemen, it has practical applicability, and we shall find that union and organization will bring about the most perfect development in homœopathy yet established. It will take time, but we must have time, and we must not consider the results to be too Utopian, because anything can be done by organization. What we wish to do is to work and fight on, and bring homœopathy as far as we can. In America the old school Societies are much more friendly, and are inviting the homœopaths to join them. But, at present, this invitation is coupled with a *caveat* that at no meeting is the word homœopathy to be used, and homœopathic papers are not to be read. This, of course, no homœopath can agree

to. We have only to wait and bide our time; union is sure to come in the end, and the agencies of the British Homœopathic Association will promote it. It is with great pleasure that I respond to this toast.

Dr. John H. Clarke: My Lord, ladies and gentlemen—I have very great pleasure in proposing to you “The Agencies of the British Homœopathic Association.” You have heard from his lordship what these agencies are. To my mind the most important of all our agencies is the teaching of homœopathy. There is no reason why we should not at once found a British College of Homœopathy, as part of the Association; give courses of lectures, and train any young man who wants to learn homœopathy, so that he can go out into the world, take appointments, and really practise homœopathy. At present, as Dr. Madden has told you, we do not do so. There is no reason why we should not teach others what we have taught ourselves. We have had to learn our practice in a variety of ways. In homœopathy there is very much that is technical knowledge, and that technical knowledge can be imparted by teaching. Now there is one department of the Association’s work which I have been particularly associated with, and that is the Professorship for Homœopathic Practise founded in the name of the late Dr. Compton Burnett. There are very many reasons, apart from the fact that it is my particular pet fund, why it should be of interest to homœopaths. It is in the name of a great master of homœopathy, who was a master in the technique of his work. Homœopathy consists in curing likes by likes; but there is much more in that than appears on the surface. The likes and the remedies are not alike under all circumstances, and you have to know the periods at which to give those remedies. In homœopathy there is a great deal that you have to know. You have to know where to find what you want. There is no reason why we should not have a definite course to drill any young man to practise it, and he can learn the rest for himself. At present there is no such thing except courses which are not yet systematized and solidified. Dr. Madden says we want union, but we want the other side to come to us and ask to learn. At present we have no definite course for which we can say to them, “Come and learn it,” but there is no reason why we should not have that at once, and one of the principal ways is this Professorship of Homœopathic Practice. I have, therefore, the greatest pleasure in commending this toast to your endeavouring; and, if there are any who have signed their cards of forgotten to put on them “Compton Burnett Fund.”

I would ask them to send a separate note to the Secretary, calling attention to that omission. I have much pleasure in calling on Dr. E. A. Neatby to respond to this toast. He is interested in a branch which is important, but not quite as important as that in which I am interested.

Dr. Edwin Neatby: My Lord, ladies and gentlemen—I have been allowed five minutes by the master of ceremonies for this duty, which is very near my heart, and I have to cover a large field in that five minutes.

Some seven years ago, there were just one or two occasional individuals coming from various parts of the world to the London Homœopathic Hospital to pick up scraps of knowledge in medicine and surgery. Three years ago the British Homœopathic Association stepped in and took in hand the training of missionaries for all parts of the world, and courses of lectures were started. They had the hearty assistance of the Hospital staff and members of the medical profession outside the Hospital. To-day we go a step farther and, instead of publishing in the chief journals that we have a course of training for missionaries, we have to mention that we have definitely established a London Missionary School of Medicine. This is practically the only one of its kind—the only one which has the advantages we possess. I cannot go into all the advantages at this late hour, but will mention one or two instances in which this training is making its power felt in this land and in distant parts of the world. In the first place, three and a third years ago we started to spread the knowledge of medicine amongst missionaries, to save them from sickness, and the missionary societies from much expense, and to infuse the knowledge of homœopathy amongst the nations sitting in darkness. We were met by one great missionary society by a refusal to take our advertisements, if we paid for them. Now one of its members is listening to our lectures, and this is an extremely important part of his work. He says, though pressed by the members of this Society to undertake work in the country, that the lectures have a prior claim. So that even on the great missionary board the influence of our school has been felt. I would take you to a scene in China and, to save time, I will read a few lines from our first periodical of the London Missionary School of Medicine. This is written by a student who had no prior training, no classical school, and no university. He came from a humble home with a workman's training. In this far-off country he was practically alone as regards medical help, no doctor within five hundred miles. He says: "We were badly attacked by bandits. Several were wounded.

I was called out and found them lying in the street where they had fallen, covered with blood; and it needed much strength to do anything with hundreds of angry Chinese around us. I bound up their wounds—four were very severely wounded, and two less so. I was publicly thanked by the officials.”

This is work, ladies and gentlemen, *you* have been doing. This missionary could not provide for a course of teaching. A friend paid for him—founded, as it were, a free studentship. If he is here to-night, he must have great gratification that this young man could bring his medical teaching into these homes. Let us go, once more, from a surgical to a medical case, from China to India. This is a young man trained similarly; he is a member of the Wesleyan body. He gives one or two instances: “. . . At another house they sent for me to see a little baby, suffering from bronchitis. I had an anxious time with that baby, went two or three times a day to see it, and cured it. ‘It is all right,’ the mother said, ‘it is yours now,’ placing it in my arms. Of course I made haste to give it back again.” I would say, ladies and gentlemen, that baby is *yours*. Now I have only to make one more remark in closing, before acknowledging the kind way in which you have responded to the toast. It is not only men who are active in the field, and doing good in a wide circle. We have ladies who are not at all backward. There are many instances in which they are very useful. One lady in the missionary field finds homœopathic medicine operates so strongly on the Chinese that she can only give them half doses.

The Secretary (Mr. F. King), at this stage, announced that £1,936 6s. 6d. had been promised during the evening.

Dr. Byres Moir: Ladies and Gentlemen, I am sure at this late hour I must hurry on the toast, and also because I am the last. I have great pleasure in proposing the toast of “The Chairman.”

You know we have splendid support in Lord Cawdor in a case like this. I am asked what is the decoration that appears on his brow? Is it the result of a late election or a new decoration? In spite of a bad accident two days ago, he is here with us to-night. Sir George Truscott almost took the words out of my mouth, but I am sure there is something wrong in the state of Denmark when the nation possesses a man like Lord Cawdor, to part with him just as he is about to do good work. But we must be thankful that the Admiralty does not require his services now, or perhaps we should not have had him here to-night.

The Chairman : Ladies and gentlemen,—I beg to thank you very much for the kind way in which you have drunk my health, and Dr. Moir for his kind remarks. There is sure to be a person to give one away, and, in this case, it is my own medical adviser. He has made a mountain out of the scratch on my forehead. I can only say that I am very glad to have been here this evening. We are making progress, coming along in the right direction. It is a question of what speed we can make the carriage travel. We are doing great and good work. How great depends on how our friends and ourselves put our shoulders to the wheel. We have all had, I hope—certainly as far as I have been concerned—a very pleasant evening ; and I may say, before we disperse, we are looking forward to other pleasant and happy meetings here. We should like to tender to Mr. Henry Wood, who has taken great trouble about the dinner arrangements, our very great thanks.

Throughout the evening the speeches were interspersed with humorous sketches by Mr. Joseph Blascher, and part songs and glees by the Daly's Glee Party.

BRITISH HOMŒOPATHIC ASSOCIATION.

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Dudley Wright, Esq., F.R.C.S. .. ..	5	5	0	W. Melville Willis, Esq.	3	0	0
Dr. G. Burford .. ..	5	5	0	Dr. Jas. Johnstone ..	2	2	0
C. A. Russell, Esq., K.C.	5	5	0	Dr. D. Dyce Brown ..	2	2	0
Mrs. John Mews <sup>2</sup> ..	5	5	0	E. H. Laurie, Esq. ..	2	2	0
				Miss E. Shadwell ..	2	2	0
				Frank N. Best, Esq. ..	2	2	0
				E. T. M. Dennes, Esq.	2	2	0
				Dr. Eugene Cronin ..	2	2	0



Councillor Keatley Moore, Chairman of the Committee, read the annual report, which showed that the past year, the first completed year in their new premises, was highly satisfactory. They had received most welcome testimony from the patients themselves of the usefulness of the institution. There had been a general growth of the work in all its branches. Patients came to them not only from Croydon, but also from London, Sutton, Wallington, Redhill, and even as far as Sidcup. No doubt the fact that their dispensary was near the railway station made them easy to get at, but poor people would not take these long journeys unless their confidence in the treatment they would receive was well founded. In the year 1903 the total attendances at the Dispensary were 4,238, and in 1904 4,309, an increase of 75. In 1905 they were 4,935, an enormous increase. (Applause.) The number of 2s. 6d. tickets, entitling to one month's treatment, was in 1903 577, in 1904 they were 640, and last year they were 711 (Hear, hear.) The number of 1s. tickets, entitling to a week's treatment, had slightly decreased, but this was only to be expected when the 2s. 6d. tickets had increased; 270 subscribers' monthly tickets were received in 1903, 217 in 1904, and 486 in 1905. (Applause.) Home visiting tickets in 1903 were 100, in 1904 108, and last year they were 151. The total number of home visits in 1903 was 700, and in 1904 600, and last year 807. Altogether there had been an increase in the number of visits from 4,200 to 4,900, in addition to the attendances at the old premises. The committee had received a letter from a lady, who concealed her identity, increasing her subscription from 2s. 6d. to 10s. In her letter she desired to express her appreciation of the noble and Christ-like work of Drs. Purdom and Munster. It was very remarkable that the Mayor should use the same adjective, "Christ-like," without any knowledge of that letter, in referring to the medical staff. The Medical Officers' report was read and showed the total attendances were 4,935. The number of 2s. 6d. tickets purchased by patients was 711, and the number of 1s. tickets 585. Besides these, 486 tickets from subscribers had been presented, a marked increase on any previous year; 151 home visiting tickets had been used, of which 98 were monthly tickets at 10s. 6d. each, 13 weekly tickets at 5s., and 40 2s. 6d. tickets entitling to one or two visits. Of these 27 monthly, 13 weekly, and 14 for over two visits, were purchased by patients. The dental branch had made encouraging progress, 137 tickets having been used, 32 being bought by patients, the remainder coming from subscribers; 40 new dentures had been supplied and 5 repaired.



The balance-sheet was read, and showed that the total receipts during the year were £367, including £218 from patients, as compared with £122 last year. After deducting all expenses a balance was left in hand of £25. He moved the adoption of the report.

This was seconded and carried unanimously.

The Chairman, Treasurer, Secretary, and Committee were all re-elected.

Votes of thanks to Drs. Purdom and Munster, Mr. Hinchley, L.D.S., the Committee, and other officers were carried.

Councillor Keatley Moore proposed a vote of thanks to the Mayor for presiding, and pointed out that it was very good of him to come there that night, as it was his birthday. He asked them to wish him many happy returns of the day.

This having been done.

The Mayor briefly returned thanks and left the meeting, being succeeded in the chair by Councillor Keatley Moore.

Dr. Munster then read a most interesting paper entitled "What is Homœopathy? What is a Homœopathic Doctor?" which was greatly appreciated.

A vote of thanks to him for his paper concluded the meeting.—*Croydon Advertiser*, Feb. 17th.

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We understand that Drs. Burford and E. A. Neatby, of London, were present at the above meeting, and spoke, after Dr. Munster's paper was read, most enthusiastically of the value and advantages of homœopathy. The newspaper with the above report was unaccountably delayed in transmission, and hence occasioned the delay of a month. We congratulate Drs. Purdom and Munster on the great success of the Dispensary.—*Eds. M. H. R.*

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HAHNEMANN CONVALESCENT HOME,  
BOURNEMOUTH.  
ANNUAL MEETING.

THE annual meeting of subscribers to the Hahnemann Convalescent Home, West Cliff, was held at the Institution on Wednesday afternoon, February 7th. The Mayor (Alderman J. A. Parsons, J.P.) presided, and among the gentlemen present were Drs. Herbert Nankivell and B. W. Nankivell, Major Flood Page, Rev. H. G. Ince, Messrs. W. Langley-Taylor, W. Fisher, Herbert Sutton, John Jones, J. T. Snell, A. Peach, A. S. Hewitt, S. Minty, and W. J. Meredith.

The meeting was opened with the reading of a selected portion of Scripture and prayer by the Rev. H. G. Ince, after which Mr. W. J. Meredith (Secretary) read the Committee's twenty-seventh annual report—a report of successful work both in the Home and Dispensaries. From it we make the following extracts :—

*Night Nurse.*—The generous donation of £50 again given by a kind friend of the Home for the provision of a night nurse has enabled the Committee to provide that which makes for the welfare and comfort of the patients.

*The Home.*—The number of in-patients received during the year has been 166. The following list gives the localities from which the patients came, with the number of nominations accepted on their behalf, and shows the wide area benefited by the Institution : Buckinghamshire, Cornwall, Gloucestershire, Herefordshire, Hertfordshire, Lancashire, Middlesex, Norfolk, Somersetshire, Suffolk, Wales, and Wiltshire, 1 each ; Derbyshire and Worcestershire, 2 each ; Bedfordshire, Cumberland, Kent, and Scotland, 3 each ; Devonshire, Leicestershire, Lincolnshire, and Staffordshire, 4 each ; Sussex, 5 ; Oxfordshire, 6 ; Essex and Warwickshire, 7 each ; Surrey and Yorkshire, 9 each ; Dorsetshire, 12 ; Hampshire (including Bournemouth), 30 ; London and Suburbs, 37.

*The Dispensaries.*—At the Dispensaries 1,044 patients have been treated, and at their own homes and in the Cottage Home, 259. Altogether 1,303 patients were seen, involving 4,285 attendances. Five of these cases were received into the Home for special treatment.

*Financial.*—It will be seen by the accounts submitted that the income for 1905 was about £44 more than in 1904, and that the expenditure was about £17 more. This leaves a deficit of £155 on the year's working, as against £182 in 1904, again emphasising the fact that the annual income needs to be increased by about £150. If a few of the subscribers would kindly slightly increase their subscriptions, or induce other friends to become subscribers, the amount would be raised. Fortunately there is the surplus fund from the bazaar to meet this deficit, but that is rapidly being depleted, and unless the annual income is increased, the Institution will soon be running into debt. No Life Governorship donations were received during the year, but the receipt of a legacy of £1,000 (nett £900) from the late Miss C. M. Petter is recorded with appreciation. This amount has been invested on behalf of the Trustees to augment the permanent investments of the Home.

*Household Linen Association.*—The Committee again desire

to express to the ladies of this Association their gratitude for the generous and continued help by which the comfort of the patients and the brightness of the Home have been so materially increased.

*Obituary.*—The committee regret to record the removal by death of several friends of the Institution. Among them may be mentioned Herbert John, Earl Cairns, for several years one of the Trustees of the Home; Mr. T. J. Hankinson, in the early days of the Institution a member of the Committee; Lieut-Colonel Preston, of Ryde, I.W.; and Miss C. M. Petter, a generous subscriber and interested friend, to whose thoughtful kindness the Home owes the recent legacy of £1,000 already mentioned, and it is proposed by the Committee, with the full approval of the family, to name one of the women's wards "Clara," so that her memory may be perpetuated in the Home she so graciously benefited.

The medical report, signed by Drs. Herbert Nankivell, W. G. Hardy, W. T. Ord, and Bertram W. Nankivell, and read by the last named, contained the following:—

The Home has kept steadily full during the past year, and, from the number of applications received, could have been filled, had it had three times its present accommodation, during the winter months.

As there were so many patients awaiting vacancies, it has been impossible to grant many extensions, even to those who were deriving much benefit; and it was found necessary to move on unsuitable cases even before their time had expired, as, whilst not improving themselves, they were depriving those in an earlier stage of disease from benefiting by treatment.

*In-Patient Department.*—There have been 82 men and 84 women admitted during the past year, making a total of 166. Remaining in the Home at the beginning of the year there were 29, which brings up the grand total to 195. The average stay of patients was 42·1 days, but taking into account special extensions granted to cases who were doing remarkably well, the average stay works out at 69·5 days. The cases treated were as follows: Phthisis, cured, 6; much improved, 95; improved, 35; unimproved, 9; discharged as unsuitable, 3; remaining in the Home, 26; total, 174. Phthisis and tubercular orchitis: Much improved, 2. Phthisis and tubercular laryngitis: Much improved, 2. Phthisis and anæmia: Much improved, 3. Chronic pneumonia: Much improved, 1. Pleurisy: Much improved, 1; remaining in the Home, 1; total, 2. Gastric ulcer: Remaining in the Home, 1. Gastritis: Discharged as unsuitable, 1. Pharyngitis: Remaining in the Home, 1. After appendectomy: Cured, 1.

After thyroidectomy: Much improved, 1. Anæmia and dyspepsia: Improved, 1. Cardiac debility: Much improved, 1. Locomotor ataxy: Much improved, 1. Sclerosis: Much improved, 1. Empyema: Improved, 1. Bursitis: Cured, 1. Totals: Cured, 8; much improved, 108; improved, 37; unimproved, 9; discharged as unsuitable, 4; remaining in the Home, 29. Grand total, 195. There were no deaths in the Home during 1905. Cases of phthisis in which it has not been possible to trace the further history of the patient after leaving the Institution have not been entered as cured, as some, in which apparent cure has taken place, doubtless relapse after their return to their previous avocations and surroundings.

*Pathologist's Report.*—The sputum from 82 cases was examined for the bacilli of tubercle on their admission, and bacilli were found in varying quantities in 64 of these. On leaving the Home the sputum of these patients, unless it had, as in many cases, entirely disappeared, was examined again, and bacilli found present only in 36. In these, likewise, the bacilli were as a rule scanty and scattered, showing a less active state of the disease.

*Out-Patient Department.*—The work of the Dispensaries has been well maintained, showing only a slight diminution in numbers in each department. There has been a larger mortality than usual in the home visiting department, but half of these only came under treatment within a few days of death taking place. At the Western Dispensary there were 606 patients, with 1,885 attendances; the number at the Eastern Branch being 438 and 1,337 respectively. At their own homes and at the Cottage Home 259 persons were visited, with a total of 1,063 visits. The results of treatment may be tabulated as follows:—Recovered, 703; much improved, 191; improved, 251; unimproved, 23; no report, 40; sent into Home, 5; deaths, 6; under treatment, 84.—Total, 1,303.

The financial statement was read by Mr. A. Peach (Hon. Treasurer).

The Mayor, in moving the adoption of the reports and financial statement, said he was glad to learn that the Hahnemann Home, like many other institutions, was in a quiet way doing a noble work for those who were afflicted and suffering from disease. Such institutions demanded and should receive the help and sympathy of all the inhabitants of the borough. He wished the Committee of the Hahnemann Home every success in their most laudable efforts, and congratulated them sincerely upon what they had been enabled

to accomplish. He would be very pleased to become a subscriber to the funds. (Applause.)

Dr. Herbert Nankivell (Chairman of Committee) seconded. There were one or two points about the work during the past year which were rather interesting, and upon which they might congratulate themselves. First, he would put the work of the ladies of the Household Linen Association, from whom for several years past the Hahnemann Home had received very valuable assistance, they having saved the management a considerable sum of money, added markedly to the comfort of the patients, and spread a knowledge of the work which was being done in the Home amongst friends both in the near neighbourhood and at a distance. (Applause.) With regard to the finances, he was glad to say that the deficit was decreasing, but he would like the friends of the Institution, by getting new subscribers, to quickly establish an equilibrium between income and expenditure. Until that was done the Committee would not sleep quietly, so greatly had they the interests of the Home at heart. Regarding the medical aspect of the work, it was extremely important to notice the enormous reduction in the bacillary infection of the cases treated. The report of the pathologist (Mr. Tanner) showed that nearly half the cases found with the bacilli of tubercle on admission had lost them on leaving, whilst in the remainder of the cases the bacilli were as a rule scanty and scattered, showing a less active state of the disease. (Applause.) Although there was all this success, the medical staff only certified as cured those who were really cured, and that number was six, but there were 95 cases of phthisis much improved; severe cases could not be cured by a three months' stay in the Home, but they could be put, as they had been, on the high road to recovery. (Applause.)

The reports were adopted.

Mr. W. Fisher moved the re-election as President of the Earl of Dysart, of whose patronage during many years he spoke in terms of high appreciation.

Mr. A. S. Hewitt seconded, and the resolution was carried unanimously.

On the proposition of Mr. Herbert Sutton, seconded by Mr. W. Langley-Turner, Messrs. J. T. Snell, A. Peach, and A. Clement Brown were re-elected on the Committee, and the Rev. H. G. Ince and Mr. T. Bain appointed new members.

On the motion of Mr. Peach, seconded by Mr. Snell, Messrs. Bicker and Pettitt were re-appointed auditors, and the value of their past services was verbally recognized.

A resolution of thanks to the Committee and Medical Staff

was proposed by Major Flood Page (a visitor to Bournemouth), who as an old homœopathist said he was delighted with the accounts of the work being carried on in the Hahnemann Home. He was especially struck with the economy exercised by the management in dealing with such an enormous number of in and out-patients, and because of this, and the excellent results accomplished, he considered the institution should have the financial support of the townspeople and visitors alike. The Home took in patients from all over the country, and he believed there were numerous visitors to Bournemouth who would gladly help such a widely-helping institution if only its existence were made known to them. Surely something might be done to get at the visitors in the various hotels and boarding-houses. (Applause.)

Mr. Bain seconded, and the resolution was adopted unanimously.

The meeting closed with an acknowledgment of the services of the Mayor, voiced by Dr. Herbert Nankivell and Mr. Peach. —*Bournemouth Visitors' Directory*, Feb. 10th.

The newspaper of the 10th containing the above report was only received on the 22nd, too late for insertion in March. This is the third time that the report has been sent long after its publication, of course involving delay. For this delay we have received an apology from the Hon. Sec. Mr. Meredith. —*Eds. M. H. R.*

## PHILLIPS MEMORIAL HOMŒOPATHIC HOSPITAL, BROMLEY, KENT.

### ANNUAL MEETING.

THE record of the past twelve months in relation to the Phillips Memorial Homœopathic Hospital and Dispensary, for Bromley and the District, as it was unfolded on Friday evening, Feb. 25th, at the annual meeting of the subscribers at that institution, was one of great and special interest. The President, Alderman Sir G. Wyatt Truscott, J.P., again presided, and amongst those present were: Lady Truscott, Mr. John Churchill (the Chairman of the Committee), and Mrs. Churchill, Dr. and Mrs. E. M. Madden, Dr. and Mrs. H. Wynne Thomas, Mr. Lindsay Bell, Mr. J. M. Wyborn (Secretary), Mr. Thomas Bennett (Treasurer), Mr. W. R. G. Hay, Mr. and Mrs. J. A. Stoneham, Mr. and Mrs. Ledger, Mr. G. A. Western, Mrs. G. Atkinson, Mr. H. Wilson, Mr. W. Salter, etc.

The Committee stated that it was with no small degree of pleasure that they presented their seventeenth annual report. The successful work of the institution during the year—a comparatively healthy one—was well demonstrated by the medical report. The patients treated in the several departments reached a total of 761. Of those attended in the Hospital (apart from dental cases treated and sent out the same day) six were remaining in at the beginning of the year and 148 were new admissions, 17 of whom were casualty cases and minor operations, not requiring detention beyond a few hours; 118 patients were discharged cured, and 23 improved in a greater or less degree; 7 remained under treatment at the year's end, and 4 died. One was found to be insane and removed to an asylum, and one discharged at his own request. The cases of dental extraction under gas numbered 29, making a total of 183 treated apart from the Dispensary. Eighty-four operations were performed, and the services of two of the hon. consulting surgeons, viz., Mr. Knox Shaw and Dr. Burford, were again kindly rendered on several occasions. One hundred and sixty patients were attended at their own homes, involving 763 visits. At the Dispensary 1,870 attendances were made by 418 individual patients. In the year under review the daily average number of beds occupied amounted to 7.8. The average duration of the patients' stay in the wards was 19 days. The cost of each in-patient per week, calculated on the basis adopted by the Committee of the Metropolitan Hospital Sunday Fund, estimating the cost of each out-patient at two shillings only, has been £2 4s. 3½d., but the actual cost, after making due allowance for accommodation provided for the treatment of out-patients, including the maintenance of a dispensing department, consulting and waiting rooms, etc., has been considerably below this sum. For provisions alone the average cost of each person resident (including extras provided for patients) amounted to a fraction under 7s. 1d. per week. This was, as hitherto, restricted to so low a figure by numerous gifts in kind, including the "pound collection," accompanied by careful economy and supervision. The committee are under obligation to the Queen's Reign Commemoration Fund, 1897, for five of the much-appreciated letters of admission to convalescent homes supplied by the Fund during the year. The Rev. P. Barker, assisted by the Rev. W. A. Carroll and the Rev. C. Wilson, have kindly continued the weekly religious services held for the benefit of the patients and nurses. The receipts during the past year from regular sources, comprising annual subscriptions, dividends, rent, and the Metropolitan Hospital Sunday Fund

grant, amounted to £477 8s. 8d. To meet the total ordinary expenditure the committee, therefore, had to rely on precarious items, such as payments by patients, donations, collections, entertainments, etc., for the remaining £485 17s. 3d. expended. The annual subscriptions remained at nearly the same figure as in the preceding year, a few new subscribers having contributed a sum just sufficient to compensate for withdrawals and removals, by death and other circumstances, of former annual subscribers. The total donations to current account, including £9 0s. 1d. from the Bromley Charter Day Festivities Fund, decreased to £37 2s. 7d. On the other hand, the payments by patients amounted to £376 7s. 6d. The Committee are much gratified by the contributions from congregational collections received from some of the Established churches in districts from which patients are frequently admitted. A legacy of £25 bequeathed under the will of the late Miss Hay has been received free of duty. The Committee also received information in July last that the late Mr. B. Dransfield, by his will, left a legacy of £600, free of duty, to the Hospital. The payment of this latter, however, awaits the realization of Mr. Dransfield's estate.

With much regret the Committee had to record the loss by death of a distinguished patron, the Earl Stanhope, late Lord Lieutenant of the county of Kent. His lordship became a patron in the year 1894, and remained such until his lamented death last summer.

The larger proportion of men seeking admission during the past year has rendered it necessary to provide three additional beds for their accommodation. These, with the three previously existing beds, have been placed in the large "Leishman" Ward, which until quite recently remained vacant, and which it is proposed to use in future as the men's ward. The "Beddow" Ward, with accommodation for four cots, will now be available for the separate treatment of children, but before this can be opened it is essential that its maintenance should be ensured, either by the endowment of several cots, or the investment of an adequate sum to furnish a regular income, independent of annual subscriptions, which at present are not forthcoming. It is computed that not less than £2,250 should be invested for this purpose, or that the endowment or maintenance of three cots should be first secured on the terms stated in the report, viz., that beds can be endowed in perpetuity for adults at a cost of £1,000 and cots at £750. The cost of annual maintenance of an adult bed is £35, and that of a cot £26 annually. At present the amount at the disposal of the committee for this object remains at £74 14s. 6d.



The erection of the new post-mortem room and mortuary, in memory of the late Mr. F. C. Dobbing, J.P., of Chislehurst, has been completed under the supervision of Mr. S. B. Russell, the honorary architect. As the work proceeded, it was found that some additions of heating and lighting appliances and other small items were desirable to make the building as perfect as possible, and the original estimate of £320 has been insufficient for the purpose, the total cost having exceeded this by a sum of £33 3s. 7d. This has been defrayed by the further kind generosity of Mrs. Dobbing. An engraved brass has also been affixed by that lady, bearing the following inscription: "To the glory of God, and in loving memory of Frederic Croutel Dobbing, of Calderwood, Chislehurst, who entered into rest 24th October, 1904, this building is erected by his widow and children."

The fourteenth annual concert, organized by the unflagging energy and philanthropic devotion of Mr. Lindsay Bell, gave gratifying proof of the success of his endeavours to provide the best and most attractive vocal and instrumental music, and to ensure a large audience, which on this occasion quite filled the large hall. The proceeds will furnish a substantial sum towards the ordinary expenditure.

The continued endeavours of the honorary medical officers to make the work of the institution as valuable as possible, and the untiring devotion of the entire medical staff, merit the grateful recognition of the Governors. The efforts of the matron (Miss Hyde), and her assistants, to contribute to the success of these endeavours by ensuring efficient nursing, also call for their appreciation. The warm thanks of the Governors are also due to the Ladies' Committee for their unabated interest in endeavouring to secure efficiency and economy in the household management, and in the control and analysis of the domestic accounts; and to the Bromley Press, who have again given the hospital most valuable help.

In conclusion, the Committee view with satisfaction and thankfulness the record of the work and progress of the institution during the past seventeen years, and look forward with confidence to its development in the future. They venture to hope that at no distant date it may be possible to open a ward entirely devoted to the separate treatment of children, in which object they rely on the undiminished interest in the welfare of the sick poor which has so long been manifested by their numerous friends and co-workers.

The Chairman said that he now rose to move that the report and accounts should be adopted, printed, and circulated, and he did so with a very great deal of pleasure, because, having

read through the report drawn up by their excellent Secretary, he was pleased to see that it was highly satisfactory. (Applause.) There was one matter of regret, and that was that although the income had been sufficient for their immediate needs, that had not been due in any degree to an increase in the annual subscriptions. The annual subscriptions were what any hospital or institution such as that must largely depend upon, and the fact that they were in the happy position of having no deficit—they were only just clear—was more due to fortuitous circumstances than to any greater amount of support from the public of Bromley or elsewhere. The Hospital during the current year had been used very largely—more largely than before—by paying patients, and no doubt in that way it had fulfilled a great want. But that was not altogether the *raison d'être* for that hospital. It was built more for the accommodation of the poor of the neighbourhood, but it was found impossible that this very laudable ideal could be reached unless the public were more generous to them. Therefore, once again he appealed through their friends of the Press for increased support for this Hospital. They asked the public of Bromley to come there and visit the Hospital and see what was being done, and that was why he had on several occasions in past years suggested that they should hold their annual meeting at a time when they might expect more genial weather. He hoped before long he should be able to persuade the Committee to hold the annual meeting in the warmer and brighter weather under the trees in the gardens, for he was sure that they would then get a much larger attendance, and be able to show the subscribers, and those whom they might hereafter reckon as subscribers, what splendid work was being done. In consequence of the increase in the number of male patients—and he was glad to say this—it had been necessary to increase the amount of accommodation in use there. He thought that was the reason why they met in that room, which gave the appearance of a large meeting. (A laugh.) He did not know whether it was due to the numbers or the small area. (Laughter.) But it was satisfactory to know that more of the Hospital was to be brought into use. (Hear, hear.) Then the Committee were very desirous, if possible during the current year, of placing some permanent accommodation for the use of the children. There was a ward which could be well occupied by four cots, but the Committee did not feel justified in starting such a ward until they were satisfied that it was going to be properly maintained, and they were appealing for an endowment fund. What they asked for was £2,250, and he did not think, considering that

the care of the children was so popular, and appealing especially to ladies, that it ought to be difficult to raise that amount. But, besides that, if they had more annual subscriptions, the treasurer would have a balance at the end of the year which might be credited to that account. (Applause.) Well, one of his pleasing duties on that occasion was to express very grateful thanks to the many gentlemen and ladies who had given honorary services to the hospital, and first and foremost, of course, to their excellent hon. medical officers—Dr. Madden and Dr. Wynne Thomas. (Applause.) They had to thank them for their very able services. He thought that anyone looking at the tabulated cases in the annual report could not fail to be struck with the number of cures. (Hear, hear.) He was quite surprised in looking down the columns of the tabulated statement he had referred to, to find in how few instances the cure column was blank. That was a matter for much congratulation, and in his own name, and on their behalf, he very warmly congratulated the hon. medical officers upon the very excellent result. (Applause.) Then, during the past year a new post-mortem room and mortuary had been provided, and they recorded their thanks to Mrs. Dobbing and her children for their excellent gift of that room and the mortuary. Then they must not forget that great record, he was going to say, in the Bromley season, the concert which Mr. Lindsay Bell gave every year for the benefit of that Hospital. (Applause.) He knew that he was right in saying that this year it was particularly good, and that the hall was crowded, and that the Hospital would consequently benefit considerably once again. They thanked Mr. Lindsay Bell for this generous help. (Applause.) Then they were always pleased to refer to Miss Hyde, who, as the years rolled on, seemed to look as young as ever, in spite of her hard work. As time went on the indebtedness of the Committee only became greater, and they were very pleased on that occasion to thank her for her excellent work. Well, as he had hinted already, what the Committee wanted was more funds to enable them to do more work. The Hospital was built for the purpose of doing a great deal more work than it had been doing. Up to the present it had not been used to its full capacity, and they must have ever before them the idea of using it up to its fullest extent, and, before many years had passed, of adding to that capacity. (Applause.) They would not be content with what they were doing. They hoped to be able to go forward, but it was the public of Bromley who alone could help them to do this. It was very nice for them to know that the year through which they had just

passed synchronized with a very happy year in the history of homœopathy. In the past year there had been a very great advance in homœopathy, and in the public recognition of its advantages. The London Homœopathic Hospital, which they must look upon as the parent hospital, had a very large debt, some £13,000, and that had been cleared off. (Applause.) He could not help thinking that that spoke volumes for the increased popularity of that system of treatment. The Chairman having referred to the British Homœopathic Association, and to the Congress at Hastings, with which he was personally brought in touch, observed, in conclusion, that generally homœopathy was going forward, that there was certainly a brighter future before it, and that in that brighter future they might hope the Bromley Hospital would play an important part. (Applause.)

Mr. H. Wilson said that he had very great pleasure in seconding the motion. The Chairman had dealt very exhaustively with the report, and very little was left for him to say. But there was one point upon which the Chairman touched which interested him very much. He, of course, had been a believer in the "faith" for considerably over thirty years, consequent upon very great family assistance that he received then, and though he should not have wavered in any degree, if not even a single person in the country had come over to their way of thinking, yet, as the Chairman had said, they could not help noticing—those of them who read the lesson of what was going on—that their cause had got into the third stage. In the first stage, as they knew, everyone said that homœopathy was a most abominable heresy. The second stage was when people grudgingly allowed that there might be something in it. But in the third stage people said it was not only true, but "what we have been saying all along." (Hear, hear, and laughter.) Some of them might have noticed that two of the most eminent medical men in England on the other side had practically made a confession of their homœopathic faith. (Applause.)

The motion was then put forward and carried unanimously.

Mr. G. A. Western proposed that the President, the Committees, and all the medical staff and other officers should be re-elected. They might, he said, congratulate themselves, and also the town of Bromley, upon having that beautiful Hospital there. If the spirit of their old friend, of whom that hospital was a memorial, could re-visit it, he would see that no more appropriate monument could have been erected to the services which he rendered whilst living amongst them. (Hear, hear.) It was undoubtedly a great advantage and a great pleasure

to them to have so genial a president. (Applause.) The Committee, he need not tell them, did an enormous amount of work, which they scarcely got thanks for, but which could not for one moment be dispensed with. He might mention especially the Ladies' Committee. (Applause.) In a work of that kind much depended upon the ladies. There was much work, indeed, which men could not do, or do so well. (Hear, hear.) Mr. Western then touched upon the great services rendered by the medical profession, observing that they were very glad that they should have an opportunity in an institution like that of extending those services to their poorer neighbours, who had not at their homes the means or the accommodation for the nursing or the treatment. (Hear, hear.)

Mr. W. Walter seconded the motion, and it was carried unanimously.

Mr. John Churchill, as Chairman of the Committee, said that he had much pleasure in returning thanks for that body for their re-election for the ensuing year. The Committee were very much obliged to the President, to Mr. Wilson, and Mr. Western for the very kind words they had said with respect to the work which they were very pleased to perform. It gave them, indeed, great satisfaction that the people of Bromley reposed such confidence in them as to give them the means to carry on the Hospital in the way it had been. It was a great satisfaction to him that they were reduced to that somewhat meagre accommodation, and that they were not able to hold their meeting in the more commodious room as formerly. It was very satisfactory that they were at length able to furnish that large ward and fill it with patients. (Hear, hear.) It showed that their work was appreciated, and that the sphere of the hospital's usefulness had increased. Referring to the work of the Committee, Mr. Churchill said that he should like to say that the chief part of it devolved upon the Honorary Secretary and the Honorary Treasurer. The post of Chairman, which he had held for some years, was really a sinecure. The real work of the hospital, beyond that of the medical officers, had been done by the Treasurer and the Secretary. (Applause.) It was due to the energy of those gentlemen, and the ability they displayed, that the work of the Hospital had been carried on as it had been. (Applause.)

Dr. Madden, in returning thanks on behalf of his colleagues, pointed out that the annual meeting could not be held at a different time of the year, without altering a rule, and that to alter the rule, notice would be necessary.

The President said he would give notice.

Dr. Madden, proceeding with his remarks, pointed out that in the statements of accounts, under the head of maintenance, there was a notable omission. Opposite wine and spirits there was an absolute blank. He had always been pleased to call attention to the little amount spent on wines and spirits, but this year they had not spent any money at all in that way. But they did not call theirs a teetotal hospital; wine or spirits were administered when needed, and some, he knew, had been given. It must have been from the old stock. Dr. Madden then alluded to the re-arrangements in the hospital which had become necessary, and said, with reference to the views expressed in the report, he should be disposed to urge the Committee to incur the risk of running into debt. (Applause.) Let them go ahead and run into what expense was necessary, and trust to the unfailing generosity of their supporters. (Applause.)

Mrs. Madden, as the president of the Ladies' Committee, returned thanks on behalf of that body, and said they all wished that they could do more. (Applause.)

Dr. H. Wynne Thomas said that he had been asked to propose that a hearty vote of thanks should be accorded to those who had helped by special efforts and collections, and by gifts had contributed to the entertainment, comfort, and consolation of the patients. He would specially refer to the amount of time and trouble which their friend, Mr. Lindsay Bell, took over the getting up of the annual concert. (Applause.) Mr. Bell took more trouble than ever with the last concert, but he was sure that he was glad that he did so. (Applause.) He was glad to see that some other churches besides the Congregational Church, the Baptist Church, and St. John's, had sent them some collections. (Applause.) Reference was then made to the large number of gifts in "kind," which were very valuable, and helped to keep down the expenditure, and to the capital entertainment given by some friends of the Matron who live at Orpington. Speaking of the need for a larger amount of subscriptions year by year, Dr. Thomas said he believed a great deal more would be done in this direction if they still further enlisted the sympathies and the co-operation of the ladies. (Applause.) With a view to enforcing his observations, which were very cordially received, Dr. Thomas referred to the great work in the way of money-getting which was done by a large Ladies' Guild in connection with Guy's Hospital—a guild which had branches in different parts of the country. He believed that charity should begin at home, and that if they had such a guild it would be able to do useful work. Mrs. Ledger, who had

been associated with that work, and who now resided in Bromley, was present, and he was sure they would be glad to hear a word or two from her, and would ask her to try and interest the ladies in helping to increase their funds. (Applause.)

Mrs. Ledger, who said she should be very pleased to tell them of the working of the Ladies' Guild, then gave an interesting account of the *modus operandi* in connection with it, and expressed her conviction that if such a guild could be started in Bromley a much larger amount of money for the Hospital would be collected—money which otherwise would not be sent to them. She was only a new resident in Bromley, but she was sure that there were many residents ready to promote the interests of the Hospital, which was evidently doing a noble work in Bromley, and anything she could do she would do most gladly.

Mr. W. R. G. Hay referred to the fact that only four places of worship in Bromley had contributed, and said he thought, as there were so many, the number of collections might be augmented. He was glad to see that the Bromley Parish Church had been added to the number, and that there was a donation of ten guineas. (Applause.)

Mr. Councillor Lindsay Bell expressed hearty thanks for the reference which had been made to the annual concert in aid of the Hospital. The only incentive which was needed by himself, and those who helped him, was the desire they had to help such a good institution as that was. (Applause.)

Dr. Madden then proposed a hearty vote of thanks to the President for taking the chair, and for the great interest he took in the Hospital.

The President, in the course of his reply, referred to the observations which had been made with respect to the Children's Ward Fund, and recommended a forward policy. He was a great believer in a moderate debt in connection with all philanthropic institutions. There was nothing like a debt as the foundation of an appeal to the public. (Laughter.) He hoped, therefore, that they would not hesitate, but would go on at once. (Applause.) He should be pleased to be in the chair when it was needful to make a special appeal. He thought that the public liked boldness in connection with any philanthropic work, and would support those who were forward in their movements. (Applause.)

The proceedings were then brought to a close.—*Bromley and District Times*, March 2nd.

## NOTICES TO CORRESPONDENTS.

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Communications have been received from Drs. GRANVILLE HEY, BLACKLEY, ROBERSON DAY, BURFORD, GOLDSBROUGH, Mr. KNOX SHAW, Mr. DUDLEY WRIGHT, Mr. F. KING (London); Mr. CHAS. STEWART (Richmond); Dr. M. CASH (Torquay); Dr. PURDOM (Croydon); Mr. MEREDITH (Bournemouth).

\*.\* Dr. C. GRANVILLE HEY has removed to 96, Earl's Court Road, W.

\*.\* We are requested to state that Mr. C. H. COLLINGS, who for some time past has executed microscopical and analytical work for the British Homœopathic Association, and also for the Drug Proving Committee, has now an address at 20, Baker Street, W. (Tel. 611, *Mayfair*.) He undertakes microscopical and clinical work, and medical photography, and is well versed in the latest methods of blood examination devised by Professor A. E. WRIGHT.

## BOOKS RECEIVED.

*Refraction*, by Royal S. Copeland, M.D., and A. E. Ibershoff, M.D. Philadelphia: Boericke & Tafel, 1906. *Diseases of Children*, by C. Sigmund Raue, M.D. 2nd Edition. Philadelphia: Boericke and Tafel, 1906. *Hæmorrhoids and Habitual Constipation*, by John H. Clarke, M.D. Second Edition. London: James Epps & Co., Ltd., 1906. *17th Annual Report of the Phillips Memorial Hom. Hosp. and Dispensary*, for 1905. *27th Annual Report of the Hahnem. Convalescent Home and Dispensaries* for 1905, Bournemouth. *7th Annual Report of the Croydon Hom. Dispensary* for 1905. *Report of the Annual Conference of Sanitary Officers*. State of New York, 1905. Extract from *26th Annual Report of the State Department of Health*. New York State, 1906. *Hom. World*, March. *Bromley and District Times*, March, 2. *Vaccination Inquirer*, March. *Morning Post*, March 2. *Amer. Physician*, Feb. *St. Louis Medical Review*, Feb. 17 24, March 3, 10. *Medical Brief*, March. *Medical Advance*, Jan. *Hom. Recorder*, Feb. *Medical Times (N.Y.)*, March. *Pacific Coast Jour. of Hom.*, Feb. *Medical Century*, March. *Hom. Envoy*, March. *Hahnem. Monthly*, March. *Hom. Maandblad*, March. *Hom. Monatsblätter*, March. *Allgemeine Hom. Zeitung*, March 8, 22. *L'Art Medical*, Feb. *Revue Hom. Française*, March. *Boletin del Hosp. Hom. Del Nino Dios*. October—December.

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THE MONTHLY  
HOMŒOPATHIC REVIEW.

SYPHILIS OR MERCURY ?

IN a very interesting and able lecture by SIR FELIX SEMON, on "Some Unusual Manifestations of Syphilis in the Upper Air Passages," delivered at the London Polyclinic on Jan. 9th, and published in the *British Medical Journal* of Jan. 13th, SIR FELIX relates a case which is of more than common interest, as it involves a question of diagnosis and difference of opinion. We have, more than once, had the pleasure of extracting passages from his lectures, showing his large-mindedness on various topics, and in the present article we have no word to say against him. We only differ from him in his view of the case, and it is too important to pass over without comment, and an expression of our opinion, with our reasons for it. SIR FELIX in his usual straightforward manner gives his reasons for his opinion, and we, on our part, give reasons for our view of the case. We, first of all, give the case in full, as this is quite necessary for its elucidation.

*"Precocious Tertiary Syphilis of Throat and Tongue of Malignant Type."*

A gentleman was sent to me by his medical adviser with a letter from which I abstract the following statements : A year ago the patient got a hard chancre. It had only just appeared when his doctor saw him. He put him on full doses of mercury at once. None of the ordinary

secondary symptoms ever appeared, but the patient got a tremendously swelled throat and tongue, and was badly salivated, ropes of saliva pouring out of his mouth. The soft palate became œdematous, the tonsils, on each of which a large ulcer appeared, almost met in the middle, and the patient was very ill generally. The medical attendant considered the phenomena as mercurial. Mercury being left off, the ulceration gradually improved, the salivation diminished, and the patient went away to recoup, but returned with his throat again deeply ulcerated.

“ In consultation with a specialist the affection was considered to be of the nature of secondary syphilis ; a return to mercury was advised and practised, with the result that the ulceration, as on the first occasion, grew rapidly worse, and the patient became very ill. Mercury was again abandoned, and the patient was treated with ‘ ordinary throat applications.’ Temporary improvement occurred, but a month or so afterwards fresh ulceration broke out in the throat. On renewed consultation mercury was again advocated and used, with exactly the same result as previously, namely, that the ulceration immediately became much worse, and that the patient was again very ill. Mercury being discontinued, he very slowly and gradually recovered, and was then sent to a great authority on syphilis who, it was stated, took an intermediate view between syphilis and mercurial ulceration, and considered the former to belong to the phagedænic type. He advised the use of iodide of potassium, which, however, the patient was ‘ unable to take in ordinary doses.’ All this information was given in a letter, the tone of which was perfectly despairing ; the writer, who obviously took the greatest possible interest in his patient, had evidently on each occasion, when, either on his own initiative or following the advice of his consultants, he had tried antispecific remedies, particularly mercury, been so much frightened by the extreme violence of the resulting local symptoms and their bad effect upon the general health of his patient, that he had become firmly convinced that the ulceration was of an exclusively mercurial character, and although he laid the case with the greatest fairness before me, it was quite obvious that his own conviction had become so firmly established that no arguments would easily shake it.

“The patient was a pale, unhealthy-looking man, evidently in pain, whose speech was guttural and indistinct, his frequent endeavours at swallowing the saliva, which was constantly produced in large quantities, being accompanied by signs of great distress.

“On examination, I found the following condition: There was extensive scarring owing to destructive ulceration of the mucous membrane of the palate and fauces, resulting in adhesions, on the one hand between the soft palate and the posterior wall of the throat, and on the other, of the pillars of the fauces with the sides of the tongue. The uvula was entirely destroyed, and there were two perforations—a larger one above, a smaller one below—in the middle line, the larger one of which represented the only communication between the nasopharyngeal and oral cavity. The tongue showed evidence of old ulceration and was fissured; the epiglottis was partially thickened, more particularly on the right side, and on this part, as well as on the sides of the fauces, there was still some active superficial ulceration. The interior of the larynx was free. There was no disease in the nose, the cervical glands were hardly enlarged at all, and there was no skin eruption.

“From the appearance described there was no doubt in my mind that the affection was of a purely syphilitic character, tertiary in nature, although appearing at an unusually early time, and revealing a most unusual idiosyncrasy on the part of the patient against antispecific remedies, particularly against mercury. I wrote in this sense to the patient's medical adviser, and mentioned in anticipation of the natural objection that the throat affection had occurred at a time much prior to the usual occurrence of tertiary symptoms, that I had in 1882 described in the *Lancet* a case in which gummata developed in the larynx within the first year from the primary infection, and that I had on the same occasion quoted a case of Mauriac's, in which as early as two and a half months after the primary infection an evolution of gummata took place, and a statement of Zeissl's that he had seen a nodular syphilide four months after the primary infection. At the same time I proposed that the patient should be sent to Aix-la-Chapelle with the primary object of eliciting the opinion of one of the authorities of that place as to the

differential diagnosis between mercurialism and syphilis, and, in second line, of the patient's being treated there for syphilis in the event of the opinion being in favour of the manifestations being specific. This advice was adopted.

“The opinion of the physician at Aix-la-Chapelle, taken quite independently of me, entirely coincided with my own. He considered the case one of precocious malignant tertiary syphilis, two instances of which affecting the nose he had previously observed himself. He at first tried to treat the patient with iodipine preparations, and made four injections of 25 per cent iodopine, each containing  $\frac{1}{2}$  oz. of the drug, this remedy being chosen because, in the experience of my friend at Aix, this form of iodine is equally mild and efficacious. The result was no more successful than had been the mercury and iodine treatment at home. On the day after the last injection the patient got a painful swelling of the tongue. The tongue itself, as well as the soft palate, became covered with a dirty yellowish deposit in the area where previously simple erosions had been present. This condition got daily worse, and ultimately the entire affected region of mucous membrane became changed into a mass of rather deep and intensely painful ulcers, the general health at the same time deteriorating rapidly. The ulcers were painted with a 10 per cent solution of nitric acid. Under this treatment they became cleaner, but showed no tendency to heal. From this result of the iodopine treatment the Aix physician became even more convinced than he had been before that he had to deal with a case of malignant syphilis, as in such cases in his experience the inefficiency of mercury and iodine preparations is quite characteristic. The present case additionally, he stated, belonged to a rare variety which he had previously observed, and which is characterized by a tuberculin-like effect of iodine preparations. In such cases the reaction, which ordinarily is quite insignificant, manifests itself by a furious inflammation. This very reaction, in his opinion, made it even more certain that we had to deal with a case of lues, inasmuch as, although mercury may produce ulcerative lesions, such have never been observed under the administration of iodine preparations, often though they be administered to non-syphilitic persons.

“Acting upon this opinion Zittmann's sarsaparilla

decoction was prescribed for the patient with immediate and brilliant results. For twenty-six days he daily took in the morning 7 oz. of the stronger Zittmann's decoction, and in the evening 7 oz. of the weaker decoction. This was followed for ten days by Kobert's\* sarsaparilla decoction, and finally he took the two Zittmann preparations for another fortnight. Under this treatment his general health improved from day to day, the ulcers cicatrized in the most desirable manner, and ultimately were replaced by a solid scar. The patient's articulation became much more distinct, he could eat without difficulty and pain, and during the whole time hardly ever suffered from diarrhœa. He was discharged with the advice to take Kobert's decoction for another fortnight, and afterwards to discontinue for a time all treatment. When I saw him on his return I found a most pleasing improvement ; a dense cicatrix united the remnants of the soft palate with the lateral wall of the pharynx down to the level of the epiglottis. In its midst there was one sharp-cut perforation, and the uvula, as already stated, had completely perished. There was no active ulceration in the pharynx, and the larynx was normal. The patient's general appearance and articulation were infinitely better than before he went to Aix. Since then, so far as I know, he has remained perfectly well."

Having thus quoted the case in its entirety, we append SIR FELIX SEMON'S "Remarks." He gives in his lecture four cases, but the other three it is unnecessary here to comment upon, as they are outside the sphere of our article. He commences his "remarks" by saying "that whilst ordinarily it is easy enough to follow the established canons with regard to the diagnosis and treatment of manifestations of syphilis in the upper air passages, yet cases

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\*The formula of this preparation is the following: Place 1 kg. of sarsa root in coarse powder in a closed vessel with 4 kg. of distilled water, and set aside for three hours, occasionally stirring ; heat and keep boiling for one hour, then press out. Repeat this once more. Evaporate the combined decoctions until there remains 1 litre (quart), mix well with an equal volume of alcohol (90 per cent), wash out the residue with boiling alcohol (90 per cent)  $\frac{1}{2}$  litre, strain through flannel and filter, evaporate to  $\frac{1}{2}$  litre or less. Establish the quantity of parilli and sarsaponia according to the method of v. Schulz-Christophson, and adjust the strength of the finished product either by evaporating or by adding distilled water, so that it shall contain 2 per cent of the above glycosides.

occur in which it is imperative not to be fettered by rigid formulas, and to judge anomalous instances on their own merits only, and not on the strength of general rules." His "remarks" on the case we have quoted are as follows:—

"In the first case it is the occurrence of severe tertiary lesions so shortly after the primary infection, and the uselessness, not merely, but the direct deleteriousness of the recognized antispecifics, which confer a particular interest upon it. As to the precocious occurrence of tertiary symptoms, this is, as already stated, although a rare, yet a by no means unheard-of occurrence. Much more exceptional is the damaging effect exercised upon syphilitic lesions by both mercurial and iodine preparations. So tangibly serious were the effects of mercury in this case, that there is little room for wonder that the distinguished practitioner who sent the patient to me for an opinion became firmly convinced that the phenomena seen by him were actually due to mercurial poisoning, a view to which he even now adheres. My reasons for thinking otherwise are the following:—

"First, we are all familiar with the effects of mercurial poisoning when appearing in the throat; we know the stomatitis, the profuse ptyalism, the ulceration of the interior of the cheeks, the fungosity of the gums, and the decay of the teeth; but I am not aware that ever a case has been described in which conditions such as those observed in this case—destructive ulceration of the mucous membrane of the palate and fauces, loss of the uvula, perforation of the hard and soft palate, extensive ulceration of the tongue, extensive cicatricial adhesions—have ever been observed as a result of mercurial poisoning.

"Secondly, as already stated, it is of great importance that damaging influence was exercised upon the process, not only by mercurial but also by iodine preparations, and here it is particularly noteworthy, as insisted upon by the physician at Aix-la-Chapelle, that actual ulceration followed the administration of iodine, whether administered by the mouth or by subcutaneous injections, a result never produced in ordinary cases of idiosyncrasy against iodine preparations. However violent the symptoms of iodism may be—I have seen several very instructive instances of the kind—active ulceration has never been amongst them.

“ Thirdly, it is particularly important that twice in this case, before the patient came and saw me, active ulceration had made its appearance spontaneously a long time after mercury had been discontinued.

“ Fourthly and lastly, the condition left behind after the period of ulceration is so absolutely characteristic of the ravages of tertiary syphilis, that I feel sure that every experienced observer who were to see the patient now for the first time would, without a second’s hesitation, declare that the lesions were due to tertiary syphilis.

“ I therefore feel perfectly justified in bringing the case under your notice as an instance of malignant, precocious tertiary syphilis, and in recommending to you in similar cases not to persist with the administration of mercury and iodides, but to have recourse to sarsaparilla in the form of Zittmann’s and Kobert’s decoctions.”

Before we make our comments on the case, and on SIR FELIX SEMON’S views of it, we append the concluding sentences of his lecture :—

“ In conclusion, gentlemen, let me say that the simple narrative I have given illustrates, I think, better than any elaborate commentaries, how little one single form of anti-syphilitic treatment can claim to be universally successful in all cases. In the great majority of my own cases of syphilis of the upper air passages methodical inunction treatment has been most successful, and I trust this more than any other method. Yet you have heard that in two out of these four cases it failed. The therapeutic lesson to be derived from the experiences gained in these four cases it seems to me, is that as in diagnosis so in the treatment of syphilis, it must be our aim to individualize when the ordinary canons show themselves insufficient to cope with the particular case, and not to insist on preconceived notions of any kind.”

Now that mercury is *the* chief remedy in primary syphilis, and in its secondary manifestations, is the opinion of both schools of medicine. In that of the old school it is from experience purely, empiricism pure and simple, with unmistakable curative results. In that of the homœopathic school, it is employed because it is homœopathic to the marked symptoms, objective and subjective, of syphilis, and they have to back them the curative experience of the old school

as a body. Whenever it is found that both schools agree to the prescribing a given drug in the same cases, it can be easily shown that it produces symptoms closely similar to the disease to be treated, and therefore it is the homœopathic remedy for the case in hand. We have only to refer, in proof of our remarks, to the action of tartar emetic in certain forms of bronchitis and pneumonia, of ipecacuanha in certain affections of the respiratory tract, when there is a mixture of inflammatory and neural symptoms, and to the action of nux vomica in certain cases of gastric disturbance and constipation. In the case of mercury and syphilis the similarity between the two is so marked that even SIR FELIX SEMON sent the patient to Aix-la-Chapelle "with the primary object of eliciting the opinion of one of the authorities of that place as to the differential diagnosis between mercurialism and syphilis"; that the medical attendant of the patient who sent the case for a consulting opinion to SIR FELIX, was then of the firm opinion that his patient was suffering from mercurial poisoning, a view he still continued to hold when SIR FELIX lectured, and in spite of arguments to the contrary; and that in TROUSSEAU and PIDOUX's *Traité de Thérapeutique et de Matière Médicale*, the resemblance is pointed out as being so marked that a very long passage is taken up with the marks or symptoms that distinguish the drug and the disease manifestations.

So much for the general resemblance, into the full details of which it would take far greater space than an editorial article would justify.

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The case, however, is clearly neither a pure case of syphilis nor of mercurial poisoning, but a mixture of both. There was syphilis present without a doubt. But the very decided and alarming exacerbations produced by three successive dosings with mercury are quite enough to show that there was something far beyond syphilis alone in that case, and there is no doubt, in our opinion, that the mercury given at each of those three times was the cause of this alarming, as we again call it, development of the serious symptoms, and that the opinion of the ordinary medical attendant, whom SIR FELIX speaks of as "the distinguished practitioner" was the correct one.



SIR FELIX and the Aix-la-Chapelle physician both considered the case as one of "precocious malignant tertiary syphilis."

Now the fact that some people are specially susceptible to the effects of medicines in general, and of certain of them in particular, is well-known, at least to homœopaths. These cases are looked upon by the old school as examples simply of interesting "idiosyncrasies." That is another way of stating, and in an ignorant manner, the fact that such patients are peculiarly susceptible to certain medicines. It is noted by homœopaths very often of mercury, iodine, and belladonna, to take only three examples. Again in the case of cinchona, it may be taken by many, in fact the majority, with only benefit, while we know that HAHNE-MANN himself was one of those "sensitives" on whom only a moderate series of doses produced the marked physiological effect of cinchona. This effect was so uncommon that some writers of the old school actually deny the existence of such cases, and though the prejudicial effects of cinchona and quinine in the quinine factories are proved up to the hilt as existing, yet they are simply denied by many of the old school, who have a determination not to see what they perceive is prejudicial to their views of medicine. We have seen quite recently a patient who is very susceptible to the action of all medicines, and of low dilutions of homœopathic remedies, made seriously ill by an ordinary old-school dose of quinine. This was when she was in the country, and could not get a homœopathic practitioner to prescribe for her. Quinine was indicated, but such was the result of an ordinary old-school dose. On her return to London we prescribed cinchona for her, but in an exceedingly minute dose, what would be called an absurdly infinitesimal one by the old school, with nothing but benefit.

Such cases must not be ignored, or treated simply as remarkable idiosyncrasies, but as evidence that in certain cases ordinary old school doses are only hurtful and disease-producing. In such a drug as mercury, the evils produced may be enormous, and life-long in their results. Nowadays we rarely see or hear of cases of syphilis with the added lamentable results of big doses of mercury, simply because mercury is not now given in the huge doses of former days.

In a former generation, the combined evil effects of disease and mercury were commonly met with, and it became quite a proverbial saying that the combination of syphilis and mercury, especially if in a scrofulous subject, was about the most melancholy picture of the time. Nowadays, mercury is given in much smaller quantity, "just to touch the gums," even by the old school, while the more advanced and observant members of that school, such as RICORD and Mr. JONATHAN HUTCHINSON, act on the homœopathic principle of giving less than will even "touch the gums," in fact less than will produce any pathogenetic effect except the quiet and steady curative action. Hence the absence from view at the present time of these disastrous examples of the former old school treatment.

But another important point has been missed by SIR FELIX SEMON and the old school. That is, that these "sensitives" are the ones in whom the finer details of pathogenetic action are developed. The cruder effects may be visible in many of those taking mercury as a remedy, and hence they are well known, but for the more minute or finer effects, the "sensitive" has to be looked to. It is not, therefore, enough to say that such and such a state is rare, or that it has not occurred as noted in the ordinary books, but the very fact of certain symptoms having been produced in sensitives constitutes the most valuable and characteristic symptoms of the drug in question. SIR FELIX SEMON'S conclusions that, since certain phenomena are not known to have been produced, at least not noted in standard words of the old school on *materia medica* and therapeutics, they do not exist, and that the lamentable results recorded in the case quoted are all due to "malignant" syphilis, are simply the result of want of knowledge of the drug. To get these finer details one must go to homœopathic literature, where every disease symptom is noted and recorded for subsequent use on the homœopathic principle of similars. And even if certain symptoms develop in a man who has undoubtedly got syphilis, and has been over-dosed by mercury at the same time, and which have not been recorded in the homœopathic *materia medica*, is that any reason why these symptoms should not be in a marked "sensitive" the result of the two poisons, the one enormously aggravated by the addition of the other in full doses ?

To admit that such symptoms are due chiefly, if not entirely, to the mercury given would not, of course, suit old-school ideas, but the well-maintained belief of the "distinguished practitioner" whose case he sent for consultation to SIR FELIX SEMON, shows that at least one observant man could not, and would not, shut his eyes to facts which lay before him, and which could be explained in no other way than by supposing that his patient was suffering from mercurial poisoning.

What has been hitherto said is, in a sense, only general. Let us now see, from *Allen's Encyclopædia of Pure Materia Medica*, what effects are produced by mercury in the mouth and throat. We only quote these as they only are involved in the question we are discussing. Also we omit the well-known symptoms which are named by SIR FELIX SEMON, "the stomatitis, the profuse ptyalism, the ulceration of the interior of the cheeks, the fungosity of the gums, and the decay of the teeth." He adds, "but I am not aware that ever a case has been described in which conditions such as those observed in this case—destructive ulceration of the mucous membrane of the palate and fauces, loss of the uvula, perforation of the hard and soft palate, extensive ulceration of the tongue, extensive cicatricial adhesions—have ever been observed as a result of mercurial poisoning."

Under *Mercurius Vivus* in *Allen's Encyclopædia* we find: "Tongue very much swollen, painful, and covered with foul ulcers, with constant oozing of blood as from a spongy tissue; these ulcers made swallowing very difficult." "Great swelling of the tongue, especially of the right side, which was covered with superficial ulcers." "Ulcers in the tongue." "Long, pale ulcers on the edge of the tongue near its tip." "The ulcers on the edges of the tongue, which are  $4\frac{1}{2}$  centimetres in length, are cicatrized in their anterior third. The posterior two-thirds of the left ulceration shows a granulated surface 3 millimetres in breadth. The right ulceration shows a granulated surface rising above the healthy mucous membrane, and about 3 millimetres in length (after twenty-two days). The ulcer on the left border of the tongue has cicatrized; a white line marks the boundary of the cicatrix. The ulcer on the right edge

of the tongue is not more than 3 millimetres in length ; it forms a raised granulated surface, with a white border, which cuts it transversely in several places, so as to divide it, as it were, into islets. This granulated surface projects above the white border, which is a true cicatrized edge (after twenty-five days).” “On the right border of the tongue, instead of the gray patch, a granulated surface stands out upon the healthy mucous membrane, which bleeds on the slightest touch, and has the white edging of a true cicatrix. There is a similar appearance on the left border (after sixteen days).” “Pain in the tongue, with blisters on the margin developing into ulcers.” “The mucous membrane of the palate is intensely and œdematously swollen.” “The mucous membrane assumes a bluish red appearance in one or more places, and becomes spongy ; next day these spots become whitish, and the dissolution of the mucous membrane becomes evident ; in a few hours the whitish gray substance changes to a foetid ichor, flows off, and exhibits an irregular, shaggy, flat ulcer, with an almost spongy base, and sharply indented edges ; the ichor is discharged in profuse quantity, the ulcer spreads rapidly in extent, without penetrating into the flesh, and is very painful ; if the use of the metal be continued, and the ulcers left to themselves, they assume a dirty, foul appearance, and become rapidly phagedænic ; blood is now discharged from the ulcers, not actively, but oozing out as from a sponge, and evincing a state of great debility ; the bottoms of these ulcers often present unequal elevations and depressions, as if it had been corroded by insects ; the breaking out of these sores is often accompanied by irregular or quick pulse, sleeplessness, restlessness, profuse night-sweats, great nervousness, and impatience from the slightest cause.” “Inflammation of the tonsils and formation of an abscess.” Mons. B., an interne in the Hôpital de la Pitié, and attending to the treatment of prostitutes, was attacked with mercurial poisoning, and had “even ulcers in the back of the mouth.” When he got worse, he “consulted a distinguished practitioner, who pronounced the disease venereal, and *prescribed a course of mercury*. As M. B. had never had syphilis, and had never even been exposed to the contagion, he declined to follow this advice. His complaint lasted several months,

and disappeared finally after he had left off treating venereal patients." "Small pigmented scar on the right side, between the hard and soft palate, with a mercurial ulcer." "Difficult articulation, amounting to stammering; he could hardly be understood." "On the left side of the soft palate a long superficial ulcer." "All the workers not salivated were affected with ulcers of the fauces." "Complete picture of laryngeal phthisis, with erosions or ulcers on the posterior wall of the pharynx."

Under *Mercurius Corrosivus* (perchloride of mercury), after a description of the state of the mouth and throat, it is stated that "the sloughing extended to the cheek, gum, *palate*, and even the maxillary bone was laid bare."

Under *Mercurius Dulcis* (calomel), it is stated: "the greater part of the mouth and tongue mortified, and part of the tongue, the under lip, and part of the side of the face sloughed off, presenting a most horrible spectacle to behold."

Under *Mercurius Precipitatus ruber* (red precipitate), we find the following: "The whole of the anterior portion of the tongue sloughed away, and four teeth were lost during the operation of syringing. As the parts healed, the jaws became completely closed, owing to the loss of substance and contraction of the cicatrices, so that all nourishment had to be drawn through the teeth. The tongue also became reduced, and firmly adherent to the floor of the mouth and cheeks. The latter adhesions were afterwards divided by incisions, but all power of protruding the organ is lost."

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We think we have quoted the provings in *Allen's Encyclopædia* sufficiently, as regards the mouth and throat, to show that the case recorded is clearly an example of mercurial poisoning. The symptoms in the case and in the pathogenesis are sufficiently close to prove this. We have also to remember that the symptoms in the recorded case were much aggravated by the fact that the gentleman had undoubted syphilis. This is sure to aggravate matters, as we know they used to do in former days, and besides he was evidently a "sensitive," specially developing the symptoms of mercurial poisoning when dosed with ordinary

old-school doses, and therefore sure to show the features of mercurial poisoning in an unusual degree. The point to which these features went, aggravated by syphilis, is therefore readily understandable. Had he been treated the first time, certainly the second and third time, by "infinitesimal" doses of mercury, he would, in all probability, have had a quick cure. The fact of his being a "sensitive" to mercury is also shown by the renewed aggravation by iodine. The provings of iodine we do not quote, as though like mercury as far as the mouth and throat are concerned, the provings are yet much—very much—milder in character, and no opponent would be convinced from its local symptoms. Still, there it is, a mild form of what is very like the mercurial poison symptoms. The patient was evidently keenly sensitive to iodine as well as mercury. It is therefore, in our view, clearly a case of mercurial and iodine poisoning. The patient only got well when both were entirely stopped, and he was put on a preparation of sarsaparilla, a medicine which is of distinct service in certain cases of syphilis. The case becomes, in fact, an important addition to our mercurial and iodine "provings," although the proving was not a pure one, being complicated with the presence of the syphilitic poison.

Well may SIR FELIX SEMON dilate on the necessity of eschewing square and rule, and individualizing each case. Here is a case in point, which was not individualized, and hence the illness to which he was a victim.

It is a most interesting and valuable case for record, of no use to allopaths except as a rare and interesting one, and with a warning for the future, but to homœopaths one of great importance, and full of teaching.

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## REVIEWS.

*Diseases of Children*; a Text-book for the use of Students and Practitioners. By C. SIGMUND RAUE, M.D., Clinical Professor of Pædiatrics, Hahnemann Medical College of Philadelphia, etc. 2nd Edition. Revised, enlarged, and illustrated. Philadelphia: Boericke & Tafel, 1906.

This work of over 750 pages has now reached its second edition. The aim of the author has been not to overstep

the bounds of a text-book, which is intended for the profession—students and busy practitioners.

It is certainly one of the best books of its kind, dealing with the subject in a clear, thorough, and to use one of the authors' expressions, up-to-date way. There are frequent references to current medical literature, and the author evidently follows with interest the work of the general medical profession as set forth in the special periodicals published on pædology. The chapter dealing with the methods of clinical examination is excellent, and the graphic representations showing the relation between the head, chest, and weight are very instructive. Physical diagnosis is very carefully gone into.

We find the latest views on hæmatology; Quincke's lumbar puncture is described and advised, as a means of differentiating posterior basic meningitis from cerebrospinal meningitis by finding the diplococcus of Still in the cerebrospinal fluid; Griesbach's interesting work with the æsthesiometer is included in the chapter on chorea, and Babinski's and Kernig's signs are carefully described. The author follows the work of the bacteriologists, and justly lays stress on aseptic methods. The child's mouth and teeth are never to be neglected; the unhealthy condition of the teeth and gums, too often seen, is the predisposing cause of tonsillar and post-pharyngeal troubles.

There is an admirable chapter on the modification of cow's milk, which, as the author says, "has of late years been made unnecessarily complicated." The question of treatment is in all cases carefully gone into, and in many instances the author's experience given. As a rule the remedies only are mentioned and the potency unstated, and left for the reader. Dr. Raue inclines to the lower dilutions, and advises the beginner to commence with these, but in all cases the dose is to "fall short of producing medicinal aggravation, and if the remedy be homœopathically indicated, a curative result will follow." He says very justly that "the *dose*, while an important question, is not the principle upon which homœopathy is based." "Our unfair critics would have it believed that homœopathy and micro-therapy are one and the same thing." The 3x and the 6x appear to be the highest dilutions used, and speaking of the nosodes Dr. Raue says "personally I have no experience of these products. It has seemed to me unnecessary to call upon such uncertain agents in the face of the all-sufficient array of well-proven and verified remedies at our disposal." This appears to us a defect in such a work. The value of certain of the nosodes is beyond doubt, and the

higher dilutions of certain medicines are constantly in use at the London Homœopathic Hospital, with the best results.

In the treatment of broncho-pneumonia, antim. tart. is only *mentioned* as one of the remedies, but no prominence is given to this remedy which is our sheet-anchor in this disease.

The author thinks highly of alcohol in adynamic states, especially septic typhoid conditions. It is well borne by children. "An infant one year old may take half a drachm (of brandy) every two hours. This can be increased to one drachm if necessary." These doses appear to us excessive.

Speaking of the value of the exploring needle, "all authorities agree on the free use of the exploring needle" (page 324). Several deaths have been recorded from this practice, and it is necessary to qualify this statement accordingly.

The book is well printed, but unfortunately a glazed paper has been used, which is trying for the eyes; there are sixty-one illustrations, and a good index. We have only found one mistake, in page 119, where "litigation" should read *ligation*; and "worriment" and "up-to-date," expressive words though they are, have not yet been admitted to our English dictionary.

Subject to these few criticisms we can most confidently recommend this work as reliable and representing the present views. It will prove a valuable addition to our medical library.

*A Second Period of Two Years' Abdominal Work in the Gynæcological (Ebury) Ward of the London Homœopathic Hospital, with no mortality.* By GEORGE BURFORD, M.B., M.C., Senior Physician, and JAMES JOHNSTONE, M.B., F.R.C.S., Assistant Physician, to the Department for Diseases of Women. London: John Bale, Sons and Danielsson, Ltd., 1906.

We do not know that we are exactly in order in reviewing this pamphlet, as on the outside cover it is marked "For private circulation only." But we cannot resist the opportunity of noticing such a marked successful result as to have absolutely no mortality for two years, and this a second period of the same duration with the same result—no mortality. In this pamphlet, the report confines itself to cases requiring abdominal section, omitting other important cases. A very rare and interesting case of simultaneous ectopic gestation in both Fallopian tubes, which appeared in the pages of the *Review*, is reproduced in the pamphlet, followed by the list of cases, with their salient features. Then follow



three appendices, the first on "Saline transfusion for hæmorrhage or shock"; the second on "The association between uterine fibroids and secondary cardiac conditions"; and the third on "Neurasthenia in conjunction with pelvic affections."

We congratulate Drs. Burford and Johnstone on their success in obtaining such unique results at the Hospital from abdominal sections, and we also congratulate homœopathy. The excellent results are no doubt largely due to pre-operative homœopathic treatment of the patients, and to their subsequent care and homœopathic therapeusis.

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## MEETINGS.

### BRITISH HOMŒOPATHIC SOCIETY.

THE Sixth Meeting of the Session 1905-6 of the British Homœopathic Society, was held at the London Homœopathic Hospital, on Thursday, April 5, 1906, at 8.0 p.m., Dr. A. E. Hawkes, President, in the chair.

#### *Section of Materia Medica and Therapeutics.*

Under the auspices of this section Dr. C. E. Ham, of the London Homœopathic Hospital (introduced by Dr. Byres Moir), read a paper entitled, "Things New but Old."

The aim of the paper was to draw attention to certain phases of treatment recently initiated by some prominent representatives of the dominant school of medicine which, when carefully considered, compel the inference that they depend for their value on the principle of homœopathy. Dr. Ham quoted from a paper by Dr. G. W. Ross in which lactate of calcium is described as eminently useful in certain kinds of headache. The remarkable part about Dr. Ross's description is that the symptoms of the cases are given in a most circumstantial manner, quite after the homœopathic plan of discrimination for a remedy, namely, the quality and location of the pain, the time conditions of its manifestations, the state of the blood and organs of the body, with their symptoms as concomitant or conditional upon the headaches. The dose, it is true, was large, but Dr. Ham pointed out that probably only a small quantity of the drug was absorbed.

A most interesting form of treatment (the opsonic) has arisen during the past three years under the guiding genius of

Professor Wright, of St. Mary's Hospital. It is based primarily on the fact that the polynuclear leucocytes are capable of swallowing up micro-organisms, but secondarily on another fact, that a certain condition of the blood serum is essential for this purpose. The relative condition of the serum is termed its opsonic power. It varies in different individuals, is less in those suffering from chronic diseases having a micro-organism in their pathogenesis, e.g., tuberculosis, and a relative estimation of the opsonic power may be made, by comparison of these with the serum of normal persons. The relative standard is termed the opsonic index. Accepting one as the standard of the normal, decimal fractions of unity serve to describe the opsonic index of suffering persons. Professor Wright and his pupils have found that hypodermic injections of tuberculin have the effect of first lowering, and then raising, the opsonic index, and that this will take place in persons suffering from tuberculous diseases, and that the heightened index is followed by improvement in their condition, and a subsequent return of the opsonic index to nearer normal than before the injections. Observations and injections have been made on a large number of cases with beneficial results. The method is also of practical value in diagnosis. The resemblance of this method to homœopathy is too obvious to need pointing out, and there appears no reason why the method should not yield results when the drug is given by the mouth and in high attenuations. The tendency of Professor Wright and his followers was to give too large doses at first, and they have reduced them much since. Dr. Ham compared this method with Hahnemann's theory and practice in chronic disease, also with later work of Swan and Burnett, and pointed out that it would be greatly to the benefit of homœopathy generally if it were seriously taken up and scientifically pursued. The nosodes, although of great value, have been very imperfectly worked out by homœopaths. and with the accurate data set out by Professor Wright this field offers the greatest possible prospect of benefit in chronic diseases hitherto most intractable.

Dr. Ham's paper gave rise to a most interesting discussion on nosodes, and the relative value of nosological and pathological theory in the treatment of chronic diseases. Dr. Hawkes, Dr. Dyce Brown, Dr. Goldsbrough, Dr. Lambert, Dr. Byres Moir, Dr. Clarke, Dr. Roberson Day, Dr. MacNish, Dr. E. A. Neatby, Mr. Knox Shaw, Dr. Hey, Dr. Osmond Bodman, and Dr. Octavia Lewin joined in the discussion, and Dr. Ham replied.

NOTABILIA.

SYLLABUS OF POST-GRADUATE COURSE IN THE  
PRACTICE OF HOMŒOPATHY,  
GIVEN AT THE LONDON HOMŒOPATHIC HOSPITAL,  
GREAT ORMOND STREET, LONDON, W.C.,  
DAILY FROM MAY 14 TO JULY 14, 1906.

Under the Direction of a Conjoint Committee of the London  
Homœopathic Hospital, and the British Homœopathic Association.

- 1.—A Course of LECTURES ON HOMŒOPATHIC THERAPEUTICS  
will be given by Dr. DYCE BROWN, on *Mondays* and  
*Thursdays*, at 5.30 p.m.
- 2.—A Course of LECTURES ON THE PRACTICE OF HOMŒO-  
PATHY will be given by Dr. J. H. CLARKE, on *Tuesdays*  
and *Fridays*, at 5 p.m.
- 3.—A SPECIAL COURSE OF TUTORIAL DEMONSTRATIONS ON  
SURGICAL SUBJECTS will be given in the Hospital  
Wards, on *Mondays*, at 4.30 p.m., by DUDLEY WRIGHT,  
Esq., F.R.C.S.
- 4.—A SPECIAL COURSE OF TUTORIAL DEMONSTRATIONS  
ON MEDICAL CASES will be given by DR. STONHAM,  
on *Wednesdays*, at 4.30 p.m.
- 5.—A SPECIAL COURSE OF TUTORIAL DEMONSTRATIONS ON  
MEDICAL CASES will be given by DR. LAMBERT, on  
*Fridays*, at 4.30 p.m.
- 6.—A SPECIAL COURSE OF TUTORIAL DEMONSTRATIONS ON  
THE DISEASES OF CHILDREN will be given on *Tuesdays*,  
at 4.30 p.m.
- 7.—A SPECIAL COURSE OF TUTORIAL DEMONSTRATIONS  
will be given on GYNÆCOLOGICAL CASES, on *Thursdays*  
at 4.30 p.m., by Dr. BURFORD and Dr. JAMES  
JOHNSTONE.
- 8.—THE CLINQUES OF THE VISITING PHYSICIANS AND  
SURGEONS commence each morning at 9.30 o'clock.
- 9.—THE CLINQUES IN THE OUT-PATIENT DEPARTMENT  
commence each afternoon at 2.30 o'clock.

A Special CERTIFICATE OF PROFICIENCY, endorsed by the  
Medical Staff, will be granted to those Post-Graduate  
Students who successfully pass the Examination held at the  
end of term.

The FEES FOR THE ENTIRE COURSE, or any part thereof,  
are Two Guineas for each Post-Graduate Student.

CARDS OF ADMISSION to the Course, and any further infor-  
mation as to detail will be furnished by THE SECRETARY,  
Post-Graduate Course, London Homœopathic Hospital, Great  
Ormond Street, LONDON, W.C.

## LONDON HOMŒOPATHIC HOSPITAL.

## THE 56TH ANNUAL REPORT

*(For the Year ended December 31st, 1905).*

IN presenting to the Governors, Donors, and Subscribers the Fifty-Sixth Annual Report of the London Homœopathic Hospital, for the year ending December 31st, 1905, the Board are confident that it must meet with the approval of all the supporters of the Hospital. The year has been one of marked activity, and has also been blessed by a most encouraging degree of prosperity.

The Financial Work of the year may be summarized as follows :—

Collected, by Special Appeal to reduce debt and replace Drafts on Capital Funds .. .. .	£	s.	d.
	12,289	2	2
The Income for 1905 over 1904 was increased by ..	1,023	3	2
Including New Annual Subscriptions which amounted to .. .. .	574	0	6
Although there was an increase of 116 In-patients and 1,556 Out-Patients in 1905 over 1904, yet the ordinary expenditure of the Hospital for the year 1905 was reduced, as compared with 1904, by ..	1,423	19	2
The DEFICIT on the ordinary Income and Expenditure Account for the year 1905, was therefore only	425	9	10
Against a deficit of £2,872 12s. 2d. in 1904, showing a reduction of.. .. .	2,447	2	4

With regard to the number of patients treated there has been an increase, as will be seen from the following particulars : The in-patients during the past year numbered 1,132, against 1,016 in 1904 ; and the out-patients (including 16,979 renewals) numbered 25,044 against 23,488 in 1904. The out-patients' consultations numbered 44,558, as compared with 40,536 in 1904. The following are the numbers for four years :—

	In-Patients.	Out-Patients.	Out-Patients' Consultations.	No. of
1902 .....	1,031	20,749	37,267	
1903 .....	1,145	23,869	43,289	
1904 .....	1,016	23,488	40,536	
1905 .....	1,132	25,044	44,558	

But it must be remembered that in 1902 the Hospital was closed from August the 18th to September the 30th for repairs ; and that in 1904 the Hospital was closed from August 1st to August 31st for the removal of the old, and the introduction of a new boiler in the basement.

The above figures show that the work of the out-patient department has steadily increased, and indeed the space afforded is quite inadequate at present to deal efficiently with the large number attending, and extra consulting-rooms are urgently required.

As usual, a large number of letters have been received during the year from in- and out-patients and their friends, expressing gratitude for the treatment received, and the Board wish to record the great pleasure they experience in thus being continually assured that the benefits of the hospital are so highly appreciated.

The Accounts for 1905 have been audited by Messrs. Prideaux, Frere, Brown and Hannay, Chartered Accountants, who have audited the books since 1864. They retire in accordance with the laws, and offer themselves for re-election.

■ *Ordinary Income.*—As will be seen from the following table, each item of income shows an increase, and there is an increase for 1905 over 1904 of £1,023 3s. 2d. This affords much hope for the future, and leads to the expectation that in due course the income will equal the expenditure.

ORDINARY INCOME.

Income.	1902.			1903.			1904.			1905.			Increase over 1904.		
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Annual Subscriptions ..	1612	8	0	1741	19	6	1744	14	6	2206	18	11	464	4	5
Donations ..	757	18	2	229	0	8	350	13	0	398	9	11	38	16	11
Hospital Sun. Fund ..	527	1	8	568	15	0	533	15	10	625	7	6	91	11	8
Hospital Sat. Fund ..	135	8	0	160	2	0	146	2	0	169	12	0	23	10	0
King Edward's Fund ..	200	0	0	200	0	0	200	0	0	400	0	0	200	0	0
Invested Funds ..	2464	7	11	2164	8	5	2666	15	7	2534	12	1	—	—	—
Nursing Institution ..	*191	8	9	*79	10	10	*1	2	10	*178	5	0	177	2	2
Out-Patients' Fees ..	875	6	0	1024	0	0	984	3	0	1069	5	0	85	2	0
Other receipts ..	534	2	0	120	0	0	231	2	6	306	2	0	74	19	6
	7238	0	6	6287	16	5	6867	9	3	7890	12	5			

\* Profit after deduction of expenses.

In the above amount for 1904, under invested funds, there is, however, included income strictly belonging to the 1903 account, viz., one year's income tax reclaimed £194, and a half-year's dividend on Quin estate £181 5s. 10d., as these amounts were received in 1904 too late to be included in the 1903 accounts, to which they belong. If these items had not been carried over from 1903, and included in 1904, the 1905 income would show a still further increase of £243 12s. 4d., making a grand increase of £1,266 15s. 6d. for the year 1905.

One great need at the present time is increased annual support. It is true that the annual subscriptions for 1905 show the handsome increase of £464 4s. 5d. over those for the previous year, notwithstanding the loss of £109 16s. 1d. in consequence of the death or withdrawal of several valuable contributors. Yet they only amount now to £2,208, and are, therefore, much too small, in comparison with the expenditure of £8,316 a year, to ensure reasonable stability in the financial

position of the institution, while the total income still falls below the requisite amount required for the expenditure by some £425. In gratefully acknowledging the above increase in the number of annual subscriptions, the Board feel that special thanks are due to the following for their generous new annual subscriptions:—

	£	s.	d.
The Earl Dysart .. .. .	100	0	0
Sir Henry Tyler .. .. .	100	0	0
Otto Beit, Esq. (per Dr. Burford)..	100	0	0
Mrs. Astley Cheetham .. .. .	10	10	0
Mrs. Kynaston Cross (increase of)..	10	0	0
C. A. Edward, Esq... .. .	10	10	0
The Rev. Robert and Mrs. Dawson .. .. .	12	2	0
Walter Hargreaves Brown, Esq... .. .	5	0	0
Miss Ada Byron .. .. .	5	0	0
F. S. Clayton, Esq... .. .	5	5	0
Mrs. T. S. Hall .. .. .	5	5	0
Miss Quincey (increase of).. .. .	5	5	0

If all directly or indirectly interested in the well-being and progress of the Hospital would aid the Board by inducing others whom it may be in their power to influence, to support the institution by donations or annual subscriptions, it would soon be the pleasing task of the Board to announce the attainment of that success to which their increasing exertions are directed, viz., a more satisfactory relation between income and expenditure.

The following table shows the fluctuations of ordinary income during the past four years:—

Year.	Income.			Increase compared with last preceding year.			Decrease compared with last preceding year.		
	£	s.	d.	£	s.	d.	£	s.	d.
1902	7,298	0	6	835	4	1	—	—	—
1903	6,287	16	5	—	—	—	1,010	4	1
1904	6,867	9	3	579	12	10	—	—	—
1905	7,890	12	5	1,023	3	2	—	—	—

The following table shows the deficits on the ordinary income and expenditure accounts for the past four years:—

Year.	Ordinary Income.			Ordinary Expenditure.			Deficit.		
	£	s.	d.	£	s.	d.	£	s.	d.
1902	7,298	0	6	9,708	18	10	2,510	18	4
1903	6,287	16	5	9,991	11	5	3,703	15	0
1904	6,867	9	3	9,740	1	5	2,872	12	2
1905	7,890	12	5	8,316	2	3	425	9	10

*Expenditure.*—The following table, comparing the expenditure of the four years 1902–1905 inclusive, shows the variations

in expenditure in different branches of the hospital work, exclusive of the *Private Nursing Institute* expenses in 1904-1905, which are elsewhere separately dealt with :—

ORDINARY EXPENDITURE.

	1902.			1903.			1904.			1905.			Decrease compared with '04.		
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Provisions . . . . .	2427	5	3	2719	7	8	2137	10	3	1936	11	0	200	19	3
Surgery and Dispensary	1035	8	5	1088	2	6	983	4	10	756	1	4	227	3	6
Domestic . . . . .	2276	0	7	2330	9	7	2032	0	3	1798	17	2	233	3	1
Establishment Charges	767	16	8	669	15	11	771	9	0	532	3	3	239	5	9
Salaries and Wages . . . . .	2947	1	7	3210	1	10	2668	17	4	2523	2	2	145	15	2
Miscellaneous . . . . .	195	12	7	297	1	4	310	0	4	290	9	0	19	11	4
<b>ADMINISTRATION—</b>															
a. Management . . . . .	740	16	10	679	10	1	836	19	5	478	18	4	358	1	1
b. Finance . . . . .	157	2	11	127	2	8									
Estimated cost of ) Nursing Institute )	10547	4	10	11119	11	7	9740	1	5	8316	2	3	1423	19	2
	838	6	0	1128	0	2	—	—	—	—	—	—	—	—	—
	9708	18	10	9991	11	5	9740	1	5	8316	2	3	1423	19	2

*Sub-Committee on Expenditure.*—The Board have great pleasure in drawing special attention to the reduction under all the heads referred to in the above table, which has been effected without in any way impairing the efficiency of the Hospital. In 1904 a Sub-committee on Expenditure, consisting of two members of the Board of Management, and one physician and one surgeon from the medical staff, went very carefully into the whole question of expenditure. These enquiries led to an investigation into provisions, such as meat, fish, milk, bread, etc., etc.; into drugs, instruments, dressings, etc., etc.; into washing, heating, lighting, salaries, etc., etc.; and the Expenditure Committee report to the Board of Management as follows :—

“ We have come to the conclusion that the system now in vogue for the ordering and supervision of the domestic requirements of the Hospital is good: and that a fair and economical price for quality is being paid: also that but little saving can be anticipated in the purchase of food; but recommendations are being made which it is hoped will enable direct savings to be made by economy in administration, and it is in this direction that the efforts of the Sub-committee are being seriously directed. With the loyal co-operation of all those working in the Hospital much may be done, and is already being done, to diminish expenditure without impairing efficiency.”

The Board feel that the reductions effected during the past year are due to these recommendations having been carried out in an able and loyal manner by the officers, sisters, nurses, and all concerned, and they wish to express their thanks to all who have assisted in this matter. It is only right that the Board should notice with approbation the manner in

which the housekeeper, Miss Brock, has performed her duties and kept the interest of the Hospital at heart. To her constant and loyal supervision the economical working of the Hospital in the domestic department is mainly due. The minor establishment under her charge having worked loyally and well.

The working expenditure of the Hospital during the year 1905 was £8,316 2s. 3d. or £1,423 19s. 2d. less than for the preceding twelve months, showing, as anticipated in the last annual report, a sensible reduction. This reduction of £1,423 19s. 2d. was effected notwithstanding that 116 more in-patients were admitted and 1,556 out-patients treated than in 1904.

The Board wish to assure the governors, donors, and subscribers that great care is exercised in purchasing for the Hospital. Contracts are taken for the supply of what is necessary at the lowest price compatible with good quality, and every means that can be suggested for the reduction of expenditure is carefully considered. It must, however, be remembered that while every effort is made to restrict expenditure, the Board feel that they cannot reasonably hope for any further great reduction in the annual ordinary expenditure: indeed, in view of the increasing cost of surgical and medical requirements on the one hand, and the cost of domestic labour and supplies on the other, it seems inevitable that the tendency must be towards an increase, and it is absolutely necessary to keep the Institution up to the high standard of efficiency demanded by modern medical science.

*Cost of Patients.*—An analysis of the above expenditure, £8,316 2s. 3d. for the year 1905, after deducting £1,878 6s., the estimated cost of 25,044 out-patients at 1s. 6d. each, gives the following results neglecting the fractions:—

1904.	TABLE OF AVERAGES.	1905.
£2 0 11	Total cost per week of each In-patient .. .. .	£1 12 6
£7 17 03	Average cost of each In-patient .. .. .	£5 13 8
£106 7 84	Average cost of each occupied bed .. .. .	£84 14 24
75	Daily average number of beds occupied .. .. .	76
100	Total number of beds in Hospital .. .. .	100
134	Average number of Patients who occupied each bed .. .. .	15
1,016	Number of In-patients under treatment for year .. .. .	1,132
26	Average number of days each In-patient stayed .. .. .	24
36	Number of cases which ended fatally .. .. .	52
£9,740	Cost of maintenance of the Hospital .. .. .	£8,316
£2,872	Deficit on ordinary expenditure .. .. .	£425

*Private Nurses.*—The receipts from Private Nursing in 1905 have been £1,457 15s. 11d., which compares with the previous years as follows:—

	£	s.	d.
1902	1,029	14	0
1903	1,207	11	0
1904	1,105	6	6
1905	1,457	15	11



The Board desire to call the attention of the homœopathic medical profession, and of the governors and subscribers, to the fact that this Hospital supplies nurses from the private staff for adult and children's cases. It is a subject of great gratification to record, not only that the demand for nurses is maintained, but also that the greatest satisfaction has, without exception, been expressed by everyone who has had a nurse from the private staff. A telephone extension, No. 359 Holborn, has been fitted, and callers can now speak direct to Miss Victoria Daunt, the Matron. As will be seen from the table, the receipts from private nursing for the past twelve months are £352 9s. 5d. in excess of those of 1904.

*The Nursing Staff.*—Special attention is given to the training of probationer nurses. Examinations are held and certificates granted. Candidates desirous of entering the nursing profession are invited to communicate with Miss Daunt, the Matron at the Hospital, who will gladly give advice on the subject. The age limits for admission of probationers to this Hospital are from 21 to 30.

*Retirement of Miss Brew on Pension.*—The past year has seen the retirement on pension of a loyal and valuable officer, Miss Brew, the late Lady-Superintendent of Nursing, who has served the hospital faithfully for a period of over thirty years, and of two of the sisters, namely, Sister Olive and Sister Marian. Miss Brew and these sisters retired on pension with the most cordial acknowledgments of their long and faithful services from the Board of Management and the Medical Staff, and with the highest esteem and warmest wishes of their fellow officers, all of whom hope they may for long enjoy the rest they have so justly earned. Miss Victoria Daunt, who has been appointed Matron in succession to Miss Brew, was trained at and holds a certificate from the Great Northern Central Hospital, and was Acting Matron at the National Hospital for the Paralysed and Epileptic.

*King Edward's Fund.*—The visitors in 1905 of King Edward's Fund—Mr. Clinton T. Dent, F.R.C.S., and Mr. R. Biddulph Martin, M.P.—inspected the hospital on Tuesday, June 27th, and expressed themselves perfectly satisfied with its condition. It is always a pleasure to the Board to welcome the visitors of King Edward's Fund, and the pleasure would be much increased if the result obtained for the Hospital in the list of awards compared more favourably with those from the Hospital Sunday Fund, and the Hospital Sunday Fund, and with those awarded by the King's Fund to other Hospitals.

The Treasurer of the Hospital received £400 from the

King's Fund this year, as compared with £200 in 1904 and in each of the previous seven years. The Board offer their grateful thanks to H.R.H. The Prince of Wales, the President, for his kind appreciation of the good work.

The Hospital has continued to receive the generous support of the Metropolitan Hospital Saturday and Sunday Funds, and it is pleasing to record a substantial increase from both. The awards were as follows :—

	1904.			1905.		
	£	s.	d.	£	s.	d.
King Edward's Hospital Fund for London	200	0	0	400	0	0
Metropolitan Hospital Sunday Fund ..	533	15	10	625	7	6
Hospital Saturday Fund .. .. .	146	2	0	169	12	0
	879 17 10			1194 19 6		

As will be seen, the award from the Metropolitan Hospital Sunday Fund to the Hospital has been £625 7s. 6d., being an increase of £91 11s. 8d. over that of 1904. The award of the Hospital Saturday Fund has been £169 12s., considerably higher than the previous year, when it was £146 2s. The Hospital Saturday and Sunday Fund awards are made for work done, and for efficiency and economy, and their marked increase affords a gratifying and impartial proof of the opinion thus expressed in regard to the careful and effective management of the Hospital.

The King Edward's Hospital Fund award is made on the grounds of necessitousness, and its very moderate amount is an equal but not such a satisfactory testimony to the soundness of the financial control. The Board, while fully appreciating this negative recognition of their constant efforts to preserve the Hospital from a disastrous state of debt, and always grateful for the awards from his Majesty's Hospital Fund, cannot shut their eyes to the fact that if the awards were made like those of Saturday and Sunday Funds for work accomplished, for efficiency, and for economy, the Hospital would receive some £1,000 per annum, while if in proportion to the grants to some other hospitals the award would reach a much higher total.

Petitions were addressed to some of the City Companies, and the Board gratefully acknowledge the following donations :—

	£	s.	d.
The Worshipful Company of Leathersellers .. .. .	15	15	0
"    "    Salters .. .. .	10	10	0
"    "    Pewterers .. .. .	5	5	0

The Legacies received during the year were as follows :—

	£	s.	d.
Miss Claude Maud Petter (less £25 legacy duty) .. .. .	250	0	0
The Rev. J. Viney .. .. .	100	0	0
Mr. James Epps, jun. .. .. .	100	0	0
Miss Elizabeth Adelaide Manning .. .. .	50	0	0
Mr. George Drew .. .. .	10	0	0

*Endowed Beds by Annual Subscription.*—The principle of endowed beds by annual subscription has been taken up at Wimbledon by Mrs. Vincent Green, wife of Dr. Vincent Green, and as a result of her efforts, one adult bed for the reception of male surgical cases in the Bayes Ward called the “Wimbledon Bed,” has now been established for maintenance by special annual subscriptions. The Board are hopeful that the excellent example set by Wimbledon may lead to a further development in other suburban districts and provincial towns of this feature of the hospital.

There is no better way of assisting the medical man residing in a district than subscriptions by his patients and friends for maintaining a bed in the Hospital, so as to enable him to send in his poor dispensary patients, who might otherwise be unable to gain admittance for treatment in the Hospital. In addition, Mrs. Otto Beit, towards the close of the year, endowed, through Dr. Burford, by a gift of £1,000, the “Theodora Bed,” hitherto maintained by annual subscriptions.

*Deficit :—*

	£	s.	d.
The year's total expenditure has been .. .. .	8,316	2	3
The income .. .. .	7,890	12	5

Deficit as above stated on ordinary income 425 9 10

The following is the total encroachment on capital caused by annual deficits in the income account :—

	£	s.	d.
December 31, 1904, due to capital .. .. .	13,831	7	6
Deficit on the year 1905 .. .. .	425	9	10
	14,256	17	4
Less Special Appeal Fund .. .. .	12,173	0	3
	2,083	17	1
Extraordinary expenditure : New cold water supply to boiler and direct from main to wards, New furniture and extraordinary repairs .. .. .	233	4	1

Due to capital, December 31, 1905 2,317 1 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 1904, which empowered and directed the Board to withhold or withdraw from the capital fund, so far as might be necessary, the sum of £3,000 a year for the four

years ending December 31st, 1906, subject to the condition to replace those amounts if possible. During the past year the Board have been able to replace £12,173 Os. 3d. of the amount, leaving, as stated above, only £2,317 ls. 2d. now due to capital funds.

For the liquidation of this debt the Board must still look to the friends of the Hospital, and they would earnestly ask those who have "this world's goods" not only to help the Hospital now to repay this £2,317 ls. 2d., but also to remember the "London Homœopathic Hospital" in their wills.

Experience has taught them how much the permanence and prosperity of the Hospital has depended on the kindly forethought for the needs of others, on the part of those who are no longer with us, and who have set so magnificent an example to those who still remain, to spread the principles of Hahnemann, and thus to relieve in the best manner the suffering poor, as well as those who can afford to pay for treatment.

*Special Appeal for £12,000.*—To raise this £12,000 the Board last year (1905), in conjunction with the Medical Staff, made an urgent special appeal to the friends of the Hospital to replace the large amount due to capital funds at December 31st, 1904, and appealed for £12,000.

The Board of Management are gratified in being able to announce the completion of the appeal for £12,000, some £12,289 having been raised. This appeal was issued on the initiative of Sir Henry Tyler, and has been most generously supported by gifts, prominent among which should be mentioned, with the heartiest acknowledgments of the Board, the munificent gift of £2,000 and an annual subscription of £100 from Sir Henry Tyler, the Chairman of the House Committee, to whom the Hospital is so much indebted, not only for generous gifts, but also for vigorous and progressive counsel and guidance. The Board take this opportunity of again tendering very grateful thanks to their colleague for his munificent gift, and also for the valuable services which he has rendered to the Hospital for many years past.

This conditional promise of Sir Henry Tyler's of £1,000 if another £5,000 was donated, or £2,000 if another £10,000 was subscribed, was a great incentive, and with the conditional promises of the Earl Dysart of £1,000, J. H. Houldsworth, Esq., of £1,000, and Captain Cundy, the Vice-Chairman of the Board, of £1,000, did much towards helping the completion of the fund.

Other very generous donors were:—

The Rt. Hon. the Earl Cawdor, Treasurer and Vice-	£	s.	d.
President of the Hospital .. .. .	100	0	0

	£	s.	d.
John Carter, Esq., Member of the Board of Management	250	0	0
Edwin Tate, Esq., Member of the Board of Management	250	0	0
Colonel Clifton Brown, Member of the Board of Management	100	0	0
Colonel Clifton Brown, Second Donation	50	0	0
H. W. Prescott, Esq., Member of the Board of Management	100	0	0
H. W. Prescott, Esq., Second Donation	52	10	0
A. Ridley Bax, Esq., F.S.A., Member of the Board of Management	100	0	0
F. G. Smart Esq., Member of the Board of Management	100	0	0
F. G. Smart, Esq., Second Donation	100	0	0
Per THE LADIES' GUILD :			
Proceeds of Garden Fete and Sale of Work held at Mrs. Perks' on June 8th, 1905	1183	2	0
Supplementary Sale held in the Board Room of the Hospital, December 1st, 1905	89	16	2
Total	1272	18	2
Dr. and Mrs. Ashton	50	0	0
Miss Barton	100	0	0
Miss Isabella Barton	100	0	0
The British Homœopathic Association (First Moiety of One Thousand Guinea Fund Collection)	325	0	0
Sir Alexander Hargreaves Brown	100	0	0
Lady Hargreaves Brown	50	0	0
Miss Burmester, per Dr. Dyce Brown	50	0	0
Mrs. Astley Cheetham	75	0	0
Edward G. Coles, Esq.	50	0	0
Mrs. Kynaston Cross	100	0	0
The Misses Leaf	50	0	0
Miss M. C. Martineau	50	0	0
Mrs. Mason, per Mr. Knox Shaw	50	0	0
Edgar Owen, Esq., per Dr. James Johnstone	100	0	0
Mr. and Mrs. C. Fellowes Pearson, per Dr. Blackley	100	0	0
John G. Ronald, Esq., per Dr. Dyce Brown	100	0	0
Mrs. Rylands	500	0	0
Mrs. Rylands, Second Donation	250	0	0
Miss Flora Smith, per Dr. Byres Moir	100	0	0
George Wills, Esq.	50	0	0
George Wills, Esq., Second Donation	25	0	0

It is not practicable to name all those who have so generously contributed, but the Board can only repeat their general and individual thanks for the timely and ready response of many friends to their urgent appeal. In congratulating the governors, donors, and subscribers upon the result, the Board would remind them that spasmodic efforts such as it has been necessary to make of late years by special appeals cannot be indefinitely resorted to with success, and that it is chiefly to steady and increased support in the shape of annual subscriptions or annual donations that all interested in the well-being of the Hospital must look in future for the successful carrying on of the good work performed by the Hospital.

*Convalescent Home.*—The power of being able to provide,

or assist in providing for the sick poor, rest and change of scene and air during convalescence, is always a source of much gratification to the Board. The Convalescent Home at Eastbourne, which, though a separate institution, is associated with the Hospital, continues to be of much value to women and children requiring further aid after leaving the wards, and also to other convalescents, recommended by subscribers. Its Seventeenth Annual Report shows a total of 207 admissions (including 45 renewals) during the year 1905, viz., 163 women, 31 children, and 13 nurses of the Hospital. The matron, Miss Waddington (Sister Dora) having resigned on August 31st, the Board appointed Miss Dickin (Sister Juliet) to the vacancy. Annual subscriptions and donations for the support of this excellent work are much needed, and such help is ever welcome and most highly valued.

It has been suggested by friends, and long desired by the Medical Staff of the Hospital, that it might become possible to extend the benefits of the Home to men. The Board much regret the available income at present is only just sufficient for its maintenance, and prevents that forward movement they would wish to make for the reception of men patients.

The fund towards completing the extension of the Home for men patients is at present £257 4s., invested in Cape of Good Hope 3½ per cent stock. Donations towards this extension fund are sadly needed. It is estimated about £2,000 would be required.

*Samaritan Fund.*—In 1904 Mr. George Sturge bequeathed £500 for a Samaritan Fund for the Hospital, “on the condition that the fund shall be kept entirely separate from the general funds of the Hospital, and that the income shall be applied for such in-patients as may be necessitous and within three months of their discharge from the Hospital, and for the purpose of their having necessary nourishment, clothing, or change of air.” The income from the investment of the £500 produces £17 12s. 4d. per annum. Mr. Sturge made his gift in the hope that it might prove the nucleus of a really substantial Samaritan Fund, and to induce others to supplement it by special gifts for the purpose.

In this hope the Board have most heartily shared, and are much gratified in receiving during the past year from Miss Fanning a donation of £100 towards the fund. They trust this handsome example may induce others to supplement the fund by special gifts. Nothing would add to the great practical work of the Hospital so signally as an adequate fund for this work.

Every care has been taken to prevent abuse of the Hospital

by persons who have no claim on the benefits of such institutions. Many persons have been interviewed as to their means when applying for treatment during the past year. Such abuse is often difficult to detect, but every endeavour is made towards detection by full enquiry into the circumstances of each doubtful case.

*Retiring Members of the Board.*—It is with sincere regret that the Board have to record the death of two of the Vice-Presidents of the Hospital, the Lord Grimthorpe, and Sir Edward Thornton, K.C.B.

The following members of the Board—Mr. Stilwell, J.P., Captain Cundy, Lord Calthorpe, Sir Henry Tyler, Mr. Alfred Robert Pite—retire in the usual annual rotation, and, being eligible, are proposed for re-election. The Board has been strengthened by the addition to their number of Mr. William Willett.

The two medical members of the Board, Dr. Blackley and Dr. Byres Moir, retired in ordinary course, and the Board have, on the nomination of the Medical Staff, elected Dr. Roberson Day and Dr. Edwin A. Neatby.

*Medical and Surgical Staff.*—The following surgical appointment has been made: Dr. A. Speirs Alexander, as Assistant Surgeon for Diseases of the Eye. The medical report shows the great activity of the Medical Staff to have been fully maintained, and the Board cannot over-estimate their valuable services and kindness to the patients brought under their care, whether as in- or out-patients. But in thus calling upon the governors, donors, and subscribers, for an expression of their acknowledgments to the Medical Staff, the Board would submit it is not by a vote of thanks, however cordial, that our Medical Staff are most encouraged to continue their self-denying labours during the year, but by the supporters of homœopathy co-operating with them in their endeavours to place the Hospital upon a footing of being able to pay its way year by year.

*Christmas.*—At Christmas the Board and the Medical Staff subscribed funds to provide the usual Christmas trees and small presents for the in-patients and the household. The entertainments, under the management of Miss Brew, the Lady Superintendent of Nursing, were held in the various wards, with a success second to that of no previous occasion, and afforded great gratification to all concerned.

The wards have been regularly visited by members of the House Committee, who learn, in this way, something of the home life of the patients, and who are able to advise, comfort, and cheer them. The Lady Visitors have, as usual, been

often in the wards, and to them the Board tender thanks for their continued kind attention.

The Board desire to add the expression of their thanks to the Chaplain, the Rev. E. C. Bedford, the Rector of the parish, for his unremitting labours among the patients ; to the Sisters and Nurses who, at Christmas, decorated the wards ; and to various friends for assistance at entertainments to the patients and nurses on many occasions.

*Ladies' Guild.*—The best thanks of the Board are again due to the Ladies' Guild of the Hospital, who have continued to take a very keen interest in the affairs of the Hospital, and who, last summer, held a most successful Sale of Work and Garden Fête at No. 11, Kensington Palace Gardens, kindly lent by Mr. R. W. Perks, M.P. The Council and members of the Ladies' Guild conducted the Sale, and by the generosity of many supporters of the Hospital a very large number of useful and fancy articles were provided, many of them of a handsome description. It is estimated that over 1,000 persons visited the Sale, affording a very significant proof of the great interest felt in the Hospital. The proceeds amounted to the handsome total of £1,272 18s. 2d. after all expenses had been paid.

The Board desire to avail themselves of the present opportunity of acknowledging their deep indebtedness to the Countess Cawdor, the gracious President of the Ladies' Guild, for the further mark of her kind and sympathetic interest in the welfare of the Hospital by performing the opening ceremony, also to Mrs. R. W. Perks, who, besides placing her house and grounds at the disposal of the Ladies' Guild, and thus making possible a "Sale of Work and Garden Fête" free from expense of any kind, most kindly took a very active part in the management of the Fancy Sale, and contributed most generously, in addition to securing the liberal gifts of many friends. To the efforts of Mrs. Perks as President of the Council of the Ladies' Guild, the Board feel the success of the Sale was mainly due. The warmest thanks of the Board are also due to Mrs. W. S. Marchant, who undertook the provision of a Fine Art Stall, and to whose active and energetic interest was owing a most plentiful supply of pictures for sale, and a result of nearly £150.

Excellent concerts and entertainments were given during the day, and the Board have to renew their thanks to the ladies and gentlemen who kindly contributed their services. It would be obviously impossible to name all the friends to whose practical and generous support the Board are indebted for the fortunate result of the occasion, but the many supporters of



the Hospital who assisted so liberally in money and *matériel* are asked to accept the hearty thanks of the Board, in addition to the acknowledgments tendered at the time.

To Mrs. Holman, the indefatigable Honorary Secretary, the Board desire to offer their most hearty thanks, and to all the stallholders—Mrs. Fellowes Pearson, Mrs. Kimber, and the ladies of the Hampstead Branch, who first suggested the idea of a Sale, Mrs. Morton, Mrs. Hahnemann Epps, Mrs. Carter, Mrs. Hawkes, Mrs. Spencer Cox, Mrs. Blackley, Mrs. Pugh, Miss Edmunds, Miss Rowe, Madame Chappell, Mrs. C. Whateley Willis, Miss C. A. Stilwell, Mrs. Knox Shaw, Miss Baker, the Misses Perks, and numerous other ladies—the Board's best thanks are due for their kind and much valued help.

The Supplementary Sale held in the Board Room of the Hospital on December 1st was so well supported that all the surplus stock was sold and a further £89 16s. 2d. realized for the Sale of Work and Garden Fête Fund.

*The Hospital Building.*—The rapid development, the efficiency and the utility of the London Homœopathic Hospital since the rebuilding in 1893-5 encourage the Board in the belief that it has before it a future of greatly increased importance and value from a medical as well as from a charitable point of view. They find, however, that further progress is not possible within the present restricted area, and without further accommodation. In the wards, in the domestic departments, and, more particularly, in the out-patient department, the want of accommodation is sorely felt. There is not room enough for the increasing numbers of patients, and more consulting-rooms are required for the medical staff. When the Hospital was rebuilt the Board felt that it was desirable to carry the building to the corner of Queen Square, but there were then no funds available, and there was a lease running of the Queen's Head public-house. As the lease of that house terminates in September next the matter of further building comes forward again for serious consideration, and they propose, with the sanction of the governors, donors, and subscribers, to appeal earnestly to all friends to unite with them in an effort to complete the Hospital, as originally intended, on the remainder of their freehold property. They consider that with a view to this object, it would be necessary to raise, in the first instance, a sum of £30,000; and towards this sum Sir Henry Tyler promises a sum of £10,000 to be paid by December 31st, 1907, on condition that the remaining £20,000 shall be provided on or before that date, by other friends of the Hospital.

In closing this review of the work of the Hospital during

the past year, recording as it does the collection by special appeal of over £12,000 to replace drafts on capital funds, the Board congratulate the friends and supporters of the Hospital on the success achieved, and would urge that this Hospital has a claim worthy of a sympathetic consideration, especially when it is remembered that the Hospital is the only Hospital in London for the advancement of the homœopathic science of medicine, from which all, rich and poor alike, derive benefit ; that the Hospital is free, that no urgent case is ever refused admission, and that every effort is made to exclude from its benefits persons whose means should enable them to pay for medical treatment. The Board therefore earnestly impress upon all the necessity for contributing to the support of the Hospital, offering on their part the assurance that no effort shall be wanting to ensure the economical administration of the funds placed at their disposal.

The Board cannot conclude their report without expressing thankfulness that the Hospital has been able to so largely extend its good work among the poor, and their hope that the Divine Blessing, as in past years, may rest more and more upon their constant endeavours to widen the scope and purpose of the institution.

Signed on behalf of the Board of Management,  
EDWARD A. ATTWOOD,  
Board Room, *January, 1906.* *Secretary.*

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#### 56TH ANNUAL GENERAL MEETING.

*Of the Governors, Subscribers, and Donors, Thursday,  
February 22nd, 1906.*

THE Fifty-sixth Annual meeting of the governors, subscribers, and donors of the Hospital was held on Thursday, February 22nd, at the Hospital, under the chairmanship of Mr. Stilwell, J.P., the Chairman of the Board of Management, in the absence of the Treasurer, Earl Cawdor, who had to attend important business in the House of Lords. There were also present Sir Henry Tyler, Dr. Washington Epps, Colonel Clifton Brown, Dr. Dyce Brown, Dr. Byres Moir, Dr. George Burford, Captain Cundy, Dr. Edwin A. Neatby, Mr. R. H. Caird, J.P., Dr. and Mrs. Roberson Day, Mrs. Stilwell, Miss C. A. Stilwell, Dr. Goldsbrough, Colonel H. E. Deane, Mr. C. Knox Shaw, Mr. W. H. Trapmann, Mr. W. Willett, Mrs. S. H. Holman, Dr. A. A. Beale, General Sir Stanley Edwards, Mr. Sydney Gedge, Miss Burney, Mr. C. Stewart, Mr. A. Ridley Bax, F.S.A., Mr. G. B. Rosher, Dr. MacNish,

Mr. Edward A. Attwood (Secretary), and a number of lady subscribers. Letters of regret at non-attendance were read from the Earl Cawdor, the Earl of Dysart, the Earl of Egmont, Major-General Lord Cheylesmore, C.V.O. (Mayor of Westminster), the Dowager Countess Cairns, Lady de Tabley, Sir Benjamin L. Cohen, Major Flood Page, etc., etc.

At the commencement of the proceedings the Chairman said he had hoped to have seen Earl Cawdor in the chair, but his Lordship had sent a letter to the secretary, Mr. E. A. Attwood, which he would ask that gentleman to read.

Mr. Attwood then read the following letter, dated 21st February :—

“ Dear Mr. Attwood,—Will you ask your Chairman kindly to express to those who are present at the annual meeting to-morrow my regret that I am not able to be present at the meeting, as I am obliged to be in the House of Lords, where we have important business.—CAWDOR.”

The meeting was opened by prayer by the Chaplain, and the minutes having been confirmed, the Secretary (Mr. Edward A. Attwood) read the Fifty-sixth Annual Report.

The Chairman (Mr. Stilwell, J.P., Chairman of the Board of Management), in rising to move the adoption of the report, said : Ladies and gentlemen,—The first obvious remark is that 1905 has been a very full year, with more patients both in and out, and a very great amount of work in every department—116 more in-patients and 1,556 more out-patients have been treated than in 1904. The expenditure, thanks to the Expenditure Committee (consisting of Mr. Trapmann, the Vice-Treasurer ; Mr. Knox Shaw, the senior surgeon ; and Dr. Goldsbrough, one of the physicians ; with Mr. R. H. Caird, a member of the Board of Management, as chairman, ably assisted by the secretary, Mr. E. A. Attwood), shows a considerable diminution, it having been reduced by £1,423 as compared with 1904, although more in-patients and out-patients had been treated. It is pleasing to note that this reduction has been brought about by no sacrifice of the necessities for the care and comfort of the patients. The deficit on the year's working is, therefore, only £425, against a deficit of £2,872 in 1904. This is a most hopeful sign, for it shows that, after many years of struggling, we have got to within measurable distance of balancing our income and expenditure. (Hear, hear.) The average cost of each occupied bed was £84 14s. 2d., and the 1,132 in-patients cost on an average 32s. 6d. per week. Each in-patient stayed on an average twenty-four days in the Hospital, at a cost of *less* than 5s. per day for provisions, drugs, instruments, dressings,

washing, cleaning, water, light, fuel, uniforms, rates, taxes, repairs, nursing, and all other salaries and wages, printing, stationery, postage, and administration expenses. There is one point which I am sure all those who are interested in temperance will be pleased to be reminded of, and that is, that we are nearly a temperance hospital; the cost of wines and spirits for the year 1905 was £6 1s. 9d., or 1½d. per patient. We are, therefore, carrying out our work under almost the same conditions as the London Temperance Hospital, and I suppose that if their accounts were looked into it would be found that they had spent £5 on wines and spirits. No vivisection is practised at the Hospital, and I trust it never will be. I have said before on one or two occasions that I should not hold the position of chairman if it ever was practised. We have to deplore the loss by death of two of our vice-presidents—the Lord Grimthorpe and Sir Edward Thornton, K.C.B.—and we are in want of some vice-presidents to replace those lost by death. The Earl of Donoughmore has, through Dr. Byres Moir, kindly consented to become a vice-president of the Hospital. Perhaps some of our medical men may be able to help us in that direction by getting us some more. 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 the subscribers generally to those gentlemen. The Matron, Miss Brew, has retired on pension after thirty-one year's service, and Miss Victoria Daunt has been appointed, from a large number of applicants, to fill the vacant post.

Dealing with income, the Board, in conjunction with the Medical Staff, made an urgent special appeal to the friends of the Hospital to replace the large amount due to capital funds on December 31, 1904, and £12,173 had been repaid to capital funds, leaving only a debt of £2,317 at the end of December last. We have had many proofs of the interest of our friends in raising this amount of £12,173. Sir Henry Tyler, in addition to his great services as Chairman of the House Committee and as a member of the Board, has given us £2,000; Captain Cundy, Vice-chairman of the Board, has given another £1,000; the Earl of Dysart, £1,000; and J. H. Houldsworth, Esq., £1,000. Sir H. Tyler, by his knowledge of matters mechanical, was able to save us £600 in replacing our boiler, and I hold that £600 was as much a gift as if it had come out of his

pocket, and we must never forget that. (Hear, hear.) Each item of income shows an increase over 1904. Annual subscriptions have increased by £164 4s. 5d., notwithstanding the loss of £109 by death or withdrawal. Ordinary donations have increased by £38, although with our special appeal running at the same time one might have expected a decrease. I have little to say about the three Hospital funds. The Saturday and Sunday funds have both increased their awards, and the King's Fund have given us £400, against £200 last year and in each of the previous *eight* years. We are always grateful for the awards from his Majesty's Hospital Fund, but we cannot shut our eyes to the fact that if the awards were made like those of the Saturday and Sunday funds for work accomplished, for efficiency and for economy, the Hospital would receive some £1,000 per annum.

Having dwelt sufficiently on the financial part of our position it is pleasant to turn to the excellent condition in which we find our Hospital, and the great amount of good work it is doing over a wider ground year by year. The work never ceases to increase, and this fact tells admirably for the manner in which it is done, on your behalf. We find, however, our Hospital is getting too small for the ever-increasing number of patients we have to treat. Further progress is not possible within the presented restricted area. In the wards, in the domestic department, and more particularly in the out-patient department, the want of accommodation is sorely felt, and more consulting-rooms are required for the medical staff. As the lease of a house belonging to and adjoining the Hospital terminates in September next, the matter of extension comes forward again for consideration, and we ask all friends to unite in an effort to complete the Hospital as originally intended on the remainder of the Hospital freehold property. It would be necessary to raise, in the first instance, a sum of £30,000; and towards this sum Sir Henry Tyler promises a sum of £10,000, to be paid by December 31, 1907, on condition that the remaining £20,000 shall be provided on or before that date by other friends of the Hospital. The Ladies' Guild, under the presidency of the Countess Cawdor, has done splendid work in helping our special effort to replace drafts on capital funds: they arranged a Sale of Work and Garden Fête at Kensington Palace Gardens, by kind permission of Mr. R. W. Perks, M.P., and have been untiring in their efforts to raise money. The total amount collected in 1905 by the Ladies' Guild, including the proceeds of the Fête, amounted to £1,405 6s. 11d.

This 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 knowledge to make. The Guild is already very valuable to the Hospital, keeping it and its needs always before a large and increasing circle. It promises a great future.

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), and Mr. Knox Shaw, who has connected himself with Bloomsbury. These gentlemen are helpers whom our Treasurer naturally appreciates, while our nursing staff very much appreciate the material help the ladies give in providing necessary articles for the wards.

It is to be hoped that still more members of the medical profession residing in the various localities will, during the coming year, take a deep personal interest, and lend active aid in the formation of branches, and in securing members for existing branches. If, in addition to these branches of the Ladies' Guild, we could also establish dispensaries and small local hospitals in different parts of London, it would undoubtedly lead to the spread abroad of a knowledge of homœopathy. At the present moment we have got a splendid system, and a certain number of men practising it, but we want more men to demonstrate the principle which we hold to be the right one, and we also want places where that system can be dispensed. It is a great satisfaction to the Board to know that Mrs. Perks has once more consented to act as president of the Executive Council of the Ladies' Guild, a position which she has so well and worthily filled during the past year. I have little more to say to you. The principle of endowed beds by annual subscription has been taken up at Wimbledon by Mrs. Vincent Green, wife of Dr. Vincent Green, and as a result of her efforts, one adult bed for the reception of male surgical cases in the Bayes ward, called the "Wimbledon Bed," has now been established for maintenance by special annual subscriptions. We are hopeful that the excellent example set by Wimbledon may lead to a further development in other suburban districts and provincial towns of this feature of the Hospital. There is no better way of assisting the medical man residing in a district than subscriptions by his patients and friends for maintaining a bed in the Hospital, so as to enable him to send in his poor dispensary patients, who might otherwise be unable to gain admittance for

treatment in the Hospital. In addition, Mrs. Otto Beit, towards the close of the year, endowed, through Dr. Burford, by a gift of £1,000, the "Theodora Bed," hitherto maintained by her annual subscription. Certainly we have made a good stride towards getting in a very considerable proportion of the amount we want to repay our capital debt, and I hope that before the year is out we shall have secured the remainder, and that we shall be able to go on in the future without drawing upon our capital. I have much pleasure in moving that this report be received and adopted. (Hear, hear.)

Captain Cundy (Vice-chairman of the Board), in seconding the resolution, said there were one or two points in the report to which he would like to draw the attention of the meeting. First of all, he thought their thanks were due to God for His goodness in moving the hearts of their friends to help them so largely in extricating the Hospital out of its financial difficulties, and secondly, for the wisdom that He gave to the medical staff and the nurses in dealing with the patients. It was really a treat which he (the speaker) frequently enjoyed to go round the wards of the Hospital and notice the comfort which the patients enjoyed and the great tenderness and sympathy which was shown by the doctors and the nurses. The previous Thursday he went over the wards with some friends—a clergyman and his wife, and two other ladies. They said they had seen other hospitals, but never had they seen such a delightful one as this, and the wife of the clergyman said she thought she would almost enjoy being treated as a patient. (Hear, hear.) That was an instance which had come under his own eyes. It was his privilege to open the testimonials which they received from people who had employed their nurses, and he had never seen anything but the highest praise accorded to those devoted women. (Hear, hear.) They did not carry out their duties in a mere philosophic manner, but from a feeling of love, and consequently they tended their patients most carefully and kindly. That led him to say a word about the excellent work which Dr. Edwin A. Neatby and his co-directors were doing at the Hospital in preparing missionaries for the mission field. They might not get that skilled knowledge which entitled them to practise medicine, but they obtained sufficient knowledge to enable them to guard their own lives and also to tend those poor pagans and heathens among whom they were to minister, and who thought that wherever a European was visible there also was visible the curing art. They had had the pleasure of sending out two nurses in the mission field—one, Miss Adamson, who sailed on March 3rd for Persia,

the sister of one of the Church Missionary nurses in Palestine, and Miss Kathleen Moore, who left them to offer her services to the Church Missionary Society, and who was accepted by them, but the doctors would not allow her to go, as they did not consider she was strong enough. She had since obtained employment under the American Presbyterian Society, and had gone to Asia Minor. That showed that their nurses were going abroad to the heathen and practising among them those healing arts which the Lord Jesus Christ was able to do at once.

Sir Henry Tyler said: I should be glad to be allowed to support the resolution moved by my friend Mr. Stilwell, and seconded by Captain Cundy, and in doing so to add a few words. We have too much, in past years, been satisfied in paying compliments all round, and I have even heard it said by some of our supporters that they would no longer attend our meetings, which were nothing more or less than those of a mutual admiration society. Last year, as you may remember, I ventured, greatly daring, upon a notable deviation from that course, and suggested for your consideration certain home truths which, though not palatable all round, commanded general sympathy, and were certainly productive of great benefit to our administration. I am confident that for the future a similar course will, with your consent, be the wisest to pursue. We should obviously award thanks and praise where they are due, but we should not hesitate to speak out in all cases in which reform is required. I propose, therefore, with your assent, to adopt this course—at the risk of making myself disliked—so long as I am spared to fill the position of Chairman of your House Committee. Acting on this principle, I will commence by expressing personally, as well as for the Hospital, our warmest thanks to those kind friends who have so effectually assisted us by donations, subscriptions, sales of work, and other valuable means of replying to our importunities, and have helped, during the past year, to relieve us from practical bankruptcy, and to place this Hospital in a condition of comparative prosperity. As a result of these funds which we have thus received, and by the economies and reforms we have effected, we have happily reduced the annual deficit from nearly £3,000 a year to £425 in the past year. And in place of a debt to capital of £13,831 on December 31, 1904, we have on December 31, 1905, an amount due to capital of only £2,317 1s. 2d. This result is due mainly to the generous contributions of a few valued friends, on whom we have been able always to rely, such as Lord Dysart, Mr. Houldsworth, and our worthy friend



Captain Cundy. In fact, no less than £5,325 of the donations and £206 of the subscriptions were received from eighteen vice-presidents and members of the Board, whilst the remainder was received from 410 other contributors. Our excellent secretary, Mr. E. A. Attwood, was indefatigable in making known the wants of the Hospital on the one hand, and in striving for increased economy on the other. Our medical staff, as well as many homœopathic practitioners not on the staff of the Hospital, did what they could in obtaining aid from their patients—a somewhat delicate task, no doubt—for which we are much indebted to them. The Ladies' Guild—a most business-like body—under the presidency of Mrs. Perks, with Mrs. Holman as hon. secretary, are deserving of our best thanks. They raised, including the proceeds of the Sale of Work held in the garden of Mrs. Perks, £1,272 18s. 2d., whilst letters of personal appeal by the secretary, Mr. E. A. Attwood, produced upwards of £4,000, and the sisters and nurses and forty-one of their friends collected £116 14s. 6d. After all the exertions that were made, however, only 428 friends responded to the special appeals for donations, and of these 243 sent us less than £5 each. This shows us how small a *clientèle* we have to depend upon as yet of persons who are sufficiently anxious to support our Hospital, and to spread the great truths of therapeutic science known by the name of Homœopathy, amongst a perverse and thoughtless generation, and to devote some small portions of their substance to these laudable objects. I heard an expression at a recent meeting that we ought now to rest on our oars. But that pious aspiration of weary souls is quite out of place in regard to hospital work, and, in our case, we must, at all events, persevere until we have reduced our annual deficit to zero, and repaid to capital the comparatively small balance that still remains due to it. We have also to prepare for extending our Hospital, in order to make use of the remainder of our freehold property. We may hope, in doing so, not only to provide for the accommodation which is much required for out-patients, but also, in increasing the number of beds for in-patients, to arrange wards for the use of paying patients, which would be self-maintaining, and thus furnish what is very much wanted by those who appreciate the benefits of homœopathic treatment. You will have seen, however, from the figures I have above given, that, after the utmost exertions of ourselves, our friends, our untiring secretary, our attractive and persevering ladies, our medical allies and their appreciative patients, our sisters and nurses, and an assisting and patronizing

Association—after the most approved forms of urgent appeal have been employed in the most persuasive manner—the result has been very disappointing in respect of the total number of individuals whose practical sympathies, in the shape of actual coin, we have been able to attract to our treasury. It has long been a complaint that the younger members of the staff of the Hospital, two of whom have diligently performed their duties in it for ten years, and others for nearly ten years, have not the opportunities that should be afforded them. The number of beds here is, of course, very limited as compared with those in the larger hospitals of the Metropolis, and they are more or less in the possession of the senior physicians and surgeons. A fresh distribution appears, therefore, desirable, and that is a subject which requires careful consideration. Another matter which has formed the subject of complaint, and in which reform appears to be needed, is that greater encouragement and improved means of instruction in homœopathy should be given to the resident medical officers, who are brought in annually from the schools after having completed their allopathic education. The Hospital provides the only means they have of homœopathic education and experience, and it is most important that all possible opportunities should be afforded them, in training them for their future lives as homœopathic practitioners. I will not, however, trouble you further on these subjects at present, but I have thought it only right thus to lay before you facts as well as the question of the reforms that seem to be required, and which we hope, as well as other reforms, to be able, with time and patience, to carry out. I have very great pleasure in supporting the adoption of the 56th Annual Report.

The Report was then adopted.

General Sir Stanley Edwards said that he had much pleasure in proposing a vote of thanks to the Board of Management and House Committee, Treasurer, Vice-Treasurer, Lady Visitors, and the Ladies' Guild. That was his first visit to the Hospital and he had been very much interested in what had taken place. The institution was doing a vast amount of good in relieving suffering, and satisfactory as the report was this year, he could only hope that it would be even more satisfactory next year. It was evident that there had been a great deal of help given by the public, which had enabled the Committee to clear off most of the debt, but most important of all was the fact that the Hospital was getting within measurable distance of what all charitable institutions should aim at—and that was to obtain an equilibrium between

expenditure and receipts. He most heartily proposed the vote of thanks.

Dr. Washington Epps seconded the resolution, and it was carried.

Dr. Dyce Brown proposed the re-election of the retiring members of the Board of Management—Lord Calthorpe, Mr. Alfred Robert Pite, Captain Cundy, Mr. Stilwell, J.P., and Sir Henry Tyler; the election of Mr. William Willett as a member of the Board, the election of two medical members of the Board, Dr. Roberson Day and Dr. Edwin A. Neatby, and the election of the Earl of Donoughmore as a vice-president. He said that he was sure Mr. William Willett would prove a very useful acquisition to the Board. Already they had on both the Council of the Association and on the Board of Management of the Hospital, Earl Cawdor and Mr. Stilwell, the Chairman of the Board, and he thought it would be a good thing to have a third in the person of Mr. Willett. There was no doubt that difference of opinion was a very healthy thing indeed, and he thought that they ought to push homœopathy in every possible way—it was not sufficient simply to push the Hospital—they must push it in its teaching aspect. The Association supplemented the Hospital and the Hospital supplemented the Association—the one worked with and was the complement of the other, and without them both homœopathy was a one-sided business and could not progress as it ought to. As to those members of the Board who retired, it went without saying that they should be re-elected, because they all realized the value of their work. This was true of Lord Calthorpe and Captain Cundy, and there was nothing he could say too great in praise of Captain Cundy—his generosity to the Hospital and his activity in connection with the House Committee were well known to them all, and they could not do without him. Mr. Stilwell they all knew: he was their Chairman, and a most active and regular member of the Board. They could not possibly do without him. As to Sir Henry Tyler his re-election went without saying. For the two medical members of the staff they proposed Dr. Roberson Day and Dr. Edwin A. Neatby, and they knew how actively interested these two gentlemen were in the Hospital. He was also sure they would agree to the election of the Earl of Donoughmore as one of their vice-presidents.

Mr. Knox Shaw, in seconding the resolution, said that they very heartily welcomed Mr. Willett as a new member of the Board; they liked to have good hard-working men, and men of business capacity, on the Board. They had such

a man in Mr. Willett, and he trusted that he would be a regular attendant at the Board meetings. As to the retiring members it would be a catastrophe if the Hospital was deprived of the services of any of those gentlemen. He would like to refer for one moment to those who had been termed "grumblers," and he did so because the report had shown that their grumbles had not been without effect. There had been underground grumblings for some time, as to whether it was not possible to administer the Hospital a little more economically than it had been managed in the past. Those grumblers made themselves a nuisance. They were appointed a committee, and as they would see from the report that committee had been able to do something, as there had been a saving in the administration of £1,400, without any loss in efficiency, and therefore he thought that the subscribers should be grateful to the grumblers for the efforts that they had made during the past year to administer the Hospital with efficiency and economy.

The resolution was carried.

Mr. Willett said he wished to thank the meeting for electing him to a seat on the Board. The Association had no desire whatever to work in opposition to the Hospital—their great anxiety was to work for the Hospital, and for the benefit of homœopathy, and an instance of a very good analogy had occurred to him. It would be remembered that when the Jews returned to Jerusalem they rebuilt the city, some using the sword and others the trowel. He ventured to submit that while the Hospital was the trowel building up homœopathy, the Association was the sword that was fighting for it. The Board of the Hospital were building up the work which the Hospital was created to do, and they had quite sufficient to do in organizing the work of such a great institution without thinking of the larger view—that of bringing home to the people at large a knowledge of homœopathy. The Association would do all they possibly could to follow and act upon any suggestion that the Hospital might give them, their aim being to further homœopathy in Great Britain, in the Colonies, and all over the world.

Dr. Burford said he entirely concurred with the remarks of Mr. Willett. He had the greatest veneration and respect for Sir Henry Tyler, and he hoped that before long he would become an ardent supporter of the Association.

The resolution was then carried.

Colonel J. Clifton Brown, in proposing the re-election of the auditors, Messrs. Prideaux, Frere, Browne, and Hannay, said that something was said in the report about friends

remembering the Hospital in their wills. He had another suggestion to make, which was that they should follow the example of the Board, and give liberally to the institution in their lifetime.

Dr. Roberson Day seconded the resolution, and said he would like to refer to the need of increased accommodation at the Hospital. The out-patient department especially was entirely inadequate for the energies of the staff, and that was peculiarly the case with the children's department. That department was opened many years ago, in the time of the late Dr. Drury, and then closed, and subsequently it was again opened, and it had been working for ten years, and had gone on growing, and now the work could not be carried on satisfactorily in the time which it was possible to devote to it. There was no reason why the children's department should not be the most popular in the Hospital. It was only a question of providing facilities for the work; therefore they were seeking to have afternoon clinics for that department. At present there was no room available in the Hospital for that purpose. The matter was brought before the staff, and they put their hands in their pockets there and then and subscribed substantially, which shows how the staff realize the importance of better accommodation. A suggestion he would like to make was that they should start a special fund for the enlargement of the children's out-patient department. He thought that many persons, while not willing to give to the Hospital generally, would give to help the children.

The motion was carried.

Sir Henry Tyler said that he had much pleasure in proposing the re-election of the Medical Staff, the confirmation of the appointment of Dr. Archibald Speirs Alexander as Assistant Surgeon for Diseases of the Eye; and in doing so he would also move a vote of thanks to the Medical Staff. He could bear testimony to the amount of work that was done by the staff, and he wanted specially to include in that vote those who were most punctual in attending to their duties.

The resolution was carried, and acknowledged by Dr. Edwin A. Neatby.

The Secretary (Mr. E. A. Attwood) then read the seventeenth report of the Homœopathic Convalescent Home at Eastbourne.

Dr. Giles F. Goldsbrough proposed the adoption of the report, which was seconded by Mr. Ridley Bax, F.S.A., and carried, and the proceedings terminated with a vote of thanks to the Chairman.



## THE LANSDOWN HOSPITAL AND NURSING HOME, BATH.

### ANNUAL MEETING, AND OPENING OF NEW WING.

THE Annual Meeting of the Committee of the Lansdown Hospital and Nursing Home, Bath, was held at the Institution, on Tuesday, April 10th, under the presidency of Col. Sir John Wallington, K.C.B., who opened the new wing. There was a large and distinguished assembly present.

The following report we take from the *Bath Herald* of April 11th. It ought to be understood, though it is not made quite clear from the newspaper report, that the Reports and Balance Sheet presented refer only to the charitable wards of the Bath Homœopathic Hospital. The newspaper report also omits the fact that the formal opening of the new wing was preceded by a short religious service, conducted by Canon Cooper and the Rev. T. Hawkins Powell, at the door of the West Front, which was then opened by Sir John Wallington. We heartily congratulate Dr. Percy Wilde on his success in thus accomplishing his scheme of enlarging the Lansdown Hospital by adding a new wing to it, and we also warmly congratulate him on the handsome gift presented to him at the meeting. It shows in a very tangible form the esteem in which he is held, and the marked appreciation of his continuous and untiring efforts for the welfare of the Hospital.

The report from the *Bath Herald* is as follows :—

Miss Bell presented the Annual Report, which was as follows :

The Committee have again to deplore a loss on the working of the Hospital of about £140 for the financial year, making the total deficit £176 2s. 5d. The amount of subscriptions is practically the same as in the previous year, but donations were less by more than half, being £25 2s. against £51 15s. 6d., while owing to the larger number of patients, housekeeping

cost £23 8s. more. Payments from out-patients show a slight increase of £4 14s., those from in-patients having decreased by £75, as many were admitted who eventually did not make any payment, and the Committee now find it necessary to require a guarantee from those who introduce them. While thanking those who have hitherto kindly contributed to the support of the hospital, the Committee feel that the charitable work done is not sufficiently known or appreciated by many who might help, and they would be grateful to any who have derived benefit from their treatment at the hospital if they would endeavour to procure further subscribers to enable the work to be carried on effectively, for, as is usual, when subscribers are lost by removal or death, the Committee have great difficulty in finding others to replace them. The Committee call attention to the fact that they could supply three extra beds for hospital patients were the necessary funds forthcoming to support these. While much regretting the departure of Dr. Graham Wills, who carries with him the best wishes of his numerous friends and patients for his success in his new sphere of usefulness, the committee feel that they have secured an efficient successor in Dr. Beville, L.R.C.P., M.R.C.S., whom they are glad to welcome, and whose services they hope to retain permanently. Nurses Effie, Gertrude, and Maggie, having completed their term of five years' work to the entire satisfaction of the Committee, have been granted the rank of "Sister," and awarded the gold cross. The Committee have again much pleasure in expressing their appreciation of the work done by the Ladies' Work Society, and their hearty thanks for the generous aid afforded by its members. They also wish to record their thanks to the Medical and Nursing Staff, the Rev. W. H. Powell, as Chaplain, and Mr. Eskell for his gratuitous treatment.

The Financial Statement was presented by Mr. W. E. Jefferis, and showed that the income was £630 18s. 7d., and the expenditure £807 1s., leaving a deficit of £176 2s. 5d.

Dr. Beville, in reading the Medical Report, stated that the hospital wards were always full, and there were always patients waiting for vacancies. They were open, however, to provide extra beds for the female wards, by utilizing for this purpose an adjoining room, which, owing to the increased room provided by the new building, they were able to spare for this purpose. There were 239 patients admitted during the year; of these ninety-seven were admitted to the charitable wards. With regard to the out-patient department in Green Park, the attendance of patients during the year was 10,236; of these, 1,119 were entered on the books of the Hospital

for the first time. In addition, 881 visits were paid to patients at their own homes. The work of the Dental Department had proved a great boon to the out-patients; 291 extractions were performed under anæsthetics, and 17 without, and fillings, etc., were applied in 22 other cases, making a total of 330. The whole of the expense of this department has been met by Mr. L. B. Eskell, hon. dental surgeon. The nursing staff had performed their duties in an entirely satisfactory manner, and thanks were expressed to the Lady Superintendent (Miss Blanche Sellars) for the constant care she had shown in providing for the comfort of the patients as well as for their efficient nursing. Dr. Beville, as a newcomer, with some experience of hospital management, testified to the smoothness and efficiency with which the work was performed. Not only was everyone anxious to do the best for the patients, but to lighten if possible each other's labours. The *esprit-de-corps* was excellent.

The reports were adopted on the motion of the Chairman. The Committee and Medical Staff were re-elected on the proposition of Mr. Brendon, seconded by Mr. E. Underwood.

Sisters Effie, Gertrude and Maggie then received at the hands of the Chairman the gold cross in recognition of their five years' service.

The Chairman mentioned that in recognition of the kind thoughtfulness of Sister Blanche, and of her unwearied attention to all those who have from time to time visited Lansdown Grove House, a few friends—with the nurses at the Home, and also the servants of the household—had given her a gold watch and a diamond brooch. These two gifts were handed to her privately on behalf of the donors, and it was felt that they expressed in but a small degree the esteem and love with which Sister Blanche was regarded by all those who come in contact with her. (Applause.)

The Chairman said they must thank Dr. Wilde for the manner in which he had organized the building of the new structure, and they heartily congratulated him on the pluck, energy, and courage he had shown in making such a start.

He congratulated him on the charming position of the Hospital, and on the improvement made by the addition of the new wing.

Dr. Wilde, in acknowledging the kind words spoken with regard to himself, remarked that it would be impossible for any man to have made any progress in work of that kind unless he had good friends to back him up. He had been fortunate not only in having the friendship of a lady who was willing to carry out this experiment, but also a Committee



who had helped him in every possible way, and had not done as many committees did, thwarted him. He had a staff of nurses who had been invaluable in making the Hospital a success. He had received a telegram from Miss Jennings, who was now in Italy, sending her congratulations.

Dr. Wilde then informed the meeting as to the principle governing the work of the Hospital. The new wing represented an addition of twenty rooms, provided three public verandahs, and a roof garden, and the alterations also included a broad terrace along the south side of the whole building. The architects (Messrs. Wilde and Fry) had designed an extension which was a very great improvement to the institution, and an ornament to the city, while the contractors (Messrs. Erwood and Morris) had accomplished their work efficiently and with great consideration for the patients. The extension was sanctioned on account of the increasing demand for accommodation, and was justified by the fact that all the new private wards to be opened that day would be occupied the same evening. They celebrated that day not only the completion of a building, but the realization of an ideal. The economic basis on which the Hospital was worked was the fact that the cost of the patient decreased as the number of patients treated in the same building by the same staff increased. It was necessary to the scheme that the paying department of the Hospital should be entirely self-supporting. An organisation which depended on self-support was being tested all the time, and their experience was that the more the self-supporting principle was introduced into hospitals the greater would be their efficiency. Dr. Wilde added that one difficulty of the self-supporting principle was that it tended to check the flow of charitable contributions, and he expressed emphatic dissent from the idea that it was necessary to make profits on the private patients in order to provide for the rest. If the paying department supported itself that was all that could be expected of it. (Applause.)

A vote of thanks was passed to the Chairman, and Lady Doran being called upon, expressed the pleasure it gave her to be present, and then proceeded to make a presentation to Dr. Wilde, which comprised a plain two-handled silver cup, being the replica of an old Irish cup, the date of which was 1740, a cheque, and an illuminated address, which read as follows :—

Dear Dr. Wilde,—We, the undersigned, hope you will accept the accompanying gifts in token of our great esteem and regard for you. Knowing how much you have at heart the interests of Lansdown Hospital, which owes its present state of

perfection to your unwearied efforts on its behalf, we offer you our gift in the form which we believe will be the most acceptable to you, and present you with the sum herewith (£174 2s. 6d.) to be spent as you may think best in connection with the new building. The silver cup we have chosen for you in the hope that it will be an enduring memento of your friends, and of the opening of the new wing at Lansdown Grove House.

Dr. Wilde said he had never been so taken by surprise in his life. He had not the smallest idea that such services as he had been able to render would be so handsomely rewarded. He appreciated very highly the kindness of the subscribers, and he did not deny that the welfare of the Hospital had been the pleasure of his life. The work had been a constant pleasure to him, for everyone had been most kind and hopeful. The sum of money which had been handed to him for the Hospital he should be most happy to expend in the way which the donors thought best, and the cup he should always value as a memento of the very kind way in which his poor services had been recognized.

An adjournment was then made to the new wing, and tea was subsequently partaken of.

#### TUNBRIDGE WELLS HOMŒOPATHIC HOSPITAL AND DISPENSARY (ANNUAL MEETING).

THE Annual Meeting of the Tunbridge Wells Homœopathic Hospital was held at the Town Hall on February 14th, 1906. The chair was taken by the President (Mr. F. G. Smart). Amongst those present were Dr. Pincott, Revs. D. J. Stather Hunt and W. A. H. Legg, Dr. Grace, Messrs. W. Brackett, A. C. Murton-Neale, C. H. Strange, J. Scrace, Cecil Vinall (Hon. Sec.), etc.

Letters of apology for non-attendance were received from Mr. Walter Langton, Dr. Neild, Mr. H. Edmunds, Revs. J. Agg-Large and A. W. Oliver, and Mr. D. Murton-Neale.

The meeting was opened with prayer by Rev. D. J. Stather Hunt.

The minutes of the last meeting were taken as read and confirmed.

The Report of the Committee, the Medical Report, the Dental Report, and the Treasurer's Report were then read as follow :—

In presenting their Annual Report for the year ending December, 1905, the Committee are able again to record a large amount of useful work done.

As will be seen from the Medical Officer's report, the numbers in the out-patients' department have been 3,014, against 3,163 last year, and 4,524 home visits have been paid by the medical officers on patients too ill to attend personally.

The in-patients have numbered 88, and a considerable number of these have been cases requiring long periods of treatment. The Committee have the pleasure to report that in response to the appeal issued by them in June last, increased subscriptions to the amount of £46, and donations to the extent of £183, were received. Although grateful for the large total of the donations (deducting legacies) during the year (which total was higher than in any previous year), the Committee would again point out the great need there still is for increased subscriptions, as the income from donations is at all times precarious and uncertain. The income from subscriptions is only equal to about one-fourth of the necessary expenditure.

The Committee record with deep regret the death of Miss M. E. Wilson, who was for many years a subscriber, and who left the Hospital a legacy of £100 free of duty.

During the year the League of Mercy's expert inspected the Hospital, and the Committee were gratified to receive from the League a grant of £10 towards the funds; they feel that the fact that this grant has been made is a testimony to the efficiency of the Hospital.

The Committee desire to express their high appreciation of the efforts of the Tunbridge Wells Friendly Societies on behalf of the Hospital, in the work of which they have for so long taken a deep interest. As the result of a special effort on their part the sum of about £33 was raised, which has been expended in furniture for one of the wards.

Through the kindness of an anonymous donor, an outdoor revolving shelter has been placed in the garden—this will prove of great use in the work of the Hospital.

Our warmest thanks should be given to our Honorary Medical Staff, and to the Matron, Sisters, and Nurses for their skilful, unselfish devotion, and for their untiring kindness to all under their care, and to our Honorary Secretary for all his kindness and courtesy. 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 organizers of the Hospital Saturday Fund, 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; also our warm thanks should be given

to Mr. and Mrs. Smart for their continued interest in and kindness to the Hospital.

The Committee believe that the request made to subscribers and donors in previous years, 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.

After long consideration, the Committee have decided to recommend to the subscribers that a charge be made to out-patients of 2d. for medicine each time it is supplied, cost price being charged for cod-liver oil and maltine.

In conclusion, the Committee trust that they may receive during the present year an increase of the confidence and support of the public. Above all, they desire to acknowledge with deep reverence and thankfulness the Divine power manifested throughout the year, without which they know that all labour would be vain, and for a continuance of which they earnestly pray.

#### MEDICAL OFFICERS' REPORT.

The Medical Officers have much pleasure in submitting their Report of the work done at the Hospital and Dispensary during the year 1905.

There were three deaths in the Hospital during the year.

#### *In-patient Department.*

There were ten patients under care on January 1st, 1905, which, with seventy-eight admissions and re-admissions, make eighty-eight treated as in-patients.

There were five patients still under care on the 1st January, 1906.

#### *Out-patient Department.*

Under care January 1st, 1905..	..	..	196
Admissions and Re-admissions	..	..	2817
			3013

These may be classified as follows:—

Cured or Relieved	..	..	..	..	2479
Not Relieved	..	..	..	..	125
No Report	..	..	..	..	204
Died	..	..	..	..	18
Under Care, January 1st, 1906	..	..	..	..	187
					3013

Home Visits, 4524. 3013

(Signed) FRED<sup>c</sup>. NEILD, JAMES C. PINCOTT,  
EDITH NEILD, N. GRACE.

Patients are received not only from Tunbridge Wells, but also from Tonbridge, Southborough, Bidborough, Pembury, Langton, Wadhurst, Fordcombe, Groombridge, Frant, Capel, Brenchley, Matfield, Lamberhurst, Jarvis Brook, Crowborough, Rotherfield, and Heathfield.

The Chairman, in moving the adoption of the Reports, said the medical part was very satisfactory, and there must have been a great amount of relief of suffering, at the cost of considerable labour to the medical men. He believed, however, that people were very grateful to them. With regard to the Treasurer's Report, he was afraid he could not regard it as quite so satisfactory as the Treasurer did. The subscriptions were only a quarter of what were required, and it was the donations which had kept them going. The Reserve Fund had gone about halfway through the year, and if it had not been for the kind legacy of Miss Wilson—whose death they so much regretted, as she was a thoroughly good and useful worker—(hear, hear)—there would have been none left. They must get more subscribers unless the usefulness of the Hospital was to be considerably curtailed. The people at the Hospital seemed very satisfied. They were very grateful to the Friendly Societies which had helped them, and also to the clergy, although he thought the latter might have helped them a little more.

Proposed by Rev. D. J. Stather Hunt, seconded by Mr. Brackett, and carried: "That Mr. F. G. Smart be re-elected as President, and Mr. W. C. Morland as Vice-President."

Proposed by Mr. Fothergill, seconded by Mr. C. H. Strange, and carried: "That the best thanks of the subscribers be given to the Honorary Physicians and Surgeons, the Dental Surgeon, the Treasurer, and Hon. Secretary for their valuable services; and also to the Matron and Hospital Staff."

Proposed by Rev. W. A. H. Legg, seconded by Mr. R. A. Dallas Beeching, and carried: "That the best thanks of this meeting be given to the Committee and Lady Visitors for their interest in the Institution and its patients, and that the following gentlemen be elected the Committee for 1906—list given—and that the Ladies' Visiting Committee be elected with power to add to their number, also that the Hon. Treasurer and Hon. Secretary be re-elected."

Proposed by Mr. Murton-Neale: "That the thanks of the subscribers be given to the Honorary Chaplain and other friends who have ministered to the spiritual needs of the patients, also to the ministers and congregations of the many churches and chapels, to the Committee of the Hospital Saturday Fund, and the Committees and organizers of the

various other funds which have made collections and given gifts to the Hospital."

Dr. Pincott seconded the motion, which was carried.

The Chairman moved: "That from 1st July, 1906, a charge be made to out-patients of 2d. for medicine each time it is supplied, cost price being charged for cod-liver oil and maltine." Carried.

Mr. Brackett proposed a vote of thanks to the Chairman, which was seconded by Mr. Murton-Neale. Carried.

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## HOMŒOPATHIC HOSPITAL, HOBART, TASMANIA.

### OPENING OF THE NEWLY-ERECTED BALCONY AT THE HOMŒOPATHIC HOSPITAL, HOBART, AND FETE.

SIR PHILIP FYSH, on Saturday, March 3rd, performed the ceremony of opening the balcony newly erected at the Homœopathic Hospital, in the presence of a large number of ladies and gentlemen, mostly friends and patrons of the institution. Sir Philip congratulated the Committee on the result of their efforts, the more so as the amount required for the improvements had been nearly all found, only £50 remaining unpaid, and most of that, he hoped, would be received that afternoon as a result of the fair. He further congratulated the Committee on the fact that they had paid £100 a year off the Hospital debt for years past, and that the Hospital was so efficiently carried on. They were anxious to improve it still further by constructing a good bold highway from the road, with a lawn in front of the building, so that everyone who passed might be struck by the appearance of the place. Furthermore, they wanted an operating room, and an X-ray apparatus, the latter of which would cost about £50. He believed there were people in Hobart who would provide the latter before the end of the year. The mere statement that 840 odd patients had passed through the institution since it was first established in 1899, and that an average of thirteen had been treated in the Hospital every day last year, was sufficient to show that the Hospital was doing a very good work, and was fully deserving of all the support it could obtain. Sir Philip concluded by referring to the part he and Mr. Stafford Bird had taken in substituting the female nurse system for that of male warders, which had proved such a success all over Australia, and in introducing the balcony at the General Hospital in Hobart, and at the depôt at New Town.

The Hon. <sup>Mr.</sup> Stafford Bird, M.H.A., also congratulated the

committee on the substantial character of the work that had been carried out, expressed his appreciation of the good service rendered by the Hospital, paid a glowing tribute to the value of female nurses, and hoped that the Government subsidy would be increased, so as to enable the Committee to pay off the Hospital debt, and that the amount necessary for the additional requirements would be obtained.

Mrs. C. J. Atkins having also expressed her satisfaction at the work done and with the gratifying attendance that afternoon, the visitors proceeded to chat with the patients, inspect the new balcony, or partake of afternoon tea, which was served in a tent, gaily decorated with banners and flags.

One of the most enjoyable events of the afternoon was the fascinating lecturette on the wonders of nature, given by Mr. Gerard Smith, and illustrated by some remarkable photomicrographs, thrown on a circular screen in a darkened room. Here were shown and explained enormously magnified specimens of the extraordinarily minute and marvellous mechanisms, especially in the insect world—the honey-extracting tongue of the bee, and the feeling antennæ of the moth, the poison injectors of the wasp, and the biting machinery of the flea, the web-weaving apparatus of the spider, and the optic nerves, proboscis, and sticky foot of the common fly, the peculiar breathing system of the insect family, and, perhaps, the most wonderful of all, the double, bevelled teeth and saw of the little insect which cuts holes in the branches where the female may deposit her eggs. Most of these photomicrographs were taken by Mr. Gerard Smith, and the rest by Mr. Evans, a well-known London expert in scientific photography, both of whom were enthusiastic in this class of work in their student days.

After the lecturette followed a concert, to which Miss Edith Todd contributed a cavatina by Henry, and a canzonetta by Poussard on the violin; Miss Babington and Miss Doris McGough a pianoforte solo each, the latter playing Cramer's "Desir"; Miss Maude Gill gave two humorous recitations; and Mr. Gerard Smith and Mr. J. W. Gould sang.

Among those present during the afternoon were Mesdames Henry Dobson and Fawns, the Revs. W. A. Kaneen and P. R. Hennebry, Messrs. T. B. Mather (secretary to the Homœopathic Hospital), H. T. and J. W. Gould (members of the Hospital Committee), F. W. Lord, H. K. Fysh, and Mr. W. Lake (City Missionary), Mrs. J. W. Evans (wife of the Premier), Mrs. Alfred Crisp (Mayoress), Alderman and Mrs. D. Freeman, Mrs. Henry Dobson (President National Council of Women), Mrs. Hannaford, etc., etc.

Mr. A. J. Taylor presented the Hospital with an articulated human skeleton, which should prove of great assistance to the nurses in their studies. Members of the Ladies' Aid Association, in connection with the hospital, provided the afternoon tea, which was served by Mesdames Andrews and Lord, assisted by the nurses and a number of young ladies. The various stalls—sweets, flowers, produce, plants, and cake—were presided over by Mesdames C. J. Atkins, W. Walker, Stephens, Mason, the Misses Halstead, Marie Mason, Gwen Arnold, assisted by the Gibson family. The matron (Miss Harwood) smiled benignly on all, and the messenger (Mr. Donald Smith) provided a gramophone, which contributed no little amusement to the patients on the balcony. Altogether, the fête was a great success.—*The Hobart Mercury*, March 5th.

In the *Hobart Mercury* for the following day (March 6th) the following appeared :—

#### HOMŒOPATHIC HOSPITAL.

Dr. Gerard Smith desires mention made that at the opening ceremony on Saturday, in connection with the new balcony and verandah at this institution, an exceedingly kindly letter was received from the Lady Edeline Strickland, regretting her inability to be present, and congratulating the Committee upon the completion of their undertaking. After deducting expenses, Saturday's proceedings will result in the addition of £20 14s. 2d. to the verandah fund, leaving about £30 yet to be raised. By advertisement the Committee heartily thank all who so kindly sent donations towards the funds, and for gifts and for invaluable help given by ladies who had charge of the stalls. Mr. Alderman Freeman, who was present, was so favourably impressed with what he had seen that he promised a donation of five guineas as a start for the fund for providing an operating theatre, so necessary an adjunct to a well-equipped hospital.

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We congratulate the Board of Management of the Hospital, and all the staff, on the success attained at the Hospital, and on the energy and "go" evinced in the carrying on of such an important work and institution as the Homœopathic Hospital is. We wish it much prosperity.

EDS. M. H. R.



### BRITISH HOMŒOPATHIC CONGRESS.

THE Congress will meet this year in London on Friday, July 6, under the presidency of Dr. E. A. Neatby. The usual circular, with full details, will be issued in the present month. The papers will be of much interest.

### THE INTERNATIONAL HOMŒOPATHIC CONGRESS. |

THE following letter from Dr. Sutherland appears in the *American Physician* for March, and we have much pleasure in reproducing it:—

At a meeting of the Executive Committee of the American Institute of Homœopathy and the Special Committee on the International Homœopathic Congress, held in New York, January 31 and February 1, it was decided to hold the Congress beginning Monday, the 10th of September, and ending Saturday, the 15th. The Congress to be held in Atlantic City in accordance with the Institute's vote last June. It was also decided to open the Institute's sessions at three o'clock on Monday afternoon, September 10; and to hold the preliminary meeting of the Congress on the same afternoon at four-thirty; to have the formal opening of the Congress on Monday evening; this meeting to be of a somewhat popular nature, as is the case with the opening meetings of the Institute itself. The President of the Institute to have a conspicuous part in this meeting of the Congress. It was also decided to have the Institute's business sessions held daily from nine to ten; to give the time from ten to one o'clock daily to the Congress; and to ask the special societies to hold their sessions during the afternoons and evenings of the week, the Congress also to have afternoon and evening sessions. It was decided to devote Tuesday to the discussion of the Principles and Propagandism of Homœopathy; Wednesday to the study of *Materia Medica* (drug pathogenesis, provings, etc.); Thursday to Clinical Medicine; Friday, to Pædiatrics and Sanitary Science; Saturday to be used for adjourned meetings and concluding exercises.

Dr. A. W. Baily, of Atlantic City, representing the local Committee of Arrangements, attended the meeting, and promised to give ample accommodations for all the various Committee, Society and Congress meetings, as well as to furnish ample accommodation for all guests.

The outlook is exceedingly bright for an enthusiastic and successful Congress. I do not know that it is anybody's special duty to inform you of these facts, but it seems to me

that all our journals should be kept informed of the plans that are being made, in order that the widest publicity for these plans may be obtained, and in order that a wide-spread interest in the Congress may be roused. I hope you will find it convenient to make such editorial use of these facts as seems to you expedient.

Very truly yours,  
J. P. SUTHERLAND.

Since the above was in type, we have received a similar announcement, signed by the Committee, of which Dr. Sutherland is Secretary.

Eds. M. H. R.

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### HOMŒOPATHY IN HOMBURG.

WE are glad to know that at last a homœopathic doctor has settled in Homburg. At this fashionable watering-place in Germany, it has long been felt to be a great want, and we have been obliged to place our patients who are sent there under the care of an allopath. Now this difficulty has been removed, and Dr. B. Kranz, 921, Luisenstrasse, will be ready to receive any patients sent to Homburg. It will be great satisfaction to our patients to know that Dr. Kranz speaks English admirably and fluently, and we wish him all success.

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### HOMŒOPATHY IN ROME.

WE are sure that our readers will be glad to know that Dr. A. Mattoli is settled in practice at Rome, at 278, Via Cavour. Dr. Mattoli has studied and practised homœopathy in New York City for five years, and, of course, speaks and writes English fluently. This is a great advantage for English people, who, naturally, prefer a doctor who can fluently speak their own language. We wish him all success.

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### NERVOUS CASES.

WE have much pleasure in drawing the attention of our colleagues and readers to the advertisement which appears in this month's issue of the *Review*, of the care of nervous cases by Mrs. Reith. She is the widow of our late much esteemed colleague, Dr. Archibald Reith, of Aberdeen. Ever since her husband's death she has devoted herself to the care of nervous cases of various kinds, including those who are on the border line of a more serious state. Her success

has been uniform, showing her great tact, and her house, St. Leonards, Stonehaven, N.B., is large, and excellent in every way. The feeding is admirable, and it, really, with the bracing sea-air of Stonehaven, which is about fifteen miles from Aberdeen, is well fitted as a home of rest, and of judicious management for all varieties of nervous trouble. We can strongly recommend patients of the above order to be sent to the care of Mrs. Reith, who is ably assisted by her daughter, Miss Reith.

### THE DAILY MAIL AND HOMŒOPATHY.

In the issue of the *Daily Mail* of Feb. 28th the following under the title of "Nux Vomica for Epilepsy," appeared:—

"Pathetic letters have recently appeared in the *Daily Mail* calling attention to the sufferings of the epileptic, the wide-spread range of this formidable malady, and the necessity for some special measures by the State. It has been said that no disease has had so many specifics which have been found valueless.

"An independent medical expert invited to deal with the letters that have been published contributes to the *Daily Mail* the following interesting and encouraging notes upon a form of treatment which has not, however, commanded the support of the medical profession as a body:—

"Some forty years ago the attention of Dr. Tyrrell, of Harley Street, was drawn to the work of Vanderkolk, of Utrecht, who had pointed out the marked similarity between the progress of an attack of epilepsy and cases of strychnine poisoning. It was this little fact that gave Dr. Tyrrell a hint as to the line of treatment in epilepsy.

"Conium is markedly antagonistic to strychnine, and Dr. Tyrrell was led to give this drug a trial in his cases of epilepsy. He found that the condition and all the symptoms were aggravated under treatment with conium, and following on this asked himself if conium is antagonistic to strychnine and aggravates epilepsy, why should not strychnine improve and modify the condition? Dr. Tyrrell immediately experimented with strychnine. Large doses were given, with the result that the epileptic attacks were modified and in many cases inhibited, but only disappeared to recur later. He argued that as large doses gave only temporary relief, probably small doses continued over a longer period would lead to permanent cure.

"The dose of strychnine was accordingly reduced, and reduced again and again, with increased benefit to the patient

and marked and continued improvement. When the dose had been reduced to almost a minimum, it occurred to Dr. Tyrrell that a milder form of the drug might be substituted, and in searching for this form he fixed on *nux vomica*.

“Commencing with a moderate dose this was reduced again and again until a very minute quantity sufficed. Dr. Tyrrell found that the smaller the dose the better the results, and he now uses *nux vomica* purely as a form of food and tonic.

“It is this minute dose which does not find favour with the profession; but Dr. Tyrrell suggests that because his dose is not mentioned in the *Pharmacopœia* it should not be argued that a small dose will not suffice. He has every justification for his belief, because the small dose has in his hands cured many epileptics, and led to great improvement in others.

“One case will illustrate Dr. Tyrrell’s point. A man whom he was treating was given a slightly increased dose of *nux vomica*, which was followed shortly by irritation and twitching of the muscles of the wrist. On going back to the small dose this condition disappeared, and did not return. Dr. Tyrrell finds that all forms of irritability of the brain caused by nervous exhaustion can be cured by his method. Insomnia, neuralgia, and chorea come under this head.”

A reply to the above appeared in the *Daily Mail*, March 3rd, from Dr. J. H. Clarke, and a layman also. We append Dr. Clarke’s letter:—

*To the Editor of the “Daily Mail.”*

SIR,—In Wednesday’s *Daily Mail* there is an article describing a treatment for epilepsy discovered by Dr. Tyrrell, of Harley Street. If Dr. Tyrrell is reported correctly, he has discovered something vastly more important than a cure for epilepsy—he has discovered nothing less than the homœopathic law (likes cure likes) and the power of the infinitesimal dose.

Without calling in question the originality of Dr. Tyrrell in the matter (great minds often hit upon great ideas independently), it ought to be pointed out to those of your readers who are unaware of the fact that Dr. Samuel Hahnemann made the same discoveries over 100 years ago.

In the year 1790 Hahnemann published the fact, observed on his own person, that *cinchona* could produce all the symptoms of ague as well as cure that disease; and from that time onwards he tested all known drugs, *nux vomica* among the number, on himself and his friends. The popularity of *nux vomica* as a remedy to-day is due to Hahnemann’s observations and the work of homœopaths. I should advise those of

your readers who want homœopathic treatment to apply to homœopathic doctors. Their names are to be found in the *Homœopathic Directory*, and there are numbers of them within a mile of Harley Street.

JOHN H. CLARKE, M.D.

The following letter was also sent to the *Daily Mail*, but was not inserted :—

*To the Editor of the "Daily Mail."*

SIR,—Having seen your interesting article on "Nux Vomica for Epilepsy," in your issue of to-day, you will pardon my trespassing on your valuable space by saying that the action of nux vomica in epilepsy is pure homœopathy. The very fact that strychnine produces in full doses in a healthy person convulsive movements closely similar to those of epilepsy, a fact which is well known, is sufficient proof of this. Mr. Tyrrell, who published a book on "The Treatment of Epilepsy and Kindred Disorders" in 1887, and also wrote papers in the *Lancet* and *Medical Gazette* on the same subject, may have had his own theories on the action of strychnine and nux vomica in the treatment of epilepsy, but these in no way alter the *facts*, which exist and are well known. To use a remedy for the cure of a complaint, which in full doses given to a healthy person produces almost precisely similar symptoms, is a piece of pure homœopathy, and its value as a remedy is explainable in no other satisfactory way. Mr. Tyrrell's remarks on the small dose fully tally with this view. Long before Mr. Tyrrell's writings, nux vomica was known as a homœopathic remedy for the disease, and, when indicated, is of great value. Pereira in his "Materia Medica" naïvely 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 of similars.

Yours, etc.,

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

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#### ADULTERATED SUGAR OF MILK.

MR. E. H. Gane, Ph.C., of New York, calls attention in the *American Druggist* to a gross adulteration in sugar of milk which has been offered to the trade as "pure." The adulterant is a fine grade of glucose, known commercially as confectioner's grape sugar. The same firm that offers this mixture also offers "pure lactose sugar," which consists wholly of grape sugar or glucose. The adulterated article is

offered at less than the market-price of pure sugar of milk, and its detection is fortunately easy for the retail druggist. The simplest test is based upon the solubility of the substance in water. Pure sugar of milk is only soluble in six to seven parts of water at ordinary temperatures, while the adulterated article is much more soluble, the glucose being easily soluble in an equal quantity of water. This furnishes a ready means of distinguishing between the pure lactose and the so-called "lactose sugar." Further, the adulterated article is easily recognized by its taste, which is characteristic of the commercial glucose and lacks the "sandy" feel on the tongue of pure sugar of milk. The adulteration is a particularly mean one, says Mr. Gane, when we consider the fact that one of the principal uses of sugar of milk is as an ingredient of infants' food.—*Chemist and Druggist*, April 21st.

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#### PULSATILLA.

IN the *British Medical Journal* for March 31st, in the paragraph "Letters, Notes, and Answers to Correspondents," and under "Answers," we find the following:—

#### PULSATILLA.

"A. DE ST. D.—Pulsatilla, the dried herb of *Anemone pulsatilla* L., pasque-flower, meadow anemone or wind flower, or of *Anemone pratensis*, is official in the United States *Pharmacopœia*, and there is a tincture in the Formulary of the British Pharmaceutical Conference. It contains a yellowish, acrid, volatile oil, the active principle of which is a peculiar crystalline camphor, readily decomposed by water into anemonin and iso-anemonic acid. We learn from the new edition of the *National Standard Dispensary* that "According to Galen the anemones are endowed with acrid drawing, cleansing and opening virtues. When chewed anemone excites a secretion of mucus, its juice cleanses the brain and nostrils, and lessens or removes opacity of the cornea. It purifies ulcers, cures lepra and pityriasis, is emmenagogue and galactagogue. Neither Dioscorides, Pliny, nor the Arabians added anything to the enumeration, and the drug seems to have been almost forgotten until the close of the eighteenth century." Since then it has been recommended at different times in the treatment of cataract, paralysis, rheumatism, melancholia, syphilis, dysmenorrhœa, and a host of other morbid conditions. According to Martindale and Westcott's *Extra Pharmacopœia* it has been used in catarrh of the air passages with spasmodic cough."

Pulsatilla, our old and tried homœopathic medicine, used, till quite recently, to be laughed at as being a homœopathic remedy. But lately, it has been "discovered" as a "new remedy" by the old school, and in the very disorders for which it has been used by us ever since the time of Hahnemann. We are not only glad to know that it is beginning to be appreciated by the old school, but to see that the very "orthodox" *British Medical Journal* actually now brings itself to notice the medicine so prominently as the above extract from it demonstrates. We would suggest to the editor that if he wishes to give further information on the subject to his readers, he will find all he wants in any Homœopathic Materia Medica, or any book on Homœopathic Practice of Medicine.

#### DIETETIC PREPARATIONS.

"HUMANOID" and "POLLYTA" prepared by the Aylesbury Dairy Co., St. Petersburg Place, W. The preparation called "Humanized Milk" has been long in use and appreciated as a food for infants. It has been prepared by the Aylesbury Dairy Co. as the nearest approach to mother's milk. But one objection to its employment was the bulk of it, and the expense in sending it any distance. It is to obviate this difficulty that "Humanoid" has been put on the market. It is simply a concentrated "Humanized milk," and may be used by adding 2 parts of boiled water to one of Humanoid. It is thus a great convenience, and saves expense. It is said to be as good as the former Humanized milk, and when so diluted it is undistinguishable from it. It ought, therefore, to be much employed.

"Pollyta" is a dry powder, and suitable for an older child than requires Humanoid. From 7 to 9 months the child usually requires something more than Humanoid. Pollyta contains a certain amount of starch, and a high percentage of fat. It is prepared for use, for a child 7-9 months old, by adding  $1\frac{1}{2}$  heaped teaspoonfuls to 10 or 12 tablespoonfuls of water. The difficulty hitherto has been, we understand, to get the requisite amount of fat into a dry preparation. This has been overcome in the case of Pollyta, and it is said to contain over 10 per cent of fat. The Pollyta should be mixed with a little water to a thin paste, and should have the rest of the water added gradually till thin enough. This should be just raised to boiling point, stirring well to avoid any lumpiness, and then allowed to cool to blood heat. Pollyta makes an excellent pudding for adults, mixed first to a thin paste, sweetened and baked.

## 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 Dr. DYCE BROWN, 29, Seymour Street, London, W. Telephone, 138 Mayfair.

Dr. POPE'S Address is 10, Approach Road, Margate.

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. BURFORD, E. A. NEATBY (London); Dr. NICHOLSON (Clifton); Dr. J. P. SUTHERLAND (Boston, Mass.); Dr. HAYES (Leeds); Dr. PERCY WILDE (Bath); Mr. S. ROBINSON (Handsworth); Dr. MATTOLI (Rome); Dr. KRANZ (Homburg).

\*.\* Dr. PULLAR has removed from Denmark Hill, S.E. to 4 Manor Grove Gardens, Sheen Road, Richmond, S.W.

\*.\* Dr. F. W. HAYES (lately Dudgeon Travelling Scholar of the British Homœopathic Association) has settled in practice at Leeds. His address is 3 Reginald Terrace.

\*.\* Dr. STORAR of Ramsgate's address is now 5 Sion Hill. He is successor to the late Dr. HAWKES.

## BOOKS RECEIVED.

*Suggestions for Clinical Research in Comparative Therapeutics*, by Dr. Walter Wesselhoeft, U.S.A. *A Second period of two years abdominal work at the London Homœopathic Hospital*, by George Burford, M.B., and James Johnstone, M.B. *A Manual of Materia Medica, Therapeutics and Pharmacology*, by A. L. Blackwood, M.D. Philadelphia: Boericke & Tafel, 1906. *Annual Report of the Tunbridge Wells Homœopathic Hospital and Dispensary, for 1905*. *Hom. World*, April. *Vaccination Inquirer*, April. *Calcutta Journal of Medicine*, Jan. Feb. *Indian Hom. Review*, Feb. March. *Eastern Morning News*, April 9, 10, 11, 12. *Bath Herald*, April 11. *Keene's Bath Journal*, April 14. *Hobart Mercury*, March 5. *Chironian*, March, April. *St. Louis Medical Review*, March, 17, 24, 31, April 7. *North American Journal of Homœopathy*, March, April. *American Physician*, March. *Homœopathic Recorder*, March. *Medical Brief*, April. *Medical Times (N.Y.)*, April. *Clinique*, March. *Hom. Envoy*, April. *Pacific Coast Journal of Hom.*, March. *Medical Century*, April. *Hahnemannian Monthly*, April. *Allgemeine Hom. Zeitung*, April 5. *19. Hom. Monatsblätter*, April. *Hom. Maandblad*, April. *Revue Hom. Française*, March. *L'Art Medical*, March.

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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### OUR LEADER.

WE regret once again to have to leave the leader for June, which is in type, till our July issue. Our space is so filled up by other material that, besides the leader, we have to reserve several papers and communications. Our readers will, we hope, pardon us. The Congress Circular which we usually print, is impossible this month, but it is already in the hands of our colleagues.

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### THE TREATMENT OF CANCER BY A BACTERIAL VACCINE.

By EDWIN A. NEATBY, M.D.,

Physician for Diseases of Women to the London Homœopathic  
Hospital.

THE treatment of cancer until the immediate present has been of an entirely empirical nature. The various drugs, from the chian turpentine of 25 years ago to the violet leaves of to-day, the local measures, as well as the internal drugs, have been selected, in the first instance, without any obvious reason, having been caught up and exploited by an eager medical profession and a credulous public, without their having in most instances even a far-fetched theory as their basis.

Quite recently theories as to possible causes of cancer have been advanced, and those prominently before the medical profession to-day are the ferment theory, and the bacterial one, and attaching to each of these is a method of treatment.

As to the former, we are not without evidence which points to the productiveness of this method in some cases.

It is, however, with the bacterial origin and treatment of cancer that we are concerned in this paper.

The rapid strides that bacteriology has made in recent years in elucidating the cause of many obscure diseases has caused the thoughts of many earnest workers to be directed into this channel as regards malignant diseases. In order to establish the specificity of a micro-organism its presence must be constant in the tissues of the host, it must be limited to the disease to which it is supposed to be related as cause, and it must be capable of reproducing the disease by some form of infection or inoculation. The bacillus of Koch fulfils these conditions with respect to tuberculosis in its many forms. So far bacteriology has not succeeded in demonstrating a specific cancer micro-organism fulfilling those conditions. But something approaching this has been done, and the history of the research is not without interest.

On the 16th of August, 1886, Doyen (now of Paris) deposited at the French Académie des Sciences a sealed report concerning some observations he had been making on the bacteriology of new growths. This document was publicly opened at his request on the 22nd of February, 1904. The report contains a description of some "refracting granules" which he had observed in the "juice" of cancerous tumours, examined with a magnification of 1000 diameters. These granules in many respects resemble the *Micrococcus pyogenes*, and at that date had been found in "carcinoma, cylindrical and squamous epithelioma, lymphosarcoma, sarcoma, and lipoma." As far as I know, Doyen has not claimed that this organism is, strictly speaking, a cancer producer, but that a variety of new growths are the result of infection by the microbe. He has, however, reported in his recent book (*Etiologie et Traitement du Cancer*, 1904) that he has succeeded in developing new growths by injection of the same.

The chief and latest British investigators of this micro-organism who have appeared in print on the subject are Drs. Paine and Morgan, Co-pathologists to the Cancer Hospital, Brompton. These authors published in the *Lancet* of April 7th of this year an account of their work,

both bacteriological and clinical. Of 44 cases examined 18 were sterile; in all the rest some organisms were found. In 11 cases they found "a polymorphic coccus measuring from less than 0.5 to rather more than 1  $\mu$  in diameter." This they identify with Doyen's *Micrococcus neoformans*. Their conclusion is that it is, "in common with other micrococci, often present in malignant tumours;" they continue, "but in our opinion it is not present in sufficient numbers, or with reasonable constancy, to be regarded as the etiological factor in the evolution of these growths. Moreover, in our hands the inoculation of animals with this organism is not followed by the formation of neoplasms, but by the expression of an inflammatory reaction." In other words, they generally minimize the importance and specificity of this organism, pathologically and etiologically, as regards cancer.

In an interesting paper published by Drs. C. Jacobs and Victor Geets of Brussels, in the *Bulletin de l'Académie Royale de Médecine de Belgique*, of which a reproduction is made in the *Lancet* of April 7th, they write, ". . . cancer is of microbial origin. Let us recollect that all scientists, amongst whom may be mentioned Metchnikoff, who have sought for the *Micrococcus neoformans* in accordance with the directions of Doyen, have found it with all its inherent characteristics, and in different kinds of new growths. We ourselves have discovered it in 90 per cent of the cases examined. The cultures obtained in the different laboratories are all identical. We believe the *Micrococcus neoformans* to play an important part in the history of cancer. In addition, inoculation of white rats and mice with young and virulent cultures have been successful in producing both local and general neoplastic lesions in 30 per cent of the cases. This perfected technique may render it possible ere long to infect all mice. It will be impossible in future to invoke spontaneous cancer to explain the percentage of deaths from new growths after inoculation, for not one of our control animals shows any signs of pathological lesions.

"Finally, we shall prove in this article that the *Micrococcus neoformans* is beyond question the cause of the cancerous cachexia." (The italics are mine.)

In a paper recently read before the British Homœo-

pathic Society (May, 1906), I stated that "this micro-organism has certain features of colour, method of growth, and life history, which serve to distinguish it from the many other cocci known to bacteriologists. Although it can hardly be said to hold the same position with respect to neoplasms that Koch's bacillus holds with respect to tuberculosis, it nevertheless is a feature of some constancy. If a gland is removed, *e.g.*, from the axilla, in a case of cancer of the breast, or if a portion is removed aseptically direct from a malignant tumour, the bacterial growth which takes place is *always* the *Micrococcus neoformans*. It can be grown in ordinary alkaline bouillon, and reproduced indefinitely on agar agar."

The experience of Dr. Jacobs and Dr. Geets is in striking contrast with that of our English authors. It would seem as if, in spite of much technical care, the latter had not succeeded in getting their specimens from satisfactory sources. The glands at some distance from the original central growth seem to be the best site from which to obtain a pure culture. They represent the active advance guard of the disease, uninfected from mucous or cutaneous surfaces.

Doyen's micro-organism has become the basis of two therapeutic methods—one by Doyen, an antitoxic serum, and the other by Jacobs and Geets' bacterial vaccine, which is but an application of Prof. Wright's toxin-vaccine treatment in other bacterial diseases. It is not my intention to take up the former.

\*"In passing I may say that last year in Professor Doyen's clinique in Paris I had the advantage of seeing some of his cases. Judging by the statements made to me by the doctor, the nurses, and especially the patients, some of his results were good—that is to say, cases we should ordinarily regard as hopeless were greatly ameliorated, subjectively and objectively. But these results are far from being universally repeated, and I am not aware that there is any guarantee that different specimens of the serum have the same properties, nor any but empirical guides to the dose and its repetition. Indeed, both the articles I have referred to condemn the serum of

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\* Ibid.

Doyen as useless. On a very different footing is the vaccine of Dr. Jacobs. It is not an antitoxin, its dosage is measured by counting the micro-organisms, and the repetition and size of the dose is determined by regular examination of the patient's blood.

"Let me mention at this stage that the term vaccine has entirely lost its original etymological significance. A vaccine is defined by Wright as *any* substance which, introduced into the organism, brings about the formation of protective substances. It is obvious, therefore, that such substance may be living or dead, inorganic or organic, hence a metal or its salts, a vegetable poison such as atropine, or a bacterial toxin, or an animal poison such as our own crotalus.

"Now, as to the *modus operandi* of such protective substance, a theory has been advanced chiefly as regards bacterial poisons. It is that the toxin combines with anti-bodies existing in the blood, and removes a certain portion of these protective substances. The result is a stimulation of the blood cells to produce a fresh and excessive supply of the substances used up by the toxin injected.

"Some such explanation of the action of drugs is not unfamiliar to those who have sought to explain the action of a homœopathic remedy.

"As regards tuberculosis the stage of theory is past, and the practical application is attracting the attention it deserves.

"A recent French writer, Dr. Backer, points out that the congeries of diseases known by that name has advanced *pari passu* with cancerous diseases. It is interesting that the principle of the newest and most successful method of treatment for the one is now extended to the other. The vaccine treatment of cancer is based on an exactly similar principle. In each case the dead bodies of the appropriate micro-organism, together with the contained toxins are injected into the circulation of the sufferer. In the case of tuberculosis, it is the bacillus of Koch; in the case of cancer, it is the *Micrococcus neoformans* of Doyen." The effects are ascertained by estimating the opsonic index of the patient with regard to this microbe.

As to results, it is too early to claim that cancer has

been *cured*; for the method has not been in operation for much more than a year. But its course is influenced by the vaccine, the neoplastic deposits are removed or lessened, the cachexia abolished in a manner not seen after any other treatment I have had an opportunity of witnessing.

During a stay in Brussels I visited Dr. Jacob's laboratory and hospital, and received a most kind welcome from him and from Dr. Geets. Every detail of the treatment was shown to me, and the technique fully explained. I also had the opportunity of seeing cases under treatment. There were several breast cases—recurrences after operation. "Two of them were spreading in the skin of the chest wall to so considerable an extent as to merit the description, '*en cuirassé*.' I was told that when they first came they had a red, angry aspect, and presented one continuous surface of fixed indurated infiltration. When I saw them, after four or five injections, the colour had faded, and the surface was becoming broken up into islands of new growth, much less hard and less fixed. Pain and swelling were lessening. In two other cases there had been a local ulceration which had healed. In a fifth, the patient volunteered, as Dr. Jacobs went his rounds, that her dress sleeve, which previously fitted tightly on her, was now quite loose.

"A case of cancer of the uterus which had spread to the rectum had had, I think, four injections. Before admission she was suffering greatly at night with tenesmus and passing of blood-stained mucus, causing her to get up fifteen or sixteen times every night. When I saw her, for several nights she had only been up twice, and on one occasion not at all.

"I saw also a patient who had had two operations for rapidly growing cancer of the parotids (bilateral); recurrence was again taking place, and the patient could not button his collar. After a few injections the swelling on the right side had entirely disappeared and was lessening on the left, and he wore his collar easily. One of the cases reported by Dr. Jacobs was that of a woman with inoperable uterine cancer. After treatment the uterus became movable and was removed. The reason for surgical interference in such a case, which is doing well, is the belief

that the tumour is a centre where poisons are formed, and whence they are passed into the general circulation. If this source of infection is removed it is believed that the constitutional treatment has a better chance. Anyhow, it is nearly a year since that case was operated on—a case, as I said, pronounced inoperable a little while before—and no recurrence has taken place.

“But operation is not always carried out. In some cases it is declined; in others it is impossible. One such case of pelvic cancer recovered without operation, the symptoms all disappearing, only a hard rectal ring being left, and the patient being at work again.

“A very bad case of recurrence of epithelioma of the vulva was attending the clinique. Dr. Jacobs had done an incomplete removal, continued growth taking place after operation. This was controlled by the injections, and the patient appears to be doing well.”\*

The most recent report of cases treated by the neoformans vaccine is in the current (May) number of the *Progrès Médical Belge*. Here Dr. Jacobs and Dr. Geets give details of all their cases, dividing them into (1) cures of several months' duration; (2) Improvement maintained for several months; (3) Temporary improvement; (4) No improvement. There were seven, twelve, eight, eleven cases in the respective classes. Case X, in the second class, is so remarkable that I venture to reproduce it in full: “Madam X., aged 34, primipara, was curetted in 1898 for fungous endometritis. We lost sight of her for some years, when we were called in consultation in February, 1904. Several weeks previously she returned from a long journey very ill, and had since been obliged to keep her bed with abdominal symptoms. The patient had no temperature, with a single exception, when the thermometer registered 39°. She was very thin, drawn facies, abdomen distended and very painful, more especially in the region of the cæcum. There was dullness in the right pelvic region, with deep fluctuation, also dullness in the left side. Percussion of abdomen was extremely difficult, on account of the tenderness, but an irregular swelling was perceptible, which seemed to fill the true pelvis and extend on each side towards the iliac fossæ.

\* Ibid.

On vaginal examination, the neck of the uterus was found to be immobile, the body of the same adherent to the pubis, the right *cul de sac* bulging into the vagina. On the left a hard mass was to be felt adhering to the swelling felt on abdominal palpation. We were inclined towards a diagnosis of appendicitis rather than a pyosalpinx. An operation was decided upon, and in April, 1904, an opening was made per vaginam, with a view to draining the collection of fluid in the pelvis, the patient being in too precarious a condition to venture on an abdominal operation. The opening of the peritoneum disclosed a quantity of clear, pale yellow-coloured fluid, with no trace of pus. By this opening we were enabled to see on the neighbouring intestines numerous small lumps, which decided us in diagnosing the case as one of abdominal tuberculosis. This diagnosis appeared conclusive, for the patient had undergone an operation for mastoiditis, from which she had suffered several months, although the pus found at this operation, and examined, contained no Koch's bacilli.

"The results of the pelvic drainage were good, the general health of the patient improved slowly, the pains disappeared; and several weeks later she was removed to the country. She passed the summer of 1904 relatively well, although her aspect remained bad. She lost flesh, and the abdomen was still distended; she was constipated; and her appetite was small and capricious. Towards September, 1904, her state became more grave. She was brought back, and in October kept her bed entirely. From that time we watched the slow progression of a disease, which we firmly believed to be tuberculous, accompanied by the usual symptoms. Hard and irregular masses appeared in the abdomen, and the continuous wasting away reduced the patient to a mere skeleton. Above the abdominal swelling could be seen through the parietes the knotted and distended intestines; sickness became constant, and little by little she became unable to take nourishment. The abdominal pain increased, and morphia was given in large doses.

"A consultation resulted in the decision to perform laparotomy, with a view to aiding the action of the bowels, and also hoping by opening the abdomen to check the tuberculous condition. This second operation was



performed in February, 1905. The coils of intestine were lying in a quantity of free sero-sanguineous fluid. The uterus, the adnexa, and a large part of the contents of the abdomen were hidden under a gelatinous deposit. There was considerable hæmorrhage in removing this semi-solid substance. We found that the left Fallopian tube was dilated, and projecting from it was a quantity of new growth. It seemed probable that this was a tuberculous condition of the Fallopian tube, and was the origin of the mischief.

“ We removed the tube, and also the left ovary, which was cystic; the same lesions existed on the right side, but as the removal of the tumour and appendages on the left side had been so lengthy and difficult, the patient was too weak to prolong the operation; moreover, an attempt to liberate the intestines on the right side had caused so much hæmorrhage, that we decided to do nothing more radical, and closed the abdomen without drainage.

“ Quite contrary to expectations, the microscopic examination revealed that we were dealing with a case *not* of tuberculosis, but of primary myxosarcoma of the tube; a case very similar to that recounted in the *Progrès Médical Belge* in 1905.

“ The patient made a normal recovery, with the exception of a small abscess which developed in the abdominal wound. Her condition improved gradually; she was able to take nourishment, but remained very weak, and at the end of two months was only able to rest on a couch one hour a day, and already the abdominal tumour and ascites commenced to re-appear. The abdomen became enormous, and neoplastic masses could be seen, filling the whole abdomen, and invading the epigastric region.

“ The patient became less and less able to take nourishment, the urine became bloodstained, and at the same time there was incontinence. It was impossible to map out the organs by vaginal examination, the uterus, ovaries, and appendages being buried in a mass of semi-solid material.

“ In July her condition became more and more grave; failure to digest either liquids or solids provoked continuous sickness. All hope was given up, and the last sacraments were administered.

“ Having taken a small quantity of the patient's blood, we made an opsonic examination. We determined microscopically the phagocytic power, and injected the patient with a measured dose of vaccine. From that time an analysis of the blood was made every eighteen days, and, guided by the result of examination, the patient was injected regularly.

“ Then began a slow but progressive resurrection of this profoundly cachectic subject. At the end of two months the patient was able to be up six or seven hours a day, her appetite and digestion were normal, the bowels acted naturally. The masses which filled the abdomen disappeared. At the end of the second month there only existed a right-sided pelvic induration, and a hard mass at the left incomparably smaller than the pre-existing tumour. Menstruation, which had been in abeyance for many months, recommenced in September. The general condition of the patient is now perfectly satisfactory, her weight increased one and a half kilograms in four weeks.

“ On vaginal examination, the uterus was found to be slightly mobile. In March, 1906, the patient had gained nineteen kilograms in weight, menstruation regular, bowels acting naturally, appetite good, and she was able to take up her ordinary duties. She had no pain. Locally, the mass on the left side is still about the size of an orange, and that on the right is inactive, and has not increased in size. Morphia has been entirely dispensed with. The treatment is being continued.”

One of the earliest signs of improvement is that the well-known cachectic tint rapidly disappears. This is a very marked and encouraging fact. Some cases appear from the first foredoomed to failure. If, after two or three injections, there is no rise in the opsonic index, it has seemed to the authors of this treatment that it is better to desist. The injections rapidly use up the protective substances in the blood, and the reactive powers of the patient are so low that no increase follows. Such cases rapidly go downhill. So do those where an overdose is given, and the negative phase fails to be followed by the expected positive. It appears from this that a weapon of great power, and one not without danger, is in the hands of the physician. I am open to correction, but it seems

to me from all I have heard and read that there is a great tendency to give unnecessarily large doses. It is believed that a "negative phase" *must* occur. In their report to the Académie Royale de Médecine de Belge, Drs. Jacobs and Geets wrote, "A considerable diminution of the dose meets the necessities of the case still less. The negative phase is either totally wanting, or is so transitory, that the blood examination fails to detect it; the positive phase is equally lacking, and the degree of immunity remains what it was." . . . "The question of dose is of first importance: too weak, the reaction passes unperceived; too strong, it may aggravate the condition and produce a general mobilization of the infecting microbes.

"The guide to strength and repetition is the blood examination, the best time for an injection being when the positive phase begins to decline. In bad cases, or those reacting but little, a small dose is required. Of course it must be remembered that though the term small is used, and a thousandth of a milligram may sound little, such a quantity represents say from one hundred millions to five hundred millions of bacteria. It is not easy for those accustomed to the usual dosing by drugs to remember that it is better to aim at the lowest dose which will do the work needed, rather than the highest that can be borne.

"Why is this treatment more promising than any we have before heard of? Because it is more scientific than any previously known, and the scientific principle at its root is that of 'similarity.' Various drugs have from time to time been used for the treatment of cancer. Probably the most generally useful in relieving such cases is arsenic. But its similarity is comparatively remote; *here* is the poison of the cancer itself modified by culture, etc., and its phenomenal success is because its similarity is so great. It is possible that a still greater measure of success may be obtained by taking the culture from the patient's own growth, and preparing a vaccine from that. This would approach identity and isopathy; at any rate it might fairly be considered a simillimum. One other point should be just touched upon—that of multiple infection. In many cases of superficial cancer or growth near a mucous surface, a mixed infection may have taken

place, and the opsonic index to other micro-organisms must be tested. Or *there*, with special advantage, the self-vaccine might be used.

“I was very much struck by seeing how closely the curve of the opsonic index was followed by the clinical symptoms and general well-being. In the majority of cancer cases the opsonic index—in other words protective power—is, to begin with, low. In favourable cases it progressively rises with the treatment. In a few cases, even without treatment, where the patient is making a good fight, the index is found to be high, and it may be still further heightened by treatment. With a higher index the condition, local and general, improved, and *vice versa*.”\*

Though this treatment is in its infancy, it appears to me to be based on sound principles, and, if properly carried out, to be one of great promise. The history of past cancer cures is one of such dismal failure that I hesitate to speak with the enthusiasm I feel. It is too early to speak of the cases under my own care, but at a later date I hope to be able to avail myself of the courtesy of the Editors of the *Monthly Homœopathic Review*, and present a record of my personal experience. In the meantime I venture to take upon myself the responsibility of commending it to my readers, that the subject may be investigated by many besides myself.

## CLINICAL LECTURE ON PERNICIOUS ANÆMIA.

By J. GALLEY BLACKLEY, M.B. LOND.†

LADIES AND GENTLEMEN,—Ever since its discovery by Addison in 1855, and its minute description by Biermer in 1868 and 1871, the subject of pernicious anæmia has been one of engrossing interest, both to the pathologist and the clinician. In a post-graduate lecture given by me in the spring of 1897, I endeavoured to bring our knowledge of the disease “up to date,” both pathologically and therapeutically. As we have at present in the wards a case of pernicious anæmia which some of you have seen,

\* *Journal of the Brit. Hom. Soc.*

† Delivered at the London Homœopathic Hospital, Wednesday, May 16th, 1906.

and which presents most of the characteristic symptoms of the disease, I have thought that a consideration of the notes of this case might well form a fitting prelude to an attempt to summarize once more the extent of our mastery of the secret of the disease, for it is indeed still, in its origin and progress, one of the most obscure with which we have to deal.

The notes of the case are as follows :—

George C——, aged 54, clerk, was admitted into Hahnemann Ward on April 2nd, 1906, complaining of gradual loss of flesh and strength, extending over about twelve months. History :—Illness commenced with pain over the right side of front of chest, increased by breathing and by lying on the left side, and relieved by lying on the right. Just before Christmas fell out of bed, presumably in a faint, and on January 1st last had a fainting fit when at business, and when he came round found he had been very sick. This occurred again a few days later, but has not been repeated. Appetite has latterly been very bad, dislikes his food, but has no pain whilst taking it. Bowels act twice a week. Occasional frontal headache. Of late, has found a little difficulty in holding a pen, and has had a rough feeling in the fingers of both hands. Thinks he cannot retain urine quite so long as usual. Weight in December 1905, 8 st. 13¼ lbs. Has had no past illnesses ; has *never* taken alcohol, but has been a heavy smoker.

Condition on admission :—

Patient obviously anæmic, the skin having a slight yellowish tinge, suggesting either malignant disease or pernicious anæmia.

*Chest.*—Examination of lungs revealed nothing except some hyper-resonance at margins ; over the centre of anterior aspect on both sides there was heard on inspiration a sound like the distant firing of a gun.

*Heart.*—Cardiac dullness diminished ; all valvular sounds clear ; first sound poor.

*Abdomen.*—No tenderness or any sign of new growth. All viscera appeared to be within normal limits. Bowels constipated ; stools normal in colour.

*Nervous system.*—Complained of numbness and stiffness of hands. Sensation quite good all over the body.

Reflexes, including ocular, quite normal. Slight nystagmus present.

*Weight.*—8 st. 13½ lbs.

Blood-examination by Dr. Watkins, pathologist to the hospital, showed:—

Hæmoglobin .. .. .	=60 per cent
Red cells .. .. .	=2,250,000 per cmm.
White cells .. .. .	= 3,500 ,,
Colour index.. .. .	= 1.33

Red cells extremely variable in size and shape. Urine showed nothing abnormal.

*April 11.*—Very weak and shaky. R Strych. phos. 3x gtt iij t.d.; generous diet.

*April 20.*—Has been kept strictly in bed since admission; feels a little stronger, but still complains of tingling and weakness of hands.

*April 24.*—No change Plumb. carb. 3x gr. j, t.d.

*April 27.*—Discomfort in hands and arms more pronounced. Arsen. alb. 3x gr. j, t.d.

*May 1.*—Has lost 3½ lbs. in weight during last three weeks. Rep. med.

*May 4.*—Was allowed up for two days, but was sick on each occasion. Kal. arsen. 2x gr. j, after each principal meal.

*May 5.*—Examination of blood shows:—

Red corpuscles .. .. .	1,136,000
Hæmoglobin .. .. .	32 per cent
Colour index .. .. .	1.45

Paikilocytosis, megalocytosis and microcytosis all very marked. Nucleated cells not found.

*May 9.*—Weight 8 st. 4½ lbs.

*May 11.*—Coagulation time of blood 4½ minutes. Abdominal examination negative. To have small quantities of meat juice in between meals.

*May 15.*—Ophthalmoscopic examination negative, except for some pallor of discs. No sign of retinal hæmorrhages. Has been on couch without being sick. A drop of fresh blood under the microscope allowed to stand 30 minutes showed very imperfect rouleau formation. Coagulation time 4¼ minutes. R Kal. arsen 2x tab. ij, t.d. p.c.

The case of George C——, like so many others met with

in actual practice, presents by no means all the symptoms met with in the text-books; there are still some lacunæ. The case as a whole may, however, serve as a ground for considering the nature of the disease, its etiology and treatment.

The symptomatology naturally comprises general objective symptoms and those afforded by an examination of the blood, both of which are of importance; it is the absence of the latter which renders the earlier recorded cases of comparatively little account, especially in discussing the results of treatment. We will take the blood conditions first.

The colour and consistence of the blood, as you will have noted at the bedside, are peculiar; the drop is pale and slightly chocolate-coloured, the wound bleeds freely; the drop is less tenacious than healthy blood, and does not adhere to the finger-tip in the same way. The hæmoglobin in proportion to the corpuscles is high, and though both are very much below normal, the richness of individual corpuscles (colour index) is as high as 1.45. In the slide placed under the microscope you will notice the great variety in size and shape of the corpuscles; of the various shapes, the flask, comma, and sausage are the commonest. The size of the largest corpuscles is much above normal, and they may, in fact, be described as megalocytes. Hitherto, no nucleated cells have been found in the fixed and stained films, but their presence is by no means *de rigueur*, and in some of the worst cases they are absent before death. Some of the reds show distinct polychromatophilia, or the power of absorbing both acid and basic stains. The leucocytes, as is usual, are much diminished in numbers, the lymphocytes showing a relative increase, whilst the polynuclear are much below the average.

The serum frequently contains hæmoglobin and stains in consequence. Maragliano has also found that the serum has distinct globulicidal properties, and breaks up healthy corpuscles when mixed with them *in vitro*, while healthy serum preserves them. In C——'s case cardiac murmurs are absent; and this is frequently so even in the worst cases: as against which we may set the fact that murmurs may be present during life, and yet

nothing be found *post mortem* to account for them. The loss of appetite, nausea, and vomiting follow the usual rule, and the emaciation, as in C——'s case, is by no means a constant symptom. In the majority of cases the patient retains the power of assimilating fatty food, and so preserves his *embonpoint*.

Of the general objective symptoms the most striking are the waxy pallor, with lemon-tinted skin, the yellowish-white lips, and the progressive weakness, all well illustrated in our patient. Rise of temperature, though often present, is not a constant symptom.

The symptoms referable to the nervous system are, whenever present, of extreme interest, for reasons which you will understand presently : slowness of speech, though not included in our notes, is one of these ; general muscular weakness, almost paralytic in its intensity, and strongly reminiscent of the paralysis of peripheral neuritis, is another. A genuine tabetic condition is present in some far-advanced cases, whilst spastic spinal paralysis and typical neuritis have been seen in others.

*Etiology.*—Some reference to this is necessary if we are to form right conclusions as to the nature of the disease. Pregnancy and child-birth and bad hygienic surroundings are undoubtedly responsible for the initiation of the disease in many cases. Repeated small hæmorrhages are also a very potent factor in its causation. I have seen at least one case in which small but constant hæmorrhages from piles brought on the condition, which was in every way typical. Pernicious anæmia does also frequently follow other diseases, the most important of these being malaria, typhoid, syphilis, and lastly, digestive conditions associated with an atrophic condition of the mucous membrane of the stomach and small intestine. I have had the opportunity of treating a case of the latter description. It commenced as an attack of Indian sprue (*psilosis linguæ*), which is, as you are aware, characterized by velvety smoothness of the tongue and anæmia of the buccal cavity. In its fully developed condition the disease presented all the characters of true pernicious anæmia ; the patient ultimately recovered, but only after being confined rigidly to a diet of milk alone for upwards of 15 months. The tape-worm, known as *Bothriocephalus*



*latus*, also causes at times extreme anæmia, with all the blood-changes and many of the nervous symptoms met with in the gravest forms of anæmia. The changes in the blood show poor rouleau-formation, paikilocytosis, micro- and megalocytosis, polychromatophilia, nucleated red cells, and leucopenia.

*Nature of the Disease.*—The blood conditions and the concomitant general symptoms may obviously be due to one or other of two causes, either (a) increased blood-destruction or (b) disturbed blood-formation, and the opinions of successive pathologists have successively oscillated between the two. Ehrlich and Lazarus,\* whose monograph on the subject is, to my thinking, the most complete, and whose views on the nature of the disease are the most convincing, hold the balance between the two. On the one hand we have undoubted blood-destruction shown by urobilinuria, jaundice, and deposit of iron (hæmosiderin) in the liver and other viscera; on the other, disturbance of blood formation, evidenced by the presence of large nucleated cells (megaloblasts) in the blood and in the long bones, usually filled with yellow bone-marrow. Ehrlich looks upon this megaloblastic degeneration as neither the cause nor the effect of increased blood-destruction. Both are apparently due to a common cause—either a toxin having a specific action on bone-marrow; or, one acting upon the adult corpuscles, causing their destruction, the marrow changes being probably compensatory to this.

Much light has been thrown upon the nature of the disease by a careful study of the conditions caused by *Bothriocephalus*.

“Lichtheim and Minnich, in two cases of *Bothriocephalus* anæmia in which tabetic symptoms were observed during life, found extensive degeneration of the posterior columns of the cord, post mortem. The worms appear to secrete a toxic substance, upon which the anæmia and likewise the spinal disease depend. A similar assumption must be made in those cases of pernicious anæmia in which the etiology is obscure. We have every ground for attributing the origin of pernicious anæmia to toxic causes,

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\* Ehrlich and Lazarus. Die progressive perniciöse Anæmie Vienna, 1900.

since the alterations described in the spinal cord are not specific to severe anæmias, but show a close similarity to those occurring in a large number of cachectic and toxic conditions; we may, therefore, assume an auto-intoxication of unknown origin and unknown nature as the cause of both the anæmia and the spinal disease.”\*

*Treatment.*—Various drugs have from time to time been acclaimed as likely to yield encouraging results in the treatment of pernicious anæmia, but the majority have not stood the crucial test at the bedside. In this list I would include calcarea carbonica, calcarea phosphorica, iodine and phosphorus, as given by Gilchrist in his article in *Arndt's System of Medicine*, and to which I would refer you for the detailed symptoms upon which he grounds his recommendation. Picric acid has also been credited with the great amelioration of the disease, but upon what grounds I am puzzled to know. Manganum, like iron, has certainly given good results in ordinary anæmias, but in pernicious anæmia it has failed. *Arsenic* in one shape or another appears to be the only drug upon which we can really rely, and this is, I think, the experience of both schools. For the general symptoms produced by arsenic pointing to its homœopathicity I would refer you to the usual text-books, and in particular to the *Cyclopædia of Drug Pathogenesis* (article “Arsenicum Album”). Its effects upon the blood are, moreover, very definite. Given in the shape of Fowler's solution to healthy individuals its effects are chiefly seen in a lowering of the number of the red corpuscles.†

A good case of pernicious anæmia cured by arsenic under the care of Dr. Moir and myself you will find recorded in the *Monthly Homœopathic Review* for September, 1897. In this case the corpuscles rose gradually from 1,200,000 to 4,000,000, and the hæmoglobin from 40 per cent to 75 per cent.

Arseniate of quinine and arseniate of iron have also

\* Ehrlich and Lazarus. loc. cit. p 138.

† In commenting upon this fact Limbeck makes the following pathetic remarks:—“These remarkable effects upon physiological conditions stand quite opposed to the mass of information we possess as to the influence of arsenic in certain anæmias, especially the pernicious form.”—*Grundriss einer klinischen Pathologie des Blutes*. p. 228.

been used with encouraging results, but do not, in my opinion, offer any real advantages over arsenic itself.

The anæmia of saturnine poisoning is a striking feature of its symptomatology, and I feel convinced there is a future for lead in the treatment of pernicious anæmia. Malassez and Limbeck found the number of corpuscles very much below the normal, the numbers ranging from 3·7 millions to 2·2 millions, and megalocytes, microcytes, and paikilocytes were also present. "Quite as striking from a hæmatologist's point of view are the profound changes in the gastric glands, of an atrophic character, described by Kussmaul and Meyer in the cases of saturnism examined by them, a condition, probably, directly responsible for the anæmia, as Henry, Osler, and Kinnikut have all directed attention to the common co-existence of grave anæmia with profound changes in the gastric mucous membrane."\*

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## WESTERN COUNTIES THERAPEUTICAL SOCIETY.

### PRESIDENTIAL ADDRESS,

Delivered before the Society, Feb. 28, 1906,

By THOMAS D. NICHOLSON, M.D., C.M. EDIN., Clifton.

I THINK it only fitting on this occasion, after acting as Secretary of this Society since its beginning, and now on the completion of my year of office as President (for which honour I thank you again), to give you a short paper on its history and proceedings, recalling to your minds some incidents which may have been forgotten by its older members, and may be interesting to those who joined more recently.

The first meeting was suggested in the course of conversation with Dr. F. Black and Dr. Eubulus Williams in the year 1880, and the "Western Counties Homœopathic Society" was more formally instituted at a meeting at Dr. Williams's on 3rd June, 1881, at which Drs. Black, Williams, Morgan, and Kennedy, of Clifton, Dr. Ker of Cheltenham, Dr. John Wilde of Weston, Dr. Alfred Cash of Torquay, Dr. G. Norman of Bath, and myself were present. There

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\* On the action of some of the Principal Hæmatics, by the Author, *Journal of the Brit. Hom. Soc.*, July, 1898, pp. 285, 286.

were also enrolled among our members Drs. Millin of Worcester, Wallis of Weston-super-Mare, Mackintosh of Torquay, Stokes of Sidmouth, Neild and Reed of Plymouth.

The aims of the Society were the promotion of social intercourse amongst medical men in the West professing Homœopathy, who then seldom met one another except at an occasional Congress, and the circulation of medical literature. Such journals as the following were passed on by member to member for several years :—

*L'Art Medical, London Medical Record, Practitioner, Edinburgh Medical Journal, Glasgow Medical Journal, Therapeutic Gazette, Hahnemannian Monthly, The Organon, New England Medical Gazette, Chicago Medical Era, and Hutchinson's Archives.* The books circulated were mostly monographs suitable for rapid reading.

Meetings were held at first but once a year, but in 1887, after an increase of membership, meetings were held three times a year; papers were read, and discussions became the rule at the meetings, and the journals and books were diminished in number, and gradually discontinued, owing to the difficulty found in forwarding them regularly. In the same year, 1887, it was thought advisable to try to make the Society entirely unsectarian, in the hope of attracting men quite unconnected with the profession of homœopathic therapeutics, and offering a free platform for the discussion of all therapeutic problems. The name was therefore changed to its present form—"Western Counties Therapeutical Society." At this time an action-at-law was exciting the hopes of all those who were in favour of freedom and absolute tolerance and recognition of all forms of therapeutic faith. This was the action of *Millican v. Sullivan*. Mr. Millican was a surgeon to the Jubilee Hospital, London, who was dismissed by the Hospital Committee on his election on the staff of the Margaret Street Hospital for Consumption—on the ground that two physicians on the medical staff there prescribed homœopathic medicines. The hopes of reformers were doomed to disappointment, but the sympathy of our members took a practical turn, and the sum of £7 was contributed at one of our meetings, and several members sent further donations to a fund, to which Major Vaughan

Morgan was Secretary, to assist Mr. Millican in vindicating the cause of individual freedom and responsibility of the surgeon or physician in the treatment of his patients.

In 1889, on the invitation of Dr. Gibbs Blake of Birmingham, several members of this Society diligently ransacked old homœopathic journals, and collected notes of cases of cure by different medicines to appear in a therapeutic manual. It seems a pity this work has never appeared, for I think there is yet room for it; and it should be a great help to any one beginning the study of homœopathic therapeutics.

The homœopathic relation of drug to disease is not always easy to distinguish, and the prescriber has to try to recollect some drug in the *materia medica* suitable to the pathological and clinical states of the patient, apart from any name of disease. But amongst the thousand and one plants and other substances, there are always several in near relation with the morbid symptoms, and a classification of these in connection with the principal named diseases is a necessity. May it not be further simplified? In 1904 I read a paper on "Arsenic and Exophthalmic Goitre" at one of our meetings, and later on gave a lecture at the London Homœopathic Hospital, showing the relationship of several drugs to this disease. May I refer to this subject again, and invite your attention to the suggestion I then put forward, that by taking the characteristic symptoms of a disease, and then the drugs producing the same, a comparison may be quickly made from, say, the slips corresponding to Guernsey's *Bœninghausen*, and the most important ones chosen from the list. Could not this be done for our principal diseases? You may reply, perhaps, that it has been done already, but, as a fact, I think I showed that arsenic was in direct homœopathic action with the symptoms of exophthalmic goitre; that I had treated several cases by means of this drug with success, and yet I failed to find it in the text-books. There are many other cures by drugs in medical literature, where the relation of the drug to the disease is indirect or even, so far as our knowledge goes, purely empirical. The insertion of these would be a strong incentive to further proving. The successful practice of homœopathic therapeutics requires a constant and prolonged study to

accomplish, and is at present too difficult to tempt either the recently qualified man from the schools, or the practitioner in busy practice. If it could be simplified we should have a better chance of persuading those in the profession who are interested in pharmacology to give the formula of Hahnemann a trial, and compare their results with the routine medicines of the day, or with those which may be classed as antipathic.

Continuing the history of the Society: Mr. Knox Shaw, then Secretary of the British Homœopathic Society, came down to persuade this Society to join the larger and older body. After some discussion and correspondence our Society was invited to join the older Society, and still retain its present name. The eventual decision was against affiliation, though most of our members joined the British Homœopathic Society individually. Thus a compromise was effected agreeable to both societies.

In 1895 we had the pleasure of welcoming the first of our London members, and these have since increased considerably; adding greatly to the interest of our meetings and the value of our papers and discussions.

At this time the circulation of the medical journals ceased.

During the 25 years of the Society's existence 53 members have been admitted, and there remain at the present time 31 on the books. We have lost by death—Dr. Black in 1883, Dr. Smart 1894, Dr. Ker 1898, Dr. Woodgates 1897, Dr. Mackechnie 1903, and Dr. Williams 1905. All of these did good work for therapeutics and for medical freedom, and some of them were among the early pioneers in this country of the therapeutical reform of Hahnemann, and who sowed seed which has sprung up and brought forth fruit which we are still gathering in the year 1906.

There have been over sixty papers and communications presented to the Society; one-third on medical subjects; one-third on materia medica, and the rest on surgery, gynæcology, pathology, and electrical treatment, not to mention a debate on dietetics, and one large and important meeting, when Dr. Burford, then President of the British Homœopathic Society, roused us into activity and the more public confession of faith. All these have been largely practical and therapeutical, and fully justify the title

the Society has adopted. A large number of the diseases of everyday life have been considered and discussed by men familiar with almost every kind of treatment, and most valuable has been the experience detailed at our meetings. The specialists, too, in gynæcology and surgery have unfolded to our ears the tales of modern wonder, and I listen with strange interest when I recall the fatal cases of erysipelas, pyæmia, and septicæmia, of frequent occurrence in the infirmaries and hospitals when I was a student in 1870—pathetic cases, where the surgeon could only look on in impotence and despair. I recollect some of the early successes of Professor Lister in Glasgow, and the fierce antagonism the doctrine of germs, which he preached and practised with such effect, caused amongst his rivals in the schools. So much was this the case that had he not been the able surgeon, the lover of peace, and of his fellow-man, and a man void of selfish ambition, the profession might have been split into two sections of Listerites and anti-Listerites, or believers in germs and believers in nature, and remained so for a generation with their rival hospitals and societies.

Is there any likelihood of the homœopathic rent in the garment of *Æsculapius* being repaired in our time? I think not. In the first place, there is no enthusiasm for pharmacology and theories of drug action. The best talent in the profession is devoted to surgery, pathology, and bacteriology. In course of time the *materia medica* will gain a greater degree of attention, and then will be the chance for the recognition of the law of similars.

What we need, and, as pointed out by Mr. Dudley Wright in a communication before the Society, are likely shortly to get, is experiments scientifically conducted, and showing definitely the physiological action of small doses on the human body. So far, the germ theory and bacteriology have not helped to understand the action of minute doses, because, though a bacillus or micrococcus is infinitesimal in size, it is not merely the multitude of germs which cause the disease, but the toxins produced by them. There are, therefore, two actions of the body cells to be stimulated—the phagocytic and the antitoxic—the one vital, the other chemical.

On the other hand, the doctrine of immunity certainly

suggests an analogy to the therapeutic doctrine of similars. An attack of a general disease, *e.g.*, scarlet fever, usually confers lifelong immunity, but a deposit of tubercle produces no such benefit, probably because of its being localized, the white corpuscles of the blood often being unaffected. The resisting power of the body cells does not merely consist in the general good health and strength of the individual—witness the deaths of 40,000 Fijians in 1875 from measles (and, so late as 1903, there were 2,400 deaths from this cause), or the fearful mortality from tuberculosis in Polynesia, as recorded by Stevenson, whole villages being depopulated in a short time.

The evidence of Dr. Nicholas Senn, in a paper to the *Journal of the American Medical Association*, is to the same effect. He returned last autumn from a summer trip to Smith's Sound among the Eskimos. He says their diet is carnivorous, and they have sound teeth and are free from scurvy and many European diseases. Tumours are unknown. Their principal diseases are epidemic, and introduced. Catarrh follows visits to ships; and influenza and Arctic dysentery especially play havoc among them.

In many individuals the body needs the special stimulus of the toxin in small doses, in order to enable it to produce the antidote in sufficient quantity in time of attack. In others, immunity seems to be hereditary. In a similar manner a drug may be supposed to stimulate the body cells to counteract an ordinary inflammatory attack—say, of throat or chest, where both germs and toxins are a necessary part of the inflammatory product. When we can measure this, and write it down in figures, we shall be within measurable distance of the recognition of the old doctrine of substitution or similars, but, perhaps, under a new name.

Professor Wright and Capt. Douglas have already demonstrated a mode of measuring the activity of the phagocytes, or what Dr. Wright calls the opsonic power of the serum and blood corpuscles in tuberculosis. Another step forward may show us the influence of drugs even in minute medicinal quantities.

So far, the knowledge recently acquired of the action of pathogenetic bacilli in the body has not resulted in any



successful medicinal treatment by drug antidotes or antiseptics, nor does any immunity appear to be conferred by these means.

One is struck by the similarity in appearance of many forms of bacteria, notwithstanding the diverse forms of disease associated with them. Still more strange seems the fact that the streptococcus, a normal inhabitant of the mouth, should, under other circumstances, attain such virulence as to cause ulcers, inflamed glands, and, when absorbed into the blood, even to excite septicæmia, pyæmia, or gangrene. The further fact that streptococci are associated with such diverse diseases as erysipelas, scarlet fever, and acute rheumatism, suggests that the condition of the patient is as important a factor as the form of the bacteria or disease-laden germ, and even more so, and that our remedies should be directed towards improving the former.

May we not hope by and by to have proved that medicines in certain doses act on the white cells of the blood in cases of zymotic disease, as tuberculin is seen to act in tuberculosis. Until this is accomplished, we must perforce still rely on clinical evidence for the curative action of small doses of medicine. They have served us well in the past, but we need their action defining, and their prescription simplifying when possible. In the promulgation of the doctrine of similars we have suffered from an excess of zeal on the one hand in imagining one formula to be universal in its effects, to the exclusion of any competitor in the sphere of therapeutics; and, on the other hand, a want of candour in acknowledging actions of drugs evidently coming under the rule of Hahnemann.

The quaint Sir Thomas Browne says, in his *Religio Medici*, "I perceive every man's reason is his best Œdipus; and will, upon a reasonable truce, find a way to loose those bonds wherewith the subtleties of error have enchained our more flexible and tender judgments."

Every age has its riddle of the Sphinx, the monster who devoured all who attempted without success to explain its enigmas. In our profession of the healing art may we not say that Hahnemann was the Œdipus of the age in which he flourished? Like him, he had to

flee his country, and like him also he became a source of prosperity to those who befriended his memory. In our own day the great name of Pasteur stands before all others as the discoverer of the secrets of nature ; and the practical effects and adaptation of his work to the art of medicine are still full of promise in the future.

### HOMŒOPATHY OF THE PRESENT DAY IN GERMANY.

By BERTRAM KRANZ, M.D., of Homburg (Germany).

IN the year 1825 Dr. Heinrath, a celebrated German professor of his time, declared, " of this axiom (the similia-similibus rule) homœopathy is dying, and we have followed it until its death-bed." Three years later a Dr. Wetzler wrote a book entitled, "Hahnemann's Homœopathy in the Last Agonies." and Professor Sachs even affirmed : " Homœopathy has never come forth, it does not exist at all." But still in 1857 Hahnemann's doctrine was alive and had made splendid progress, when Professor August Förster stated that homœopathy had gained no ground, and was to be found only in traces. From every decennium similar opinions of authorities of the old school could be gathered. But whilst the names of these false prophets are forgotten, homœopathy has outlived the innumerable attacks until this day, and more and more it spreads all over the globe, Germany also not remaining in the background.

The number of German homœopathic physicians amounts to nearly five hundred, and has increased relatively during the last years more than before. Most of them have a large clientèle, and in many places the public desires the establishment of new representatives of homœopathy. The German homœopathic profession is united in the "Homöopathischer Centralverein der Aerzte Deutschlands," an association similar to the British Homœopathic Society.

The work of the Centralverein comprehends : (1) Furtherance of scientific work and professional unity ; (2) Propagandism of homœopathy ; (3) Support of homœopathic hospitals and dispensaries. Once a year the Centralverein assembles, each time at a different place : in

1901 at Frankfort-on-Maine, 1902 at Cologne, 1903 at Leipzig, 1904 at Lucerne (Switzerland), and 1905 at Berlin. This year's meeting—the 74th—is to be held at München (Munich), Bavaria, from the 8th to the 10th of August. Should any British homœopathic physician at that time travel in Germany, he would find a hearty welcome amongst us at München. The programme of the meeting will be published later on in the *Monthly Homœopathic Review*. The President of the Centralverein for many years has been Hofarzt (Court physician) Dr. Windelband, from Berlin, a well-known and able leader of German homœopathy.

It is a pity that there are still so very few homœopathic hospitals in Germany. In two papers, published in our *Allgemeine Homöopathische Zeitung*, I communicated my experiences on English homœopathic hospitals, and I stated the reasons why hospitals are a vital question for us, and how much we have to learn in this direction from our British brethren. We must not forget, however, that our public is not at all accustomed to support hospitals by voluntary donations; for nearly all our public hospitals belong to the Government or the municipalities, and only very few infirmaries of religious communities, sanatoriums, or convalescent homes are supported by private means. Bearing in mind this fact, the Berlin homœopaths, professional and lay, deserve our unlimited praise, in that they—supported by a legacy of £30,000 from the late Herr Wiesicke, M.P.—succeeded in erecting such a first-class and beautiful hospital as the "Berliner Homœopathisches Krankenhaus." All arrangements of this hospital, which contains fifty beds, are up to date. A free and healthy situation in a park of ten acres, and, above all things, an excellent and clever administration, are the advantages of this hospital. The Director, Dr. Victor Schwarz, is not only a well-known homœopathic physician, but also a surgeon of great experience. Besides his medical duties the entire management of the hospital lies on his shoulders. How equal he is to his task is shown in the report of the first one-and-a-half years of the hospital's work. In spite of the great distance from the centre of Berlin, the hospital is nearly always fully occupied, and, because many paying patients

are frequenting the hospital, a support of only £600 yearly is required.

It is to be hoped that the good results of the Berlin Homœopathic Hospital will encourage colleagues in other German places. At present we have only one more homœopathic hospital, that in München, but it is on a smaller scale and for internal treatment only. The Leipzig Hospital erected in Hahnemann's lifetime had to be closed on account of deficient funds. As soon as the funds have increased, this hospital, which belongs to the Centralverein,

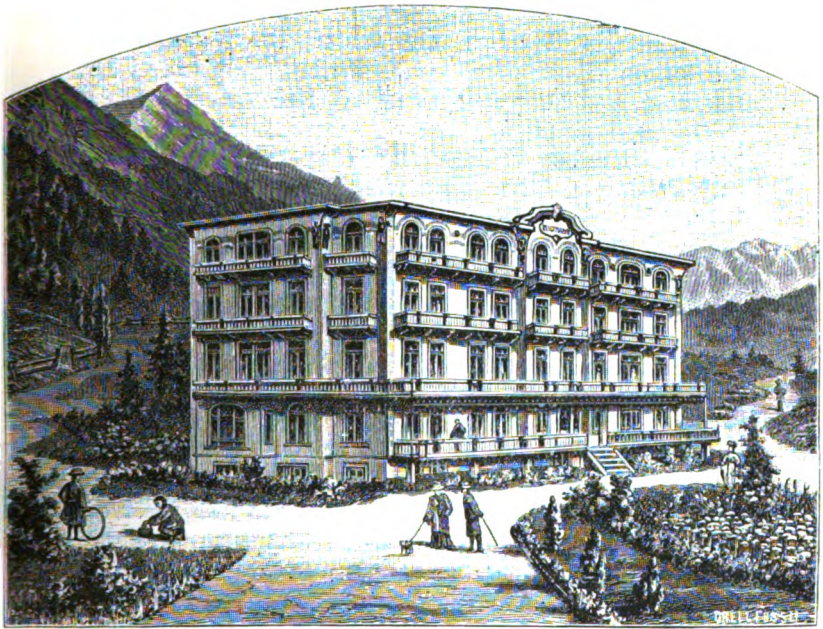


THE NEW BERLIN HOMŒOPATHIC HOSPITAL.

will be re-opened in a more up-to-date manner. Just lately the vigorous Society of Württemberg Homœopathic Physicians has acquired for the sum of £5000 a well-situated property at Stuttgart, where a hospital worthy of our great cause is to be built.

We have to mention here two other places within the sphere of German language, Davos and Basel. At Davos, under the auspices of the Society of Swiss Homœopathic Physicians, a first-class homœopathic sanatorium for the

treatment of tuberculosis was built at a cost of £18,200, and opened some eighteen months ago. It belongs to a company, and is well supported. But there are still some  $4\frac{1}{2}$  per cent shares, in toto for £2000, on hand. Possibly friends of homœopathy in Great Britain would like to assist in this extremely important homœopathic sanatorium by taking some of the shares. Further information may be obtained from the administration of the "Homœopathisches Sanatorium, A.G., Davos Platz, Switzerland."



HOMŒOPATHIC SANATORIUM AT DAVOS (SWITZERLAND).

The Medical Director is Dr. Nebel, celebrated for his researches and discoveries in nosode-treatment. From good authority I know that Dr. Nebel's results during the first two years of his work at Davos have been excellent, and every homœopathic physician should direct his patients, suitable for an alpine climate, to the Davos Sanatorium.

The second new homœopathic institution of Switzerland

I have to speak of is still in course of construction, but will be opened within a short time. It is the homœopathic hospital at Basel, which owes its erection to a legacy of 750,000 francs (£30,000) left by a magnanimous admirer of Hahnemann. As the Berlin Homœopathic Hospital has made our capital more than before the centre of German homœopathic propagandism, so it is to be hoped that the new Basel hospital will exert a stimulating influence on the Swiss homœopathy.

Besides the hospitals there are in Germany three fine homœopathic sanatoriums, namely, Finkenmühle, near Mellenbach in Thüringen (Proprietor, Dr. Hatz), Waldsanatorium Hermsdorf, near Berlin (proprietor, Dr. Hartung), and Dr. von Hartungen's Sanatorium at Riva, on the Gardasee (Tyrol).

Also a number of Polikliniks (dispensaries) are doing very good work. We may mention especially those of Berlin, Leipzig, Stuttgart, and München. In the Berlin Poliklinik (9000 patients yearly, eight physicians) twice a year post-graduate courses are held similar to those of the London Homœopathic Hospital. Besides homœopathic instruction they give a thorough preparation for the Royal Prussian Dispensing Examination, which entitles homœopathic practitioners to dispense their own medicines. The member of the examining board is at present Hofarzt Dr. Windelband.

The patients in the Polikliniks have to pay, just as in Great Britain, a small amount for medicines received, generally 6d. each time. The whole surplus (in the Berlin Poliklinik about £500 a year) is used to aid homœopathic matters. A medical school or a lectureship on homœopathy does not exist in Germany; but our hopes of having one are not without foundation, as the parliaments of several states (Bavaria, Würtemberg) have repeatedly recommended the establishment of a homœopathic lectureship. But their power has always been checked by the antagonism of the allopathic medical officials. As soon as we have got numerous and up-to-date hospitals, homœopathy will make a stronger impression on the Government, and our hopes may be fulfilled one day. Meanwhile we are happy in the pleasing fact that a representative of the old-school, Hugo Schulz, Professor of Pharmacology at Greifswald,

teaches *materia medica* quite in the sense of homœopathy. Many provings on the healthy human body have been made by Professor Schulz with his students (sulphur, silicea, etc); no wonder that at Greifswald physicians are trained able to understand the doctrine of Hahnemann, and not a few of Professor Schulz's scholars have become homœopaths. I remember well the history of a fellow student of mine, who made under Professor Schulz's guidance provings on his own body with small doses of terebinthina. The result was that he caught a severe nephritis, but being cured, later on became a convinced homœopath. Professor Schulz's *Pharmakotherapie*, which forms a part of the great allopathic compendium of therapeutics edited by Eulenburg and Samuel, is written in an unmistakably homœopathic sense.

A prominent help in our endeavour to obtain a recognized lectureship of homœopathy will be given by our great lay associations. One of these societies, the "Deutsche Homœopathische Liga," founded four years ago, after the example of the British Homœopathic Association, has now already 16,000 members; and also the other societies, for instance the "Hahnemannia" in Württemberg, show a constant increase.

The scientific work produced by German homœopathy during the last year is represented by a fair number of publications, amongst which the *Handbuch der Homœopathischen Heillehre* (Handbook of Homœopathic Therapeutics), edited by Drs. Gisevius and Kröner, a standard work of modern homœopathy, stands in the first rank. Not less important is the *Deutsche Homœopathische Arzneimittelehre*, a *materia medica* of great value edited by prominent members of our school. By our Government a German Homœopathic Pharmacopœia was published in 1904, in competition with Dr. W. Schwabe's well-known *Pharmakopœa Homœopathica Polyglotta* (5th Edition, 1901). Worthy of being mentioned is the ingenious philosophic work of Dr. Schlegel of Tübingen, *Reform der Heilkunde*. In the Dutch language is written a *Homœopathy in Practice*, of Dr. F. Voorhoeve-Dillenburg (Germany). Recommended by the entire Dutch press, the first edition of this valuable book was sold within a short time. Excellent treatises of a more or less polemic tenor

are : *Homœopathie, ein Wort zur Aufklärung und Abwehr*, by Dr. Karl Kiefer, Nürnberg, *Die Homœopathie . . . im 150ten Geburtsjahre Hahnemanns*, by Dr. Alfons Stiegele, Stuttgart, and *Allopathie, Homœopathie, Isopathie*, by Dr. Richard Heppe, Cassel. This last work found a fair and detailed critique in a well-known allopathic periodical, the *Aerztliche Rundschau*. Most of the allopathic medical journals are not accustomed to act in this broad-minded way ; on the contrary, either they take no notice whatever of homœopathy and homœopathic publications, or, mentioning them, they take refuge in mean insults. The worst paper in this direction is a Munich weekly. Its editor, Dr. Spatz, is a worthy follower of Hahnemann's fanatical opponents. The same is to be said of Professor Hausemann, Pathologist of the Friedrichshain Hospital at Berlin, who even denies that homœopaths may be allowed to have a hospital. Against one of his low anti-homœopathic pamphlets Dr. Wapler of Leipzig, published an excellent open letter in the *Allgemeine Homœopathische Zeitung*, annihilating Professor Hausemann in his crass ignorance and malevolence against homœopathy.

The number of homœopathic journals has been augmented during the last years by the *Homœopathische Rundschau*, the popular monthly paper of the Homœopathic League ; together with the *Homœopathische Monatsblätter* (Stuttgart), and the *Leipziger Populäre Zeitschrift für Homœopathie* ; the latter does excellent work in enlightening public opinion and keeping alive the interest in homœopathy. Of our professional journals the *Allgemeine Homœopathische Zeitung* appears twice a month. Being founded on the 1st of June, 1834, it is the oldest of all German medical journals. It lost its prominent editor, Dr. Mossa, and is now under the editorship of Dr. Stiegele of Stuttgart, and Dr. Kranz-Busch of Wiesbaden. The Journal of the Society of Berlin Homœopathic Physicians is published every two months, and is conducted by Dr. Windelband and Dr. Burkard of Berlin. Both journals are supported by a strong and able editorial staff, and maintained loyal to the teachings of Hahnemann.

With much regret we have to notice the loss by death of quite a number of prominent homœopaths. Besides



Dr. Mossa of the *Allgemeine Homöopathische Zeitung*, Geheimerath Faulwasser of Bernburg, Dr. Kleinschmidt of Berlin, Sanitätsrat Schweikert of Breslau, Dr. Sybel of Aschersleben, and quite lately Dr. Donner of Stuttgart, and Dr. Dörr of Wiesbaden, were taken from us.

If we compare German and English homœopathy we see in both countries similar circumstances, the same conflicts, the same enthusiasm, the same aims and hopes. Therefore more intimate communication between homœopaths of both countries would be highly desirable. At the yearly congress of the homœopathic societies, at opening festivities of hospitals, etc., there always should be present deputies from the other country. When I was in England a couple of weeks ago I found such a friendly welcome in homœopathic circles that I always shall remember this journey with great pleasure. And there is no doubt whatever, that British colleagues coming to Germany will meet with the same cordial reception. From a mutual communication both countries will gain. I admit that we Germans have need at the present time to profit by our British brethren, more than they by us. But I dare say they also will find with us one or more institutions or habits worthy of notice.

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## REVIEWS.

*A Manual of Materia Medica, Therapeutics, and Pharmacology, with Clinical Index.* By A. L. BLACKWOOD, M.D., Professor of Materia Medica and Clinical Medicine in the Hahnemann Medical College, Chicago. Philadelphia: Boericke & Tafel, 1906.

We hardly see what this book is intended for, and it rather surprises us. We did not quite expect to find such a production from the pen of a Professor of Materia Medica and Clinical Medicine in Chicago.

The doses are something extraordinary; the "physiological action" of each drug is vague and unsatisfactory, and in the style of allopathic books on materia medica, while the "therapeutics" are equally unsatisfactory. We could have made extracts to show the force of our statements, but it would be only waste of time and space to do so. It ought to have no sale on this side of the water, and we cannot advise any of our readers to waste their money in buying it.

*The Medical Annual.* A Year Book of Treatment and Practitioner's Index for 1906. Bristol: John Wright & Co.

The issue for 1906 has been delayed, owing to the diastrous fire which occurred in Messrs. Wright's premises, but all has been re-written that was burned, and the present issue is as if nothing had happened. We congratulate Messrs. Wright on their energy and determination.

The first sentence in the "Review of Therapeutic Progress" is accurate, "The past year has been a singularly uneventful one from a therapeutic point of view. No real advance has been made." The result is that the therapeutics recorded are singularly uninteresting, while surgery is well to the front, and occupies most of this volume. We notice, however, that on page 16, *Echinacea* is noticed. Its use by homœopaths in America is now very considerable, in blood poisoning and septicæmia: there is no doubt that it is a truly homœopathic medicine, and its use is attended by remarkable success in such cases. The writer of the article *Echinacea* in the *Medical Annual* ends by saying, "Unfortunately, no cases illustrating the action of the remedy are described (*Therap. Gaz.*, May, 1905), nor are any details given as to dose and preparations." Were he to read homœopathic journals, and note what is there said of the value and uses of *Echinacea*, he would not write thus. But we presume that such a suggestion is useless. On page 41, under salicylic acid, reference is made to the irritating action of this drug on the kidneys, causing in many cases albuminuria. The writer of the article says, "Quenstedt states that the use of moderate doses of salicylic acid is followed by signs of irritation of the urinary tract. On stopping the drug the irritation rapidly passes off, but as long as the salicylic treatment is maintained, there is no complete cure. The presence of epithelial cells from all parts of the urinary tract is almost constant, and there is commonly a trace of albumin, with casts of various types. White corpuscles are more common than red blood corpuscles." These effects of salicylic acid should be kept in view by the old school, with whom this drug is so popular, but which may, besides the albuminuria and passing of casts "of various types," give rise to many other untoward and dangerous symptoms.

The *Medical Annual* is again much enlarged, and though homœopathy is, as we always now expect, ignored, yet it is a most desirable volume for homœopaths to purchase, as they like to be *au fait* with all that passes in the other school of therapeutics, and so be "up-to-date" in general medicine

and surgery. We therefore commend it, as in former years, as giving the best *résumé* of all that is worthy of notice in old-school medicines for the year 1905.

The volume is admirably got up by Messrs. Wright, as all their publications are. The illustrative plates and woodcuts, of which there are many, are admirable. All the usual intimations of lunatic asylums, inebriate homes, etc., are to be found in this volume. They are valuable for reference or selection.

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## MEETINGS.

### THE BRITISH HOMŒOPATHIC SOCIETY.

THE Eighth Meeting of the Session 1905-6 of the British Homœopathic Society was held at the London Homœopathic Hospital, on Thursday, May 3rd, 1906, at 8 o'clock, Dr. Alfred E. Hawkes, President, in the chair.

#### SECTION OF SURGERY AND GYNÆCOLOGY.

Owing to circumstances which were unavoidable, original arrangements for papers for the evening had to be postponed. In their place, Dr. Edwin A. Neatby and Mr. Knox Shaw provided papers at short notice. The title of Dr. Neatby's paper was "A Step Forward in the Treatment of Cancer." It embodied the results of the use of a bacterial vaccine, as conducted in the clinique of Dr. Jacobs, of Brussels. On page 321 of the present issue of the *Review* will be found an amplified article on the same subject under the title "The Treatment of Cancer by a Bacterial Vaccine." At the meeting of the Society, Dr. E. C. Ham, Dr. Burford, Dr. Stonham, Dr. Blackley, Dr. Spiers Alexander, Dr. Byres Moir, Mr. Knox Shaw, Dr. Clarke, Dr. Goldsbrough, and Dr. A. E. Hawkes (in the chair), joined in a discussion of the subject, and Dr. Neatby replied.

Mr. Knox Shaw's paper was entitled "Some points in the Surgical Treatment of Non-cancerous Disease of the Stomach." His remarks were based on the case of a woman fifty-seven years of age, who was delicate and emaciated and suffered from indigestion, gastrodynia, hæmatemesis, and latterly recurrent vomiting, which rendered her a bedridden invalid. The diagnosis was gastric ulcer, with its sequelæ, dilatation and malnutrition. Operation was decided on and performed. A cicatrized ulcer was found puckering and stenosing the

pylorus. Pyloroplasty was done with great benefit to the patient for some considerable time, until the symptoms recurred, with hæmatemesis. This was treated, but dyspepsia subsequently proved obstinate, and grave constitutional symptoms developed. Gastro-enterostomy was now done. The stomach was found dilated and thin-walled, there was no ulceration, but the pylorus was small and borne down by adhesion. Little benefit ensued from this proceeding, vomiting of bile and the contents of the duodenum supervening. Fourteen days after gastro-enterostomy, an anastomosis was made between the afferent and efferent portions of the jejunum, and then great relief was experienced, and the patient was soon taking ordinary food.

Mr. Knox Shaw discussed the various points raised in the history of this case in relation with the various surgical procedures. He showed that surgical treatment is of primary value in chronic gastric ulcer and its sequelæ, and also in perforation and some cases of simple ulcer and hæmorrhage.

Dr. E. B. Roche, Mr. Dudley Wright, Dr. Herbert Nankivell, Dr. Byres Moir, Dr. Lestock Reid, Dr. MacNish, and Dr. A. E. Hawkes discussed the subject, and Mr. Knox Shaw replied.

## NOTABILIA.

### THE SEVENTH QUINQUENNIAL INTERNATIONAL HOMŒOPATHIC CONGRESS.

TO BE HELD AT ATLANTIC CITY, NEW JERSEY,  
SEPT. 10th to 15th, 1906.

WE have received the following intimation from Dr. Sutherland, the Secretary of the International Congress:—

*Committee on International Congress*: J. H. McClelland, M.D., Pittsburgh, Pa., *Chairman*, J. B. Gregg Custis, M.D., Washington, D.C., Hamilton F. Biggar, M.D., Cleveland, O., O. S. Runnels, M.D., Indianapolis, Ind., J. P. Sutherland, M.D., Boston, Mass., *Secretary*.

The Special Committee of the American Institute of Homœopathy on the International Homœopathic Congress has decided to arrange for a practical exhibit of homœopathy, to consist of the following:—

1. *Hospitals*.—Photographs or architects' drawings of the exteriors and interiors, showing the wards, operating rooms, etc. Reports in tabular or pamphlet form.

2. *Schools*.—Photographs or drawings showing exteriors, lecture halls, laboratories, museums, etc.; photographs of faculties; announcements and catalogues.

3. *Dispensaries*.—Photographs and reports.

4. *Pharmacies*.—Photographs of exteriors, interiors, etc.

5. *Educational Exhibit from Medical Schools*.—(a) Anatomical, pathological, embryological, and other specimens prepared for museum or teaching purposes; (b) Apparatus for clinical diagnosis, physiological and other laboratory work; (c) Microscopical specimens showing normal and abnormal histology; (d) Photographs illustrating methods of work, students' laboratory books, etc.

6. *Literature*, periodical and permanent.

7. *Models* of buildings and monuments.

8. *Large Photographs*, paintings, or busts of famous homœopaths.

An Exhibition such as is outlined would show at a glance, and in an impressive manner, the status of homœopathy.

It is expected that the project will appeal to you, and it is hoped that the committee will have your hearty co-operation in making this feature of the Congress a memorable success. The Secretary would be glad to hear immediately what you would like to put into the exhibit.

J. P. SUTHERLAND, M.D.,  
*Secretary.*

It is now of the greatest importance for the arrangements of the International Congress that gentlemen should at once send in their papers, *with the title of them*, to Mr. Knox Shaw, 19, Bentinck Street, W. He would also wish to know, without delay, who of our colleagues are going to America for the Congress.—[Eds. *M.H.R.*]

We have received, since the above was in type, the following letter:—

LOCAL COMMITTEE OF THE INTERNATIONAL  
HOMŒOPATHIC CONGRESS.

ATLANTIC CITY, N.J., *May 1st*, 1906.

DRS. POPE and DYCE BROWN, London.

DEAR DOCTORS,—Will you kindly have printed in your next of the MONTHLY HOMŒOPATHIC REVIEW, the following article:—

The American Homœopathic physicians are very anxious to have as large an attendance of the physicians of the

British Isles as they can, and have made very great arrangements for their entertainment and comfort while there.

They have secured excellent meeting-rooms, and rooms for sectional meetings and for social intercourse; will aid any one to secure hotel accommodation who may request the same of the Press Committee of the Local Committee in Atlantic City, N.J., North America.

The meeting will commence September 10th, 1906, in America's most famous watering-place, Atlantic City, N.J., a city of hotels and boarding-houses, where one can secure rooms *en suite* and bath, or single, as may be needed.

There will be a public reception and hop on Monday evening, one evening an Alumni Conclave, one evening a smoker, on one evening a social function, and on Friday evening a banquet for all members and their ladies.

Press Committee:—M. S. Lyon, A. W. Barnes, J. T. Beckwith, G. W. Gardiner, G. G. Jackson.

Thanking you for the courtesy, I remain,  
Yours very truly,

M. S. LYON.

#### LONDON HOMŒOPATHIC HOSPITAL.

WE are glad to learn that the London Homœopathic Hospital, Great Ormond Street, W.C., has received a legacy of £250, less legacy duty, from the late Henry Hargreaves Bolton, Esq.

The Earl Cawdor, as treasurer of the London Homœopathic Hospital, has received £250, being a donation in aid of its funds from the treasurer of Smith's Charity. The Board is appealing for £30,000 for extending the Hospital on its own freehold ground adjoining, and Sir Henry Tyler, the Chairman of the House Committee, has promised £10,000 and Lord Dysart £2000 to the appeal.

#### SERIOUS ACCIDENT TO DR. HAWKES, OF LIVERPOOL.

WE much regret to learn that our distinguished colleague, Dr. Hawkes, of Liverpool, met with a serious accident on May 6th. He was driving home in a motor-car after seeing a patient at Wallasey, near Liverpool, when, at a part of the road which was known to be dangerous, another motor-car collided with it. Dr. Hawkes was, unfortunately, thrown out. He was at first attended by two local doctors, and afterwards removed in an ambulance to his son's house at

Liscard. The left fibula was broken a little above the middle, the left patella was badly bruised, and the left ankle sprained. The right fibula was also fractured towards the lower end, the right ankle sprained, and there was a wound on the dorsal region of the foot. Beyond temporary shock there have been no other serious results, nor are any, we understand, anticipated. The accident, serious enough, might have been much more so, and we congratulate Dr. Hawkes on his marvellous escape from what might have had a fatal result. We offer our sincerest sympathies to Dr. and Mrs. Hawkes, and the family, and we trust that all will now go on satisfactorily, and that our estimable colleague may, in due time, completely recover his health and strength.

LIVERPOOL HAHNEMANN HOSPITAL AND HOMŒOPATHIC DISPENSARIES, HOPE STREET AND ROSCOMMON STREET.

*Report for the Year ending December, 1905, and Report of the Annual Meeting.*

THE ANNUAL MEETING.

The Annual Meeting of the Liverpool Hahnemann Hospital and Homœopathic Dispensaries was held in the Town Hall, on Wednesday, the 21st February, 1906, the Lord Mayor (Alderman Joseph Ball), who was accompanied by the Lady Mayoress (Mrs. Ball), presiding. There was a numerous attendance of subscribers and friends.

Mr. T. Gee said that he had great pleasure in again reporting to the subscribers of that excellent institution that he had examined the deeds, documents, and securities, as mentioned in the balance sheet, and he found them in perfect order.

Mr. Thos. Cooper (Secretary) then read the report of the Committee, as follows:—

The Committee of the Liverpool Hahnemann Hospital and Homœopathic Dispensaries, in presenting their Report for the year 1905 (the eighteenth year of the Hospital, and the sixty-fourth year of the Dispensaries), desire in the first instance to place on record their appreciation of the liberal response to the special appeal made last year in connection with the scheme for the reconstruction of the Dispensary in Roscommon Street.

The Committee entered into a contract for the reconstruction of the Dispensary, in accordance with plans and specifications prepared by their architect, F. U. Holme, Esq., and, pending

completion, suitable temporary accommodation was secured in Great Homer Street, so that there was, fortunately, no break in the good work which has been conducted in the old premises since 1872.

The new building, which was formally opened by Miss Tate, on the 28th December, in the presence of the Lord Bishop of the Diocese and a large company of subscribers and friends, provides greatly improved facilities for carrying on the work of our doctors and nurses among the poorest of our fellow citizens in this crowded district.

The "Wainwright Room," which has been provided through the generosity of Miss Wainwright, as a memorial to her late father and mother, will be a great boon to the poor women for whom this clinic has been specially fitted,

Speaking generally, the past year has been one of steady progress in the work of the Hospital and of both the Dispensaries.

*The Hospital.*—472 patients were received for medical and surgical treatment during 1905; this number, added to the 35 in Hospital on the morning of 1st January, makes a total of 507; 483 of these were discharged, so that, taking the average term of residence of each patient as 26 days, we have the equivalent of 34 patients daily in residence in the Hospital throughout the year.

The number of male patients was nearly the same as in 1904. The women's ward was invariably fully occupied, and there were always applicants waiting admission.

*The Dispensaries.*—The work at the two Dispensaries has been carried on with the very satisfactory result of a total increase in attendances of 16,301 over last year, and this notwithstanding the removal to the temporary premises in Great Homer Street, during the reconstruction of No. 10 Roscommon Street, which affords strong evidence of the increasing popularity and beneficial results of homœopathic medical treatment. There is now always a member of our Nursing Staff in daily attendance at the Roscommon Street Dispensary, and it is evident that her services are greatly appreciated by the sick poor of the district, as, during the year, she did 2,680 dressings, and attended 396 examinations, and 157 operations, being an increase of 1,126 cases attended to, as compared with the year 1904.

On the two evenings following the re-opening of the Roscommon Street Dispensary, the out-patients were entertained at tea, which was greatly enjoyed; and hearty thanks are due to Mrs. Cox, of Cordean, Perthshire, for her handsome contribution towards this object, which enabled so many poor



women and hungry children to thus celebrate the auspicious event.

*Nurses' Home.*—The Home, which was opened about two years ago, providing as it does for the comfortable accommodation of the Sisters and our Private Nursing Staff, and affording them opportunity for rest and recreation when off duty, has now become an indispensable adjunct to the Hospital.

*Laundry.*—Our Laundry continues to fully justify its provision after two years' work under the very able supervision of our Lady Superintendent, whose previous experience has been invaluable in this department.

*Nurses.*—The efficiency of the Hospital Nursing Staff is well known; our Private Nurses are in great demand, and have given general satisfaction to all who have been the recipients of their attention during the year.

The call for the services of our specially qualified Maternity Nurses is very satisfactory.

*Eaton House Convalescent Home for Children.*—146 children and 12 women convalescents were sent to this pleasant and popular place of rest, out of a total of 328 patients admitted to the Home during the year, with the most beneficial results, and the Committee gratefully acknowledge the generous treatment accorded by the management of this excellent institution in accommodating so many of our patients.

*Needlework Guild.*—The Members have continued their good work of providing clothing suitable for patients during their residence in Hospital. The Guild comprises 48 Members, who have contributed 94 garments. The usual exhibition was held at the Hospital in November, and many friends attended to inspect the numerous useful articles of work shown, and the Committee heartily thank all the workers and contributors.

*Free Beds.*—There are now eight free beds in the Hospital, and it would be well if the number were increased, as, so far as can be seen, the number of patients who are able to make even a small weekly payment during their residence is on the decrease.

*Finance.*—The General Account shows a smaller deficit than last year, as there has been very little extra expense, and the cost of house-keeping has been somewhat decreased without the slightest detriment to the efficiency of the Hospital. The Nurses' fees are exceptionally small, as during the summer months the general health of the country was particularly good, and all nursing institutions found it difficult to employ their staffs in remunerative work.

The Committee would, however, earnestly point out that

with increasing labour and responsibilities, increasing expenses and needs face them on every side, and they are obliged, therefore, to reiterate their appeal for more subscriptions, and for such donations or legacies as will enable them to meet the expenditure, and maintain the efficiency of the Institution in all its branches.

*Special Fund.*—The lady who so kindly originated this fund for providing surgical appliances for women has contributed another £10 during the year, thus leaving a balance of about £14 in hand.

Grateful thanks are tendered to all our subscribers and supporters, also to the individual members of the Executive Committee, the Committee of Lady Visitors, and the Medical Board, upon whom so many responsible duties fall, and to whom, and the members of the permanent staff, so much of our success is due.

Thanks are also given to the Committees of the Hospital Sunday and Saturday Fund, and the Liverpool Cyclists and Harriers' Parade, for their valuable aid, and to all who helped personally, or contributed in money or in kind to our Christmas and New Year festivities.

Number of patients admitted into the Hospital during the year 1905, 472; remaining in Hospital at end of 1904, 35; total, 507.

*Out-patients for the year 1905, Hope Street.*—Attendances at the Dispensary, 48,217; visits at patients' own homes, 3763.

*Out-patients, Roscommon Street.*—Attendances at the Dispensary, 31,311; visits at patients' own homes, 7362; total, 90,653; grand total, 91,160.

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Mr. Shorroek Eccles said that the financial statement he had to lay before them was a satisfactory one, he thought, on the whole, and he would just give them the figures that would interest them, without troubling with all the details. On the debit side, they had spent on medical officers, nurses, and all the household staff £1473, against £1461 last year; the household expenses had been £878, against £950 last year; coal, gas, and water £201, against £225; washing £151, against £156 last year, and £201 the year before; repairs and renewals £291, against £296; printing, advertising, etc., £80, against £103; uniforms £41, against £44; bandages, dressings, etc., £69, against £52; which, with other small items, made up the total to £3315 2s. 7d. On the credit side they had a legacy from the late Mrs. Francis M. Hamilton £40; subscriptions and donations £617; against £592; Hospital Sunday and

Saturday Fund £590, against £606; patients' fees, to which he would like to draw attention—in-door, Hope Street £145, against £244; outdoor, £308, against £271; Roscommon Street £180, against £130; Nurses' fees £194, against £323; Liverpool Cyclists and Harriers' Parade £15, against £21; interest on investments, together with the income tax which they recovered from the Government, £918 5s. 5d., against £863 6s. 2d. last year, leaving balance in excess of expenditure £268, against £308 last year. He thought that, on the whole, they must consider that a very good balance sheet, and he felt satisfied with it, but still he would like to have done better. Some of their items were extremely good, the house-keeping expenses being down considerably. He really did not quite know how they had kept that down so well, because they had not interfered with the efficiency of the Hospital, and the commissariat department had been kept fully up to the mark. They must congratulate Miss Davis and those associated with her on the result. (Hear, hear.) He thought they had all worked together to keep the cost down as far as they possibly could. Almost all the other items of expenditure were down, with the exception of those which were increased because of the number of patients in the Hospital and at the Dispensaries. The laundry did exceptionally well, and their expenditure on washing this year was the smallest they had ever had, which he thought was extremely satisfactory. It showed what a good work they did when they built the Nurses' Home and Laundry. As to the nurses' fees, last summer was an exceedingly bad one throughout the whole country for nurses. (Laughter.) From some nursing homes there were no nurses out at all for some time. There was sickness, but it was sickness that did not require nurses, and, consequently, the hospital suffered like other institutions in that respect. If it had not been that their nurses were so little required, they would have had an exceedingly good balance sheet this year. Paying patients in the Hospital had not been so numerous, and, consequently, their receipts on that item were small, but they would be glad to see how very much more they were getting from outdoor patients, both at Hope Street and Roscommon Street. Those items were exceedingly satisfactory. He should like to thank all those who had been helping them, and he must say that he had received the kindest of letters from subscribers and others interested in the Hospital, and who were always ready to help them. (Applause.) He thought he was one of the most favoured treasurers of any hospital in Liverpool, for he did not think anyone could have received more kindness than he had. (Applause.) All their

subscribers tried their utmost to keep up their subscriptions, and if they could increase their subscribers he thought they would have an absolute balance at the end of the year. He should like to aim at that, because they had been endeavouring all they could to keep down the expenses as much as possible. If they could manage something in the way of new subscribers, they would be able to reduce, if not wipe out, their debit balance, which compared so favourably with those which some of his fellow treasurers had to cope with at the present time. (Hear, hear.) In regard to Roscommon Street, he had not put in any report of that account; it was not yet closed, for they had not paid the balance of the contract money, but as soon as that was paid, and all the accounts were settled, he would send a full report round to those who had kindly assisted in the work. He would like to say if they had any odd £5 notes about, he should not mind if two or three of them were handed to him, because, while they thought they had sufficient money to pay for the cost of rebuilding Roscommon Street Dispensaries, they had found that it was not quite so. They had had to pay for right of light, which they did not expect, and that had added something like £100 to the cost they had estimated. He would, therefore, be glad of a little money to meet that balance. One or two friends had kindly offered something, and he did not think he should have any difficulty in getting what he wanted. He thought they could congratulate their friends on the result on the whole, yet he hoped they would do still better in the future. (Applause.)

The Lord Mayor moved "That the Report and Financial Statement, as now read, be adopted, and printed and circulated among the donors and subscribers." He remarked that as in the course of his engagements he took up the reports of the various charities, he was astounded at the enormity of the work which he saw going on within their midst. Of that he might say something on a future occasion which would particularly interest those associated with hospitals. That day they were meeting in the interests of a hospital which was known by the name of the Liverpool Hahnemann Hospital and Homœopathic Dispensaries, and it was very pleasing to read the optimistic reference to the liberal response which had been made to a recent appeal for the re-construction of the Roscommon Street Dispensary. Thirty-four patients were daily in residence in the hospital, and receiving at the hands of the doctors the very best skill, and from the nurses the very best attention that could be given. In the Dispensaries he noted that there had been an increase in the attendance of over 16,000 as against last year's return. When one read

that the nurse in attendance at Roscommon Street during the year performed 2680 dressings, attended 396 examinations, and 157 operations, one could have no possible doubt of the efficiency and usefulness of that institution. (Hear, hear, and applause.) From the report he was glad to see that the obligation of those interested in that Hospital did not stay at medical aid, but that there was a Guild of 48 members who contributed suitable garments for the patients during their residence in Hospital; also that there was attached to the institution a Convalescent Home, where women and children might be sent after their treatment in the Hospital. He hoped the day would come when they would see a Convalescent Home attached to every hospital in the city—(hear, hear)—where the patient who had received the best medical skill and the kindest of nursing might have added to those benefits that of a short stay in the country, where fresh air and beautiful surroundings, together with other gifts of nature, might complete their cure. He had pleasure in moving the adoption of the report. (Applause.)

Mr. J. Carlton Stitt, in seconding the resolution, said it had been the custom of the Chairman at the Annual Meeting to review the work of the year, and to forecast the Committee's plans for the immediate future. The opening of the reconstructed Roscommon Street Dispensary had been the feature of last year's work. After some years of thought, and of careful preparation, their plans had been materialized, and a short time ago a large company was present at the opening of the institution, when they saw over the place, and noticed how comfortably their doctors, nurses, and patients were now housed. With all the facilities that were now provided, they had every reason to expect that the work which they had been doing there for so many years would be done, if possible, more efficiently in the future than in the past. If any justification were required for the step they had taken, it was only necessary to ask any members of the Committee or the staff who had been in the habit of visiting or working at Roscommon Street what their opinion was of the condition of things before the change was made. One justification of it had been referred to by the Lord Mayor, and that was the increasing numbers of those who attended at the Dispensary, or were treated at their homes. The figures were very remarkable. Last year there was an increase of 11,799 attendances at the two Dispensaries, but this year they had made the phenomenal bound to an increase of 16,301. The point he wished to emphasize was that, while in the year 1904 the numbers were about fairly distributed, as far as increase was concerned, between the

two institutions relatively to the number of patients treated, in 1905 the increase in connection with the smaller institution had been 12,000, as compared with 4000 increase at the older institution in Hope Street. That spoke a great deal, not only for the work the doctors and staff were doing at Roscommon Street, but for the appreciation in which the institution was held in that part of the city. (Hear, hear.) It must be very satisfactory to know that their work was being carried on on a larger scale, and under far better conditions. (Applause.) He wished they could have said that the building was opened free of debt. There might be a balance still outstanding, but it would probably not be a very large one. It might come somewhat as a surprise to them that the Committee were not asking them for financial support for some new scheme in the forthcoming year. It seemed as if it had been the proper thing for the Chairman to lay before them at the Annual Meeting some project which they hoped to carry out during the coming year. They had not any large project for the immediate future. He could assure them that the object of the Committee had not been to spend money. Their object had really been to make the Hospital and Dispensaries as efficient as they could possibly make them; and if in the future they wished to carry out some improvement and were hampered by any financial difficulty, they would not hesitate to make an appeal for funds, in the anticipation that they would receive the support which the friends of the institution had always so kindly rendered.

The report and accounts were adopted.

Mr. W. M. Kirkus proposed "That a vote of thanks be given to the General and Executive Committees, and to the Ladies' Committee, for their services during the past year." He knew that their devoted and self-sacrificing labours were not dependent on outside appreciation. The work was to them a labour of love, and inasmuch as it was performed in the spirit that characterized hospital committees generally, it brought its own reward. When they realized the magnitude of the work that was done, and the efficient and affectionate service that was rendered to their brothers and sisters through such institutions as the Hahnemann Hospital and Dispensaries, they would have insensitive hearts, indeed, if they failed to give vocal expression to the thankfulness and gratitude they felt. (Applause.)

Dr. John Hayward, in seconding, said he would like to add to the resolution thanks to those who so kindly managed the Convalescent Home in connection with the Hospital, which they found a great boon. To one and all their thanks were

due, and it must be gratifying to them to see the improvement in the Hospital and Dispensaries, and in the general health of the patients treated there.

The resolution having been carried by acclamation,

The Rev. T. W. H. Copner proposed "That the President, Vice-Presidents, Honorary Treasurer, Honorary Secretary, and Auditors (Messrs. Harmood Banner & Son), be re-elected, and that the following gentlemen constitute the Committee for the ensuing year, viz. : George Atkin, J.P., Rev. Daniel H. C. Bartlett, M.A., T. H. R. Bartley, Cedric R. Boulton, J.P., S. J. Capper, Harold Coventry, Harold G. Crossfield, E. Shorrocks Eccles, Mark Field, Thomas Gee, Gilbert S. Goodwin, Herbert R. Heap, Edward Mahoney, M.R.C.S., Robert May, Edward Paul, Henry E. Rensburg, Herbert J. Robinson, J. Carlton Stitt, J.P., Hahnemann Stuart, John Temple, Clifford Temple, Alexander Eccles, J.P., and W. M. Kirkus." He had the good fortune to be vicar of the parish in which the Roscommon Street Dispensary was situated, and he was glad to have the opportunity of expressing his deep gratitude for all the kindness that had been shown, through that institution, to the poor people of the district. (Hear, hear.) The Dispensary had been planted in a neighbourhood where there was the greatest need. Many of the people in the vicinity lived in the most abject poverty, a good many living in cellars, and several families living in a single house where one family resided in days gone by. Many of the people would have to do without medical aid when they were ill if it were not for such a dispensary as they had in Roscommon Street. Therefore, but for that Dispensary, medical aid to a very large extent would not be forthcoming to the very class needing it most. (Hear, hear.) Knowing the difficulties of the work, he had the greatest sympathy with the doctors and nurses who were engaged in in such a district as Roscommon Street. The people in many cases came from dirty homes, and their persons were not cleanly. They came from homes that had been badly ventilated, and for the most part they were in absolute ignorance of the proper feeding of either children or invalids. Moreover, he found, from long experience in the neighbourhood, that the people were continually changing doctors. They would go to one doctor and get a bottle of medicine, and if by the time the bottle was finished the patient was not entirely cured, they would adopt another treatment altogether. These things, together with the procrastination which was continually met with amongst this class, were difficulties with which the doctors and nurses of the Roscommon Street Dispensary had to deal. But the patience and kindness of spirit they displayed

was apparent to, and appreciated by, all who knew anything of the work at Roscommon Street. (Applause.) He was continually hearing of the work done there. No class was more responsive to the kindness they received than the people who were treated by the medical and nursing staffs at Roscommon Street. (Hear, hear.) Very often he heard such expressions as these: "I went to the Dispensary and saw Dr. So-and-So. He is a perfect gentleman." More than once, too, he had heard what sounded very high praise indeed to him; "Dr. So-and-So was so kind and thoughtful, he must be a Christian man." (Applause.) The success of the work spoke volumes for the good it did. Very often when people had changed from one doctor to another, they would say to him, "I went at last to the Homœopathics, and they did me a power o' good." (Laughter and applause.) He had every confidence in moving the resolution. Whenever he passed some business premises in the city, and saw on the sign the words "under new management," he always thought it was a doubtful compliment to the management that had gone by. (Laughter.) On the other hand, when a successful business company was about to be turned into a limited liability company, one of the greatest inducements for a person to take shares was the fact that the old managers were going to be amongst the directors. The Committee which he had the pleasure to propose for election was, with one or two additions, practically the old Committee, which, in the past year, had done so much to ensure the success of the work. (Applause.)

The Rev. Canon Lambert said he had great pleasure in seconding that resolution. He had received a number of recommendations from subscribers to the Hospital which he hoped to give to sailors, and he was already in negotiation with one man whom he knew needed hospital treatment. He felt, in common with all other clergymen workers amongst the poor, extremely grateful for such relief as that institution afforded. He must not be a humbug in seconding the resolution. (Laughter.) He must not pose as a convert to homœopathy, although he must at the same time confess that when he was a child he was brought through a most dangerous illness—diphtheria—by homœopathy, and it was a great pleasure to give thanks for that, if only in that small way. He felt particularly grateful to those gentlemen who gave their time to the management of such a beneficent institution as that was. He knew many of them, and was proud to number some of them amongst his own friends. He knew how busy they were in their own businesses as well as in their good works, and he was sure their heartiest thanks were due



to them for the able management of that grand institution. (Applause.)

The resolution was cordially adopted.

Mr. Herbert Watts proposed "That a vote of thanks be given to the honorary Medical Officers for their services during the past year." He believed there was a saying in Yorkshire, "When tha' does owt for nowt do it for thi sen," which being translated into understandable language meant, "When you do anything for nothing do it for yourself." (Laughter.) Truly, he was afraid that was a very shocking sentiment, and he trusted it would never cross the county border into Lancashire and become acclimatized as a maxim by them. He was sure there was no chance of it being adopted as a maxim by the medical profession, and least of all by the doctors and surgeons of that Hospital. He thought that the medical men did not get half gratitude enough for the gratuitous services which they so often rendered to the community. There was no profession in which the preliminary training was so arduous and severe, as well as so exacting, as that of the doctor and surgeon, and there was no profession the members of which so freely gave their services both to the individual and the community, and that fact was, he felt sure, just as exemplified by the gentlemen practising homœopathy as those who practised the other branch of medicine. (Hear, hear.) The success and efficiency of a hospital, he was sure they would admit, depended, in the first place, chiefly upon the skill, knowledge, ability, and experience of the honorary professional staff. If they were wanting, it is quite evident that, though the building might be completely up-to-date and most perfectly equipped, the success and efficiency of the hospital must be wanting. They knew perfectly well from many sources, and not least from the admirable report, that those essential things were certainly not wanting in the Hahnemann Hospital and Dispensaries. He felt they owed a debt of gratitude to the honorary medical staff for the services they had rendered during the last twelve months, and he had much pleasure in proposing a hearty vote of thanks to them for their services. (Applause.)

The Rev. C. W. R. Higham remarked that he had great pleasure in seconding that resolution. He knew that a great deal of time and skill were given by the medical and surgical staff to the Hospital. It was work they really loved. Such a report as they had heard that day was most encouraging. That little, self-contained, bright, busy Hospital must have struck the Lady Mayoress when she visited it that morning, as it struck him and all others. The Chairman of the Hospital

had said that there was no likelihood of the supporters of the hospital being called upon for money for any new scheme during the present year. Well, he was glad, but no successfully worked institution such as that could be long successful unless it was extending the work. When he saw the number of women asking for admittance, and having to wait and wait before they could find a bed in the Hospital to receive the relief that they so sorely needed, he could not believe that it would be very long before the Treasurer would tell them that they must have more or larger wards. He trusted that the feeling manifested that day would be continued and increased, so that when the claim was made upon the public it would be responded to with the liberality that such work deserved. (Applause.)

The motion was agreed to with all heartiness.

Mr. Harold G. Crosfield proposed a vote of thanks to the Lord Mayor for presiding, and to the Lady Mayoress for kindly visiting the Hospital that morning. (Applause.) They hoped that some little time during his year of office the Chief Magistrate would be able to spare time to visit the Hospital. Of course they were disappointed that he had not been able to go that morning, but they were delighted that his lordship had taken such a kind interest in the proceedings as to have prepared the excellent address which they were so pleased to hear. It was an encouragement to them that the Lord Mayor had taken a deep interest in their work. (Hear, hear.) They took it as an official mark of gratitude from the whole city that the one highest in authority should speak so kindly of their institution. Therefore he had much pleasure in moving the vote of thanks to the Lord Mayor and Lady Mayoress. (Applause.)

The Lord Mayor, in response, thanked Mr. Crosfield for the very kind observations he had made in moving the vote of thanks to himself and the Lady Mayoress. He very much regretted that it was utterly impossible for him that morning to accompany the Lady Mayoress. He had taken considerable interest in the work of the Hospital. He had not had the pleasure of visiting it, but he trusted that before very long he would be able to find sufficient time to pay them a visit, probably in company with the Lady Mayoress. (Applause.) In any way he possibly could, he should as Chief Magistrate consider it his duty to assist in improving this and other charitable institutions. (Applause.)

The proceedings then terminated.

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The above report of a meeting held in February was only sent to us in the beginning of May. Why is this ?  
—Eds. M.H.R.

## TORQUAY HOMŒOPATHIC DISPENSARY.

### 58TH ANNUAL REPORT FOR 1905, AND ANNUAL MEETING.

At the Annual Meeting held at the Dispensary, 76, Fleet Street, on Friday, March 30th, 1906, A. Backhouse, Esq., presiding, the following resolutions were passed unanimously :

That the Annual Report and Balance Sheet as presented be adopted, printed, and circulated at the expense of the Institution.

That the Hon. Medical Staff, the Hon. Dental Surgeon, and Members of the Committee be re-elected, with the best thanks of this Meeting for their services to the Dispensary.

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, for contributions from their offertories, the Friendly Societies, his Worship the Mayor (part proceeds of Garden Fête), and subscribers and donors whose names are adjoined.

The minutes of the previous year were read and confirmed.

The Accounts were examined by the auditor and by the Honorary Treasurer and found correct, and were duly passed by the committee.

A hearty vote of thanks was accorded to A. Backhouse, Esq., for presiding over the meeting.

### ANNUAL REPORT.

The Committee, in presenting its Fifty-eighth Annual Report, has again to report an increase in the number of patients relieved and cured during the year.

The Committee desires to express its thanks to the Medical Officers, Dr. Midgley Cash and Dr. Ford Edgelow, who have cured and alleviated the sufferings of many thousands of patients who have been under their skilful and successful treatment during the many years they have attended this Dispensary.

The Committee also desires gratefully to acknowledge the receipt of donations from the Church Offertories, Church Parade, and Friendly Societies, and to thank subscribers and donors for their generous support.

The Committee has found no way of decreasing the expenditure of the Dispensary, as the whole working of the Institution is carried out on an average of £140 per annum, which comprises rent, dispenser's salary, medicine, surgical instruments and appliances, bandages, elastic stockings, lint, trusses, and such like necessaries as ordered by the Medical Officers, stationery, printing, auditor's fee, etc.

## MEDICAL REPORT.

Number of cases admitted during the year 1905, 604 ; number of cases left on books from last year, 1904, 131 ; total, 735.

Number of cases discharged cured, 279 ; relieved, 251 ; no change, 41 ; not reported, 39 ; deaths, 3 ; cases remaining under treatment, 122.

Number of consultations during the year, 5824 ; average per Dispensary day, 56.

THE ABUSE OF PURGATIVES IN HABITUAL  
CONSTIPATION.

EWALD has said that in the treatment of habitual constipation one should give purgatives as seldom as possible and in the smallest possible doses. C. Juergensen, writing in Ewald's Birthday Number of the *Berl. klin. Woch.*, No. 44a, 1905, condemns the indiscriminate uses of purgatives, aperients, and drastics. The temptation to give such medicines is great, since not only is habitual constipation a very common condition, and the evil effects of retention of fæces generally accepted to be very great, but also one finds it extremely comfortable to take a spoonful of some nasty medicine rather than to apply mechanical, hydrotherapeutical, and electrical means, which take up time and cost a fair amount. He finds that the daily taking of purgatives is an unpermissible and harmful process. It leads to an inability of a spontaneous action of the bowels, and robs the physician of the power of judging the real condition of the function condition of this portion of the digestive canal. It is a false idea that it is necessary for a person to have a daily evacuation. Most people, it is true, do have a daily motion in health, but that does not imply that this is a necessity. The important point in the treatment of habitual constipation is the character of the stool. Subjective impressions of insufficient action are very misleading. He wishes to place a narrow limit to the permissible aperients. First, he speaks of the side action of purgatives. Abdominal discomfort, amounting at times to pain, increased evolution of flatus, offensive nature of the stool, loss of appetite, general weakness, and feeling of being unwell. Lastly, he mentions unnatural consistency of the motions. All these effects must be avoided, and, above all, the motion must have a normal consistency and composition. Next, he finds that one must never fix the dose of the aperient, but should employ

the smallest dose which will produce a satisfactory result in the individual. He comes to the conclusion that an aperient which does not produce any of these side-effects and which gives a natural-formed motion alone may be allowed. While he regards the treatment by mechanical, electrical, and other hygienic means as the best forms of treatment for habitual constipation, he admits the wisdom of at times employing medicines. Of the most suitable drugs, he cites frangula root given in the form of a concentrated decoction, senna pods, in the form of an infusion, and lastly, mixtures containing such herbs as as tilia, sambucus, arnica, and like flowers, and various roots. One obtains very satisfactory results from some of these old-fashioned remedies.—*Brit. Med. Jour.*, Jan. 6th.

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#### THE PHYSIOLOGICAL EFFECTS OF LEAD POISONING.

TELEKY, of Vienna, showed five cases of lead poisoning at the last meeting of the Gesellschaft, and pointed out the effect produced by certain active muscles that are first acted on by the poison. He concluded that the straining of certain groups of muscles was an active factor in producing the paralysis.

Zappert remarked that this opinion was confirmed by his own observations in the cases of children who suffered from lead poisoning where the legs were first attacked and subsequently the hands and arms. The legs in these cases were the most active, while the hands and arms came next in order.—*The Medical Press*, April 18th.

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#### CASE OF PICRIC ACID POISONING, FOLLOWED BY SEVERE CONSTITUTIONAL SYMPTOMS.

(Under the care of Mr. E. C. BEVERS, of the Radcliffe Infirmary, Oxford.)

FOR the notes of the case we are indebted to Dr. E. J. Elliot, house physician.

A girl, aged, 14 years, was admitted to the Radcliffe Infirmary, under the care of Mr. E. C. Bevers, on Sept. 27th, 1905, having been scalded by boiling water. On examination both elbows and a considerable area of the arms above and below were found to be burnt. There were also slight burns on the forehead, round the right ear, and at the back of the neck. The burns of the arms were partly of the second and partly of the third degree; that of the face was of the second

degree. Extensive blebs had formed over all the areas. The blebs were pricked and the wounds were dressed every second day with a saturated solution of picric acid.

The patient progressed favourably until the morning of Oct. 4th, when she complained of not feeling well. Her tongue was furred, the lips were dry, and the expression was anxious. She was sick on several occasions during the day. Her temperature, previously normal, rose to 102·4° F. and the pulse from 88 to 154. The respirations were 24. The conjunctivæ showed a yellowish tinge, especially towards the outer and inner canthus of the eye, and the whole skin had a slightly icteric tint. A rash was found over most of the body. It was bright red in tint, papular, and non-hæmorrhagic. The papules were partly discrete and partly confluent, the whole having somewhat the appearance of a measles rash. It was distributed in the discrete form over part of the neck, the whole of the chest, the abdomen, and the back, the arms as far as the wrists, the front of the thighs, and a few patches over each ankle and over the toes. It was well marked and confluent over the sides of the chest, both buttocks, the back of the thighs, the calves, and the insides of the knees. There was no rash on the face, the hands, or the front of the legs. The urine passed that morning was acid, with a specific gravity of 1022. It was clear and of a bright red colour, with a greenish shimmer on the surface. The blood was examined, and a considerable diminution in the number of red blood cells was found, with some increase of the eosinophile leucocytes. The burns themselves were healing satisfactorily. The dressing was changed to spread boric acid ointment, as it was suspected that the patient's symptoms were due to the picric dressing. On Oct. 5th the temperature had fallen to 100·1° and the pulse to 130. The patient seemed better, but the sickness still continued. The rash was more pronounced and more confluent. The conjunctivæ were a deeper yellow, and the urine was of dark orange-brown colour, with a large deposit of urates. On the 6th the temperature was 99·1° and the pulse was 96. The rash was beginning to fade. In parts there was evidence of slight hæmorrhages into the papules. The conjunctivæ were not so yellow. The urine was of the same colour. The rash continued to disappear gradually from this date, being invisible by the 12th.

The patient progressed favourably till Oct. 14th, when she was again seized with vomiting and looked ill. She complained of pain in the abdomen, which was tender on palpation. The temperature remained normal. The bowels were opened with an enema. There was no blood in the stools or in the

vomit. The pain was very severe, and one-sixth of a grain of morphine hypodermically was needed to obtain relief. She improved in a day or two and was discharged on Oct. 24th. About four days before leaving the hospital she developed a small petechial rash on the lower part of the legs. The patient remained quite well at home for a week, but on Nov. 1st she felt the pain again in the "stomach," and was sick three times. No blood was noticed in the vomit. On Nov. 3rd she was re-admitted to the Radcliffe Infirmary under Dr. W. Collier. She was obviously extremely ill. There was severe abdominal pain, which needed morphine to allay it. During the next three days she showed no improvement. She vomited blood, passed blood in the stools, and the urine was smoky and gave the blood reaction with guaiacum. Only a few petechiæ appeared on the forearms. On November 7th she was a little better and subsequently made a rapid improvement, and went home again on the 29th quite well, with the exception of a cloud of albumin in the urine.

*Remarks by Dr. ELLIOT.*—Owing to the extensive use of picric acid as a dressing for burns and to the small number of cases published in which toxic symptoms have been observed, it has occurred to me that this case is of sufficient interest to be placed on record. The general aspect of the patient, the vomiting, temperature, rapid pulse, and rash all pointed to some profound constitutional disturbance, and it will be noticed that these symptoms only supervened after applying the picric dressing for seven days and ceased on the dressing being discontinued.

The points of interest with regard to the rash were: (1) Its resemblance in many respects to a measles rash; it was absent, however, from the face and behind the ears. (2) It was extremely well marked and confluent in those parts of the body in contact with each other, and also where subjected to pressure.

The urine was examined by Dr. W. Ramsden, of the Oxford Physiological Department, whose report was as follows:— "The first sample of —'s urine (Oct. 4th) was rich with some abnormal pigment. Subsequent samples were abnormal only in the quantity of the normal constituents. The abnormal pigment was carried down with the earthy phosphates precipitated by heat, the precipitate having a rich brown colour. It seemed probable, therefore, that it would turn out to be hæmatoporphyrin. I carefully followed Garrod's instructions for the detection of hæmatoporphyrin in the urine. The result was entirely negative. I have also tested carefully for methæmoglobin and hæmatin, and find neither

of these substances. Blood pigments and their simple derivatives are therefore absent. What the abnormal pigment is I am unable to determine. The existence of various urinary pigments about which nothing else is known is beyond question. Presumably it is one of these, and its identification would require an elaborate research and a much larger quantity of urine than I possess." The examination of the blood and urine, combined with the icteric tint of the skin and conjunctivæ of the patient, would seem to point to a toxic condition in which destruction of blood corpuscles had taken place.

In previous cases which I have been able to find recorded in the medical journals very similar symptoms have been observed—viz., severe constitutional disturbance, rapid pulse, rise of temperature, rash, and yellow tint of conjunctiva and skin. One case showed vomiting and diarrhœa. Another showed all the above symptoms except the rash. In all cases the urine has been described as of a dark red, dark green, or port-wine colour, and in all the symptoms have abated on discontinuation of the dressing. From the occurrence of such symptoms as the above there seems to be reason for believing that the use of the saturated solution of picric acid as a dressing for burns is not without its dangers.—*Lancet*, April 28th.

### THREE CASES OF MERCURIAL POISONING.

THE first was that of a young woman in the early stage of syphilis. At weekly intervals four injections of oleum cinereum, each containing 94 mgrams of metallic mercury had been injected. A week after the last injection, the patient, who had excellent teeth, began with violent stomatitis, and on the day but one after, a dangerous dysenteric diarrhœa set in. The extremities were cyanosed and collapse was setting in, when the disease was mastered by large doses of opium. As the dysentery improved, however, the stomatitis got worse, and the interchange of bloody diarrhœa and violent stomatitis repeated itself three times. After this, rapid recovery took place, and not only this, but the patient underwent three similar courses of injection treatment without any further trouble.

The second case was that of a young man who, in the course of five hours, took five pills each containing 0.02 gr. of calomel. He had repeatedly taken a similar dose before. The following morning he had mucous stools with blood, sometimes passing almost pure blood. The attack lasted for two days, and was then relieved by opium.



Another case was that of a midwife who had disinfected her hands two days running with sublimate according to the new regulations, and subsequently suffered from all the symptoms of mercurial poisoning (stomatitis, eczema, diarrhœa, a scarlatina-like rash, general feeling of illness and rigors). After a fortnight's interval began a period of intermittent intestinal disturbance, colic, constipation, vomiting, rapid pulse, jaundice, so that the patient, who was previously healthy, was confined to bed for weeks. As, however, the gall-bladder was tender at this time, it was difficult to differentiate between this and an inflamed colon. It was held to be certain, however, that the severe symptoms were due to mercurial poisoning, whatever the latter might be.

Harttung observes that mercurial poisoning is not so rare. He has seen several cases of great severity. He was at first afraid to treat such cases with opium, fearing that evil might follow the non-elimination of the poison. He overcame this fear, however, on reading in Kobert's "Intoxikationen" that opium eaters could bear the enormous dose of 1·8 grams of calomel (about 27 grains) a day without any ill effects, which could only be explained on the hypothesis that the opium formed an insoluble combination with the calomel in the bowel. Since then he has always treated mercurial hæmorrhagic diarrhœa with large doses of opium, and with excellent results. The threatening symptoms were always cut short in a short time. In private practice he was accustomed to warn his patients against the appearance of toxic symptoms, and on their first appearance to provide them with tincture of opium, so that they could take it if the symptoms became severe.—*Medical Press*, April 18th, from the *Deutsche Med. Zeitung*, Feb. 3rd.

### BRITISH HOMŒOPATHIC ASSOCIATION.

Amounts received since January 1st, 1906.

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			Total	<u>£5 5 0</u>

"THE BOOM OF THE ANTI-PYRETICS."

THE following, from a paper by A. R. Williamson, M.D., in the May number of the *Medical Times* (New York), will be read with amused interest:—

“When will we forget the boom of the anti-pyretics? A few of them have remained to us for other purposes; but as anti-pyretics, they are gone. It is true that they are not by any means valueless when given appropriately, but they were rushed far more than they were worth, and they are now buried by a corresponding reaction.”

### NEW AUSTRALIAN REMEDIES.

MESSRS. GOULD & SON, of 59, Moorgate Street, E.C., have received samples of the following drugs from Mr. Erskine C. White, of Holdsworthy, Liverpool, New South Wales. The provings and therapeutical use of these, which Mr. White sends, are very interesting and valuable. The drugs are, as far as we are aware, not known in this country, but their value in cases such as Mr. White describes ought to be known and tested. We have therefore much pleasure in making his observations and information public. We give them as we have received them.

#### I.—MACROZAMIA SPIRALIS.

φ tincture produces boring pain exactly at vertex of skull; pain insupportable; incessant vomiting and retching all night; body cold; stupor; coma. Retching *regularly* every half-hour, or quarter-hour; impossible to open eyes; intense giddiness and cold. *Strength suddenly* disappears; one is a *boneless* mass of flesh sinking into the ground.

An almost fatal case of Macro. poisoning I could only cure with veratrum alb., hot vinegar to pit of stomach, and hot blankets; all else failed. Acts powerfully on spleen.

No. 1 dilution of Mac. sp. gives *sudden strength* in great weakness and debility after illness. In weariness from no assignable cause, when no other drug seems *plainly* indicated. No pains noticeable.

#### II.—LOBELIA PURPURASCENS.

φ tincture causes all symptoms of snake venom, which it antidotes, rapidly:—

*Nerves*—profoundly depressed.

*Head*—overpowering drowsiness (often sudden), *stupefaction*, sickly dizziness between eyebrows.

*Eyes*—strong desire to sleep, to close eyes, lids seem paralysed and immovable.

*Stomach*—nausea, profound uneasiness and irresistible desire to vomit; chronic spasmodic retching.

*Lungs*—seem paralysed, no desire to breathe; spasmodic cough.

*Heart*—at first slow, then loud and strong, increasing in speed to 200—to a mere flutter.

*Temperature*—very low ; chill generally without shiver.

*Other symptoms*—sleepless when stupor is absent ; chronic retching ; sad ; apathy ; longs to lie down.

*Bowels and kidneys and bladder*—no symptoms.

No. 1 dilution rapidly cures influenza commencing with drowsiness, nausea, stupor, or any of the above symptoms. Prevents the attack invading lungs and bronchi.

### III.—XANTHORRHOEA ARBOREA.

φ or No. 1 dilution acts like balm of Gilead on wearied kidneys and bladder. It produces and cures white mortar deposit in urine, abundant ; urine scanty ; severe pains in back, over kidneys ; utterly unable to walk ; has to go to bed ; pains, originating in testicles ; pains in back relieved by application of eucalyptus oil or camphor to testicles. The oil causes skin of the scrotum to smart. The pains in small of back return from least chill or damp.

Produces, therapeutically, full *natural* flow where there has been scanty urine, especially in those inclined to gravel, stone, etc., and after chill ; disposition to perspire too freely ; useful in *chronic neuralgia*.

After using Xanth. A. for two or three weeks, a man, æt. 58, became permanently cured of above symptoms : chronic neuralgia alternating with gravel ; inflam. bladder (cystitis), agonizing pains in back continually returning at least chill or damp. I previously tried every appropriate remedy I could think of, or read of.

Cured all of eight cases ; 1 to 3 drop doses of No. 1.

### IV.—DIPODIUM PUNCTATUM.

φ tincture in over-doses causes patient to lie on *back*, writhing and twisting incessantly.

*Nerves*—every nerve on rack, at utmost tension, as after terrible physical and mental overstrain.

*Head*—giddy, no pain.

*Eyes*—room at mid-day seems filled with electric light ; photophobia ; disgust at light.

No. 1 dilution acts instantaneously in 1 to 3 drop doses in complete insomnia ; utter exhaustion from over-strain, mental or physical ; longs for sleep, but brain too wearied ; after profound anxiety, night-watching, etc., also after coff., opi., gels., cim., and similar drugs fail.

Does not seem to act on bowels, kidneys, etc.

## CORRESPONDENCE.

To the Editors of the "Monthly Homœopathic Review."

### PULSATILLA.

GENTLEMEN,—In the note on "Pulsatilla" extracted from the *British Medical Journal* and published in your current issue, the writer describes that remedy as the "dried herb of *anemone pulsatilla*," etc., and mentions a tincture prepared from such "dried herb."

He further says, "It contains a yellowish, acrid, volatile oil, the active principle of which is a peculiar crystalline camphor."

Now this is exactly what the dried herb and the allopathic tinctures do not contain, for Beckurts and others have shown (*Chem. Centr.*, 1885, 776-778, and *Arch. Pharm.*, 230, 182-206) that the loss of acidity in the plant when kept, and in the pharmaceutical preparations of pulsatilla, is due to the spontaneous decomposition of anemone-camphor into anemonin and iso-anemonic acid—the former comparatively inert, and the latter insoluble in water, alcohol, or ether, and that this decomposition readily takes place even during the drying of the plant.

The writer proceeds to quote Galen, according to whom "the anemones are endowed with acrid drawing, cleansing," and other virtues. "When chewed" anemone excites a secretion of mucus; "its juice" cleanses the brain, and so on. But, be it observed, these virtues are not obtained from the "dried herb," or tinctures thereof!

On the contrary, though properly prepared pulsatilla has proved excellent in dysmenorrhœa, orchitis, and epididymitis, it is not surprising that in experiments at the Lock Hospital, where the "dried herb" preparation was tried, it was found to be valueless in such maladies.

Doubtless this is often the case with homœopathic remedies prepared in allopathic fashion from dried instead of from fresh juicy plants.

Hahnemann, Gruner, and others have, however, devised processes for preserving this active plant camphor in their preparations of pulsatilla, and have so far succeeded that their essences (fresh plant tinctures) rarely disappoint the prescriber when the medicine is indicated.

Unfortunately, some homœopathic chemists quote prices in their lists which suggest that many of their tinctures are prepared from dried plants which ought never to be so prepared.

Yours faithfully,

59, Moorgate St., E.C.,  
15th May, 1906.

E. GOULD & SON, Ltd.  
(John M. Wyborn, F.C.S.,  
Managing Director).

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\*.\* **Dr. GEORGE ABBOTT**, of Wigan, has removed to Southport; his address is 16, Park Road.

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## BOOKS RECEIVED.

*The Medical Annual, 1906. 18th Annual Report of the Liverpool Hahnemann Hospital, for 1905. Whooping Cough cured with Pertussin.* By J. H. Clarke, M.D. *The Action of Belladonna upon the Ear.* By H. P. Bellows, M.D. *Report of the Hahnemann Hospital and Dispensaries, Bristol, for 1905. Homœopathic World, May. Vaccination Inquirer, May. Journal of British Homœopathic Society, April. Wallasey and Wirral Chronicle, May. Calcutta Journal of Medicine, March. Indian Hom. Review, April. American Physician, April, May. Homœopathic Recorder, April. St. Louis Medical Review, April, 14, 21, 28, May 5, 12. Medical Times (N.Y.), May. Hahnemannian Monthly, May. Medical Century, May. Homœopathic Envoy, May. North American Journal of Homœopathy, May. Hom. Maandblad, May. Allgemeine Hom. Zeitung, May 3, 17. Zeitschrift des Berliner, &c., April. Hom. Monatsblätter, May. Hom. Rundschau, May. Revista Homœopathica, Jan.—March. Annaes de Medicina Hom. Oct.—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.

SLOW BUT SURE.

HOMŒOPATHY has existed for more than a century as a grand therapeutical method, and as the greatest law of cure ever brought to the notice of the profession. One would have thought that in that length of time the truth must have so influenced the majority of the profession that homœopaths would long ago have ceased to be in a minority. But such is still not the case. There are a number of reasons, all more or less paltry, which have contributed to fossilize what one has to call the old school. These we have not space to discuss in detail here. That one, however, which runs through the whole as a stiff thread, and accounts for the opposition homœopathy has hitherto encountered, is the extreme and absolute opposite which the practice of homœopathy offered to the current practice of HAHNEMANN'S day, and which so unscientifically and unphilosophically roused up the wrath and enmity of the rest of the medical profession. To see that they were wrong, and to admit it, in the daily management or treatment of disease was more than poor human nature could stand. The result, instead of calm thought and listening to what was the truth, although so unpalatable, was a savage onslaught on the new doctrines, and a determination to have nothing to do with them, or with those who were deluded enough to think for themselves ;

who thought it consistent with their being members of a so-called liberal profession to give a fair hearing to any suggestion of new truths; who could see that in past years men were not infallible, and *might* be mistaken, and who could, when satisfied of the correctness of the new doctrines, openly and honourably act up to them. The result of this attitude towards their more open-minded brethren placed the old school in such an unfortunate and undignified plight that they have not had the moral courage openly to "climb down," and confess their mistake, and so they maintain their overt attitude of *non possumus*. Notwithstanding this uncompromising attitude, it is evident that the doctrines of HAHNEMANN have been for some time steadily making their influence felt on the old school, and one by one they are admitted as true by various writers, who yet have not the courage to say that a spade is a spade. We not only know that the old-school practice as a whole is as different from that of fifty years ago, or even of less time, as light is from darkness, and this entirely due to the results of homœopathy, as some of the old school admit, but actual homœopathic practice—practice which is intelligible on no other law or explanation than the law of similars—is now reckoned quite correct, because it can be adopted on the authority of Dr. SO AND SO, and without any allusion to HAHNEMANN, or to his adherents. We have the small dose adopted; the prescription of the single remedy; the value of subjective symptoms in the study of a case, and still more in the selection of the medicine for it; the importance of symptom-observation as a guide to prescription; the perception of what disease really is; the individualization of patients, instead of putting them into a labelled category; the "discovery" of "new remedies" which are as old as the hills to homœopaths; the importance of constitutional conditions in causing so-called local diseases, and so on, till in the writings of thoughtful men we can read between the lines and see how their ideas are tending, though no allusion is made to homœopathy, its Founder, and its doctrines. The evident reason of all this is that everyone is afraid of his neighbour for fear of results to his practice, and the *res angustæ domi*, and is afraid even of his own shadow, for similar reasons.

Believing, however, that it is all a question of time, and that the end we have in view will be attained, we notice from time to time indications of the gradual, slow but sure, education of the old school. This is not done with any spiteful idea or intention; but as we have fought so long, and still fight for the spread of our views, it is pleasant to note how the process of the change of a minority into a future majority evolves. New views, however true, are always at first in a minority, but by calm and steady perseverance, and by keeping our doctrines and practices well to the front, the majority becomes divided, then broken, and finally the tabooed minority finds itself as the ruling power.

These preliminary remarks are necessary to introduce four items interesting in themselves, and illustrating the facts to which we have once more to draw the attention of our readers.

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The first is a paper read before the Therapeutical Society on Nov. 28th, 1905, and published in the *British Medical Journal* of Feb. 10th, 1906. It is entitled—

ON DRUG IDIOSYNCRASIES IN RELATION TO OFFICIAL  
DOSAGE.

By C. O. HAWTHORNE, M.D., M.R.C.P., Examiner in Medicine and Clinical Medicine in the University of Aberdeen; Physician to the Central London Ophthalmic Hospital; Assistant Physician to the North-West London and Royal Waterloo Hospitals.

“THE personal factor provided by the individual patient forms an element in medical practice the range and command of which can hardly be overstated. It weighs largely in the choice of a physician, and sometimes with equal unreason determines his dismissal; it modifies the expression of the processes of disease, and thus complicates the art of diagnosis; and last, but by no means least, it influences the actions of medicines, and therefore demands an attempted estimate in the construction of a scheme of treatment. Hence it must ever remain true that the prescription of remedies in the treatment of disease can never become a mere mechanical art. For even when remedies have been accurately accommodated to definite and exact standards patients will continue to differ, and

this difference will express itself in a more or less conspicuous fashion in the shape of a varying response to the influence of drugs.

“The existence of idiosyncrasies in relation to drugs is a doctrine which, it is true, receives some measure of recognition in the discipline of medical education. But it may be questioned whether it might not advisably be presented with greater emphasis. For the most part it is illustrated by the announcement that occasional individuals are found who are excessively susceptible to, or extraordinarily tolerant of, some few of the more potent agents among the official *materia medica*. Thus, drug idiosyncrasies are presented as extraordinary or exceptional occurrences which appear as ‘sports’ amidst the generally stable and constant phenomena of the therapeutic world. So far from being merely extreme expressions of a general law, these illustrations seem to be the negation of all law. They are apt to appear, like so many big gooseberries, to enliven the dull season of a course of lectures on *materia medica*, rather than to enforce a practical therapeutic lesson. So considered, it must indeed be admitted that instances of unusual sensitiveness to such remedies as opium and arsenic have this value, namely, that they teach the student and junior practitioner to be careful in the use of these remedies. But it is submitted that this is only a limited application of the significance of such facts.

“The suggestion is here offered that these facts are merely extreme and conspicuous examples of the general truth that every individual patient has a degree of reaction, special and personal to himself, in relation to each member of the *materia medica*. The majority of individuals may, it is true, closely approximate in this respect to a common standard, but between the extremes of excessive susceptibility and excessive tolerance all gradations are possible, and successful therapeutics largely consists in the determination of the exact position of the individual patient in relation to the individual remedy. The probable truth of such a statement may well be expected *a priori*. If one individual is found to react powerfully to a minute dose of atropine, for example, whilst another receives a relatively large dose without manifest change, it is at least probable that individuals exist who form a graded series between

these two extremes. And equally it is probable that what is true of one drug—for example, atropine—is true in a greater or less measure of all others. Such a conclusion, further, has the support of experience, and hence it seems desirable to emphasize conspicuous drug idiosyncrasies not as extraordinary and exceptional occurrences, but as impressive illustrations of a general law, the existence of which applies over the whole field of drug administration. Such a presentation involves an exhortation to the prescriber to free himself from the yoke of a rigid and authoritative scale of doses, and to make himself ready, both in one direction and the other, to adjust his quantitative orders to the idiosyncrasies which exist, not in exceptional cases only, but in each individual patient.

“The question now to be asked is, What influence is exerted upon the view of drug idiosyncrasy as just defined, and upon the practice which is the inevitable outcome of such a view, by the erection of an official scale of doses in the national *Pharmacopœia*? The first remark which arises on such a question is that the two schemes appear to be in absolute opposition to one another. In one flexibility, and in the other rigidity, is the predominant note. It is submitted that as a matter of fact the pharmacopœial doses do exercise a prejudicial influence upon the habit of the practitioner in the quantitative adjustment of his remedies in dealing with the individual patient. These doses are for the most part committed to memory by the student in anticipation of the demands of the examiner. A similar consideration determines their appearance in the pages of the current manuals of materia medica and therapeutics. And the examiner, it may be hinted with all due deference, not infrequently adopts an attitude which justifies these procedures. Thus in the early and flexible phases of the practitioner's career a more or less arbitrary scheme of doses is stamped upon his memory, and these are the more impressive, as they appear to have an authoritative sanction. Is it surprising to find that in many cases these powerful influences exercised on plastic and receptive minds become stereotyped as the habits of a lifetime, and the rigid rules which may be necessary for the inexperienced remain to limit the freedom of the man of full stature?

“ It is therefore argued that the existence of an official scheme of doses, so far from favouring the cultivation of a free and responsible personal judgment in the selection of the quantities of remedial agents suitable for administration, tends to oppose such a habit, and to encourage mechanical and arbitrarily restricted methods of prescription. It suggests to the practitioner an appeal to authority rather than a study of the personal peculiarities of the patient, and it indicates a limitation of dose by precept instead of by physiological and therapeutical effects. The dangers of over-dosage attract many warnings; but who shall tell the disasters which have attended the timid and restricted prescriber? If, therefore, as will be admitted, the careful adaptation of remedies, both qualitative and quantitative, to the wants and idiosyncrasies of the individual patient is an essential part of good practice, and if, as will also be admitted, each individual patient has his own claims in this respect, it is obvious that conformity to a stereotyped scale of doses is out of harmony with the liberty and power of scientific prescribing. In other words, the existence of a scale of official doses encourages neglect of some of the conditions which favour the successful use of drugs in the treatment of disease.

“ Now, the logic of all this would appear to be an appeal for the removal of the official doses from the pages of the *Pharmacopœia*. Were the desired end to be attained only by such a step, the present writer would not hesitate to adopt it. At the same time, it would have to be recognized that this policy would remove one of the arrangements by which an accidental error in dosage is prevented. The existing plan affords an added protection to the public by forming a platform on which the dispenser can approach the physician should the latter by a slip of the pen have ordered a dose manifestly excessive and dangerous; and in view of this, the suppression of the official doses cannot be lightly advocated.

“ Further, it may be urged that the disadvantage which is attached to their existence, and which has already been discussed, may be avoided by a method short of wholesale abolition. These stated doses may remain as a convenient opportunity for communication between the dispenser and prescriber, but they should be plainly recognized as having

little other significance. In particular, they should be deprived of any suggestion of official force. In the preface to the *Pharmacopœia*, it is true, the real position and significance of the so-called official doses is recognized and defined. But the limitations and qualifications there introduced are not vividly before the minds of medical students, nor are they always emphasized in the manuals of materia medica or in the discipline of examinations. On the contrary, the official doses in these directions too often appear exclusively to hold the field. The result, if the earlier argument of this paper is sound, cannot fail to be, and as a matter of fact is, unfavourable to that condition of successful prescribing which demands adjustment of the dose administered to the personal idiosyncrasies of the patient.

“ Thus, whilst in the interests of the public safety it may be necessary to allow the *Pharmacopœia* to continue to print a maximum dose for each of the official remedies used for internal administration, these doses should be presented in their true relationship and should be deprived of any orthodox halo which the accident of their position may appear to attach to them. Towards the same end it is advisable that strenuous resistance should be offered to any attempt to make the *Pharmacopœia* other than an authoritative interpretation and definition of the meaning of terms currently used in physicians' prescriptions. And, in particular, no countenance should be lent to the ambition to make the *Pharmacopœia* a collection of remedies boasting the possession of a pharmacological guarantee, or to include in that volume a series of therapeutic directions and suggestions. It is in the interests both of the public and of the profession that the individual practitioner shall accept personal responsibility alike for the remedies he uses and the doses in which he prescribes them, and these ends would not be favoured by the appearance of a volume claiming public and authoritative therapeutic sanction. So long as the national *Pharmacopœia* is kept in its present comparatively humble position the existing practice of stated doses may be permitted, provided that due note is taken of the dangers involved, and adequate measures are adopted to prevent what is a convenience for the prescriber and dispenser being converted into a

restriction on practice. In short, an official dosage must be recognized as a possible danger to free and responsible personal prescribing, unless at the same time its functions and purpose are strictly limited and defined, and emphatic proclamation is made of the truth that scientific and fruitful indications for practice are to be found, not in the general terms of the doses stated in a *Pharmacopœia*, but in careful and thoughtful study of the personal idiosyncrasies of the individual patient."

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We have to apologize to our readers for extracting this paper in full, but it will be seen that we could not with any justice to DR. HAWTHORNE or to ourselves give bits of it only. It is hardly necessary to point out the interesting features of this paper, as they are very palpable. But it may not be amiss to mention them shortly. There is first the necessity advocated for the individualizing of each patient before prescribing a remedy, instead of classing them together as examples of this or that labelled group, requiring the same dose. Secondly, the necessity of recognizing that so-called idiosyncrasies are not merely examples of a "lusus naturæ," and so to be neglected or ignored, but are examples of sensitive persons, unusually sensitive to one or more, or to all drugs, and in whom not only are the finer symptoms in drug-action developed, but who require, and must have, for cure much smaller doses than are generally thought correct in the old school. Much more is this minute or infinitesimal dosage necessary if any remedy which is homœopathic to the case is prescribed. The more the old school looks upon these so-called idiosyncrasies as most valuable for observation and deduction, the nearer will they come to the truth of drug-action, and get free from the vague generalities one finds in the majority of books on materia medica in the old school, and the more they will come to see that the materia medica works of homœopathy are not such an utter accumulation of rubbish as they have been taught to consider them. Thirdly, as a corollary from the above, comes DR. HAWTHORNE's rational and logical deduction that the doses given in the *British Pharmacopœia* are



useless as a guide to practice, save as a caution not to exceed certain limits of safety for the patient's sake.

It is absurd, for example, to find in the edition of the *British Pharmacopœia* of 1898, the dose of tincture of aconite stated to be 5 to 15 minims, and "if very frequently repeated" 2 to 5 minims; of tincture of belladonna 5 to 15 minims; and of tincture of cantharides 5 to 15 minims, and "if frequently repeated," 2 to 5 minims.

The paper quoted shows a thoughtfulness, observation, and open-mindedness which implies more knowledge of "what is what" than is convenient to be openly expressed in the reading of a paper or in the printing of it in an "orthodox" journal. The trend of the writer's views is tolerably evident.

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Similar views come to us from America, showing how widely diffused are these ideas of medicine, and of efficient prescribing. The quotation from WOOD should be noted. In it he says that it is important to notice "*the relative effects upon the human system of the same medicine in different doses*" (the italics in the quotation are not ours), and the editorial remarks in which the editor says that "the relative effects of drugs in different doses is one of the most important practical studies the therapist can make." Of course, the meaning of this is palpable to any one who knows what homœopathy is, what is the meaning of the law of similars, and of the reverse action of large and small doses of drugs. The trend of opinion expressed in this editorial of the *Medical Times* of New York, of February, 1906, is too clear to pass over unnoticed. We therefore reprint the article entire. It is entitled "The Therapeutic Problem," and is as follows:—

"It is not difficult to see why the subject of therapeutics has not kept pace with other branches of medicine, if one will but analyze the methods by which the effects of most drugs are studied and the manner in which they are applied in practice. We do not hesitate to say that the limitations which govern the administration of drugs is not grasped, and in the great majority of instances they are unscientifically used in the treatment of the sick. They are employed too generally upon a partial or incomplete

diagnosis, a condition which would be inexcusable in any other domain of medicine. The careful pathologist makes the fullest investigation and does not ignore a single symptom in individualizing his diagnosis, while the therapist is prone to generalize it and fail in the selection of a suitable remedy. With some exceptions, the first duty of the physician is to reach a diagnosis, and not until this has been done should he prescribe any medicine whatever. Having made a careful diagnosis of the disease, he should make just as careful search for the remedy.

“One of the reasons why therapeutics has languished is because of the lack of definite characteristic data upon which to base our action. It is neither scientific nor correct in principle to prescribe drugs for the names of diseases; they must be selected for individual patients. Quinine fails in some cases of intermittent fever, mercury and potassium iodide are not sufficient in all cases of syphilis, and so it is along the whole line of nomenclature, so that we may truthfully assert that there are no specifics for diseases; they only exist for conditions.

“Hare, in his excellent text-book, has treated the subject as if the student were not a skilled physician or experimental pharmacologist, and he has given a chapter on applied therapeutics for the purpose of showing how and why remedies are given, and this is just what is demanded to rid us of that empiricism which is the root of therapeutic evil. It is not sufficient to know remedies and doses by heart, with little idea as to what they are to do. A knowledge of when a remedy is indicated is one of the most important facts of therapeutics. As Hare truly says, a physician may know that ammonium chloride is a remedy in bronchitis, but he must know the exact stage at which it is to be employed, or that digitalis does good in cases of cardiac disease, but fails to recognize the fact that it is only when compensation is lacking that the drug is needed.

‘The veteran therapist, Prof. Horatio C. Wood, in his introduction to a ‘System of Therapeutics,’ considers ‘first, the different principles which underlie the modern methods of therapeutics, including a discussion on the way in which physicians have discovered the facts upon which these principles are based; second, dosage; that is, the question of the amount of the remedies to be given,

including the *relative effects upon the human system of the same medicine in different doses*, and the influence of idiosyncrasies or personal peculiarities, as well as of age, of sex, of habits of life, and other similar agencies, upon the action of medicine in various diseases; third, rules for the combination of drugs which should govern the physician in combining medicines into prescriptions.'

"The relative effects of drugs in different doses is one of the most important practical studies the therapist can make. He ought also to bear in mind that drugs are equal to harm as well as good. It is to be regretted that no work, so far as we know, differentiates the effects of varying dosage. The more modern works come very near doing so, but do not quite reach the point. It is fair, we think, to hope or even presume that before long this will be accomplished. Hare points out in some instances where large doses should be employed as well as where smaller ones will be better. This is a great improvement over the older literature of the subject. He also says that the dose must be varied to fit the case in the same manner that the cut of a coat must be varied to fit each individual. No doubt we should all agree that a smaller dose is safer during the period of reconnaissance to ascertain susceptibility, than a larger one.

"Again, Hare says before ordering a drug or method of treatment the physician should have a clear conception of what he is trying to accomplish. No remedy should be given unless there is a distinct indication for its use. The old-fashioned 'shotgun' prescription should be supplanted by the small-calibre rifle-ball sent with directness at the condition to be relieved. Having decided upon the remedy indicated, the physician must next determine the dose required. This latter decision is almost as important as the first, for very often an error in dosage will cause failure of the remedy. A large part of the therapeutic skill of the physician consists in fitting the dose to the needs of his patient.

"Those who deride medical therapeutics as useless have either never tried them or have used them incorrectly. The therapist is able to treat successfully many diseases of which the pathologist is ignorant, and is obliged to base some of his treatment on empiricism for lack of knowledge

of how his drugs act if the pathologist cannot advise him in what the disease consists.

“Reynolds, in his classical text-book on Practice, emphasizes the importance of combining the objective and the subjective phenomena of disease in making a diagnosis of disease, and we want to urge upon our readers the necessity of using the same combination in the still greater task of selecting a remedy that will fully meet the conditions of the individual as found in practice. The tendency of all prescribers of drugs is towards polypharmacy, the natural resort of the inexcusably ignorant and routine practitioner.

“Hare is right in saying that he who does not believe in the proper use of remedies for the cure of disease lacks the very keystone of the arch upon which all medical investigation rests, for the ultimate aim and object of all medical thought and effort are the cure or alleviation of disease. Like every other thing requiring a thorough knowledge of its component parts, methods of treatment are often much abused by the careless and ignorant, but are a power for good in the hand of the properly educated physician.”

Further comment on the above is needless. It speaks for itself, and shows how Homœopathy and HAHNEMANN'S views are coming to the front in the old school in America as well as in Great Britain.

We have now, on the same lines, to notice the following, which appears in the *British Medical Journal* of April 7th, entitled

#### CALCIUM SALTS IN CHILBLAINS.

“THE name ‘erythema pernio’ at once helps us to form some idea of the nature of the disease. It is associated with such general disorders as urticaria and erythema nodosum on the one hand, and with lupus erythematosus on the other. On both sides, therefore, it is associated with general diseases due to some poison which has the effect of producing characteristic local lesions.

“Yet, notwithstanding such associations, it is usual to consider chilblains a purely local affection, aggravated, undoubtedly, or contributed to, by such general conditions

as a 'weak circulation' or 'want of arterial tone.' Based on such a pathology, the treatment has been to give cod-liver oil, iron, digitalis, and such like drugs internally, the external treatment being satisfied with painting iodine 'till they break,' and then applying fomentations.

"The close association of chilblains with such general diseases as those above mentioned, and their appearance in persons who have tuberculous tendencies, suggested to me that the cause must be one affecting the body generally, but depending on climatic conditions for the characteristic manifestation. Cardiac and arterial tonics have been in the majority of cases so singularly unsuccessful, that I thought it advisable to administer drugs which would alter the character or quality of the blood, especially as regards its exudation properties.

"Chilblains are particularly prone to occur in certain classes of the community, such as shop girls who tend to neglect themselves, and children in orphanages and institutions for the deaf and dumb. The neglect referred to in connection with shop girls shows its results very often in the form of anæmia, again helping to emphasize the fact that it is to the blood that attention should be directed.

"The drug which seemed to me the most appropriate was calcium chloride, experiments having proved that the coagulability of the blood was increased by its administration. In hæmophilia and in purpura this drug has been found useful, and I determined to try its effect on chilblains. I gave it in 10 to 15 gr. doses with liquorice extract three times a day, and the patients, most of whom were engaged in sedentary occupations, began in two to three days to show remarkable signs of improvement. Some whose chilblains had broken found that these were rapidly healing up, and others who were expecting them to break were agreeably disappointed to find them gradually subsiding. Several of the patients who had had experience of chilblains on previous occasions, remarked on one striking feature of the cure—namely, that previously, when healing, the fingers felt stiff for some time, but after taking this medicine the stiffness disappeared very quickly.

"Another series of cases was found amongst the children of the Deaf and Dumb Institution in this town. One

morning I had paraded before me twenty children, some of whom had very bad chilblains in the ulcerating stage. I put them all on 10-gr. doses of calcium chloride, and in three days all were very much better. One boy, whose toe was almost bad enough to suggest the necessity of amputation, the ulcer being deep and very offensive, showed a very ready response. Last year a boy with an equally bad toe, which did not improve under "general tonics" and local applications, had to have his toe removed.

"My friend, Dr. Evans of Fforestfach, with whom I had discussed the subject, agreed to give the treatment a trial, but, instead of giving calcium chloride, he gave calcium lactate with equally encouraging results. He was especially impressed with the rapid removal of the accompanying stiffness.

"The only unpleasant effect he encountered was a sensation of giddiness in two young ladies, which prevented them from indulging in as many waltzes as usual at a dance they went to, while still taking the medicine.

"G. ARBOUR STEPHENS, M.D., B.S., B.Sc. Lond.,  
Honorary Physician to the Royal Cambrian Institution  
for the Deaf and Dumb."  
SWANSEA.

The above is interesting as showing, for one thing, how, as we have already stated, the doctrines of HAHNEMANN are gradually but steadily becoming recognized as true by the old school. One prominent feature at the present day is the recognition of the fact that many, if not all so-called "local" diseases are not really local, but are local manifestations of a constitutional condition which is at the root of the so-called local disease. This accounts for the fact of the frequent failure of merely local treatment. Dr. STEPHENS shows clearly that chilblains are, at least in many cases, only local manifestations of constitutional dyscrasia. And the treatment by some preparation of calcium is quite correct homœopathically, which is the explanation of his results. He gave calcium chloride, and his doses were "stiff" from a homœopathic point of view, though not from that of the old school, Much smaller doses would have answered the purpose, and of

course with no disturbance, the homœopathic dilutions answering better than the big doses of the crude drug. But the curative results obtained from these large doses by DR. STEPHENS only shows once more what we have often pointed out, namely, that the dose, provided it did not aggravate, but cured, was a matter of experience, individual and collective, provided the medicine were homœopathic to the case. Hence, although many patients are only made worse by large doses of remedies which are homœopathic to the patient's state, a considerable proportion show only curative results from doses which are unnecessarily large, the remedy being, all the same, homœopathic to the case. We are often told that such and such a cure cannot be homœopathic because the curative dose has not been a minute one. This is the explanation of what seems to the old school a contradiction, or, at all events, a non-homœopathic cure, and DR. STEPHENS' results are an illustration of what is not infrequently noticed in practice. His friend, DR. EVANS, gave the lactate instead of the chloride with equally satisfactory results, with the exception of the pathogenetic giddiness which appeared in two of his patients, and which would not have developed if the dose had been small. We see, therefore, that the difference is practically *nil* between the curative effects of the chloride and the lactate, and that, therefore, it is clear that the curative medicinal substance is the calcium. Now, there is no doubt that many "martyrs" to chilblains show a state of constitution, when this is attentively gone into, calling for calcarea, or, to put it in old-school phraseology, some calcium salt. And if DR. STEPHENS will study the proving of calcarea carbonica in, for example, Allen's *Encyclopædia of Pure Materia Medica*, he will see how many cases that he comes across are those where calcarea in some form is called for, and hence the value therapeutically, and homœopathically of course, of the calcium. In our provings, that of calcium chloride is very short and fragmentary, and not of any importance, while of the lactate we have none. In the provings of calcarea carbonica we hardly expect to find actual chilblains, unless we take the symptom "Blisters appear on the left heel, when walking, which become a kind of large boils, with sticking and itching pains" to be of the

same nature as chilblains. But we have other symptomatic provings, which are very like what occurs in chilblains. Thus, "inflammatory swelling on the back of the left foot, with burning pain, and severe itching all about." "Suddenly, a very hot feeling at the back of the left foot, and in the leg, as if hot air were blown upon them." "Burning in the soles." "Severe cutting pain on the outer side of the right sole, in the evening and through the whole night." "Painful sensitiveness of the soles, even in the room, as if softened by hot water, with great painfulness when walking." "Pain in the soles as from suppuration." Then comes the symptom we have already quoted of the blisters on the left heel. "The toes pain as from a tight boot." "Tearing in the toes." "Violent pain on the tip of the right great toe." "Burning pressure beneath the nails of the great toes." "Sore burning pain in the corns."

We have here marked evidence of the "local" action of calcarea, but the general sketch of the constitutional action of it we omit for want of space, and as it is well known to our homœopathic readers. We advise DR. STEPHENS to study it for himself. But the local and general constitutional relation of calcarea, or, if he likes it better, of the calcium salts, to the state of health where chilblains are frequently present, especially in cold weather, is sufficiently similar to arrest his attention, and to account, in the most scientific manner—that of similarity—for his excellent curative results and for those also of DR. EVANS. We commend to their further observation the study of so-called local diseases, in the view that they are merely local manifestations of a constitutional dyscrasia. The more thoroughly they do so, the more will they be impressed with the genius of HAHNEMANN and with his scientific and philosophical mode of looking at disease so far ahead of his time.

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In the *British Medical Journal* of April 7th, the following appears under the title of "An Unusual Case of Atropine Poisoning," by L. A. PARRY, B.S., F.R.C.S., Assistant Surgeon, Sussex Eye Hospital.

"It being necessary to determine the refraction of a small



boy of five, the child of highly neurotic American parents, atropine drops, of a strength of 4 gr. to the ounce, were ordered to be instilled into the conjunctival sac three times a day. After a day or two the boy became delirious, his gait staggering, and his temperature went up to 105°. His pupils were widely dilated. I am unable to find this symptom of pyrexia, described as occurring in belladonna poisoning, but, as after a careful examination no other cause could be discovered, and the other symptoms were clearly due to excess of atropine, I think the pyrexia must also be explained on the same pathology. The boy, under no special treatment, in a few hours broke out into a profuse perspiration, his temperature rapidly fell to normal, and next day he was quite himself again."

This case is extremely interesting, and valuable as a proving of atropine. This is from our point of view, and gives another illustration of the power of atropine in poisonous doses to raise the temperature to 105°. But MR. PARRY says, "I am unable to find this symptom of pyrexia described as occurring in belladonna poisoning." Here is an example of the narrow reading of the old school, resulting in ignorance of the action of drugs. Had MR. PARRY been acquainted with homœopathic materia medica works, he would not have thus written, and it is a great pity that the members of the old school who can observe facts when they come under their eyes, and can, when not prejudiced by preconceived notions, draw rational conclusions therefrom, as MR. PARRY does when he comes to the conclusion that "as no other cause could be discovered, and the other symptoms were clearly due to excess of atropine, I think the pyrexia must also be explained on the same pathology"—it is a great pity, we say, that they voluntarily shut their eyes to facts which are to be found for the looking. It reveals a want of knowledge of drug-action, which we quite expect and look for as a matter of course, but which is, all the same, inexcusable in a so-called learned profession.

If MR. PARRY had looked at the article "Atropinum" in Allen's *Encyclopædia of Pure Materia Medica* he would have seen the following: "The skin is hot and pungent, face flushed, veins of forehead tinged, and head burning." "Slight elevation of the temperature of the surface, rarely

exceeding  $1^{\circ}$ , and a still slighter and less appreciable rise of the internal temperature of the body." "Temperature  $100^{\circ}$  (after twenty-four hours)." "Temperature  $102^{\circ}$  (after fourteen hours)." On turning to the article "Belladonna" in the same work, we find that most of the provings were conducted, or elicited, before the era of the clinical thermometer. Consequently, we have no thermometrical observations there recorded. But the kind of fever produced—and looking to the facts above quoted of atropine poisoning—by belladonna, which is well known to homœopaths, was probably in these provings, accompanied by actual rise of temperature more or less. In the paragraph "Fever," in the article "Belladonna" in ALLEN'S monumental work, there is first the initiatory chilly feeling which precedes fever. The former we do not go into in detail. The latter is the important feature. Thus, "Attacks of fever frequently recurring during the day." "Skin hot." "Burning skin." "The body being hot like fire, with bluish redness of skin." "The skin hot, dry, scarlet, especially intense on the face and ears." "Temperature of the skin very much raised; skin scarlet, especially on the face and anterior half of trunk." "Temperature of skin increased, face red, pulse accelerated, with senseless talking." "Burning heat within and without." "Burning heat of the body." "Pulse full and extremely frequent." "Head hot; face red; eyes protruding; pupils dilated, look staring." "Sensation of heat, with actual heat in the whole body." The heat of the body is usually and markedly dry, with quick pulse, and when the febrile attack is passing off, perspiration follows. These symptoms or provings are selected as a sample of many of similar import. There can, therefore, be little doubt that although no thermometrical observations are recorded, the actual temperature was raised above normal, more or less.

Were MR. PARRY to refer to an old-school work, DR. JOHN HARLEY'S *Old Vegetable Neurotics*, he would there find that in his experiments, DR. HARLEY noticed as the first stage of belladonna poisoning, a contraction of vessels, followed by the reverse state, namely, dilatation of vessels, increased heat, and stasis of the blood, these being the initial stages of inflammation, accompanied by rise of temperature, etc.

The records, then, of rise of temperature in the provings of atropine, and of such an amount of dry febrile heat of the whole body as is shown in the provings in ALLEN'S work, are very distinct and unmistakable, MR. PARRY adding one more case to our provings of this symptom. He remarks that the child was one of "highly neurotic American parents," and it is in these neurotic cases that we look for the rise of temperature which in non-nerve patients might not be present, or only very slightly. These are just the cases where the finer pathogenetic symptoms are developed, these symptoms being ignored in old-school books on materia medica, as being "mere idiosyncrasies," and so not worth noticing or recording. That MR. PARRY should have shown want of knowledge of drug-action, and be ignorant of homœopathic materia medica provings is quite understandable, as the old school ignore the latter entirely. This may, therefore, be reckoned as far from progress, but it shows that a marked symptom, unrecorded in old-school books, can be observed and correctly interpreted, when the symptom occurs in such a prominent manner as to strike the attention at once. It is just such an observation as would make a man with an open mind *think* for himself, and it is often such thought that leads a man to look into homœopathic books on the quiet, and see whether, after all, the homœopathic materia medica is the tissue of nonsense or falsehood, or both, that he is taught is the case by those who ought to know better, but who are as ignorant of the subject as those they teach.

MR. PARRY would also find that when fever of the belladonna type is present in any given case, it is invaluable therapeutically in small doses. Surely, progress towards homœopathy as manifested unwillingly by the old school is slow but at the same time sure.

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The above article is already too long, though this could hardly be avoided under the circumstances. But, in its bearings on our subject, we specially draw the attention of our readers to our *Notabilia*. In them, on page 436, we extract an Editorial from the May 26th No. of the *St. Louis Medical Review*, entitled "A Significant Event,"

followed by a reprint of an article by the Editor from the *Nineteenth Century* of February, 1888, entitled "The Present Position of the Medical Schism." The Editor of the *St. Louis Medical Review* is our old friend MR. (now DR.) KENNETH MILLICAN, who in 1888 was the real cause of the *odium medicum* controversy in the *Times*, a controversy which ended triumphantly for the homœopaths, as the *Times* stated in a concluding Editorial article. Pioneers in progress often suffer for it, and we are not betraying any secrets when we say that DR. MILLICAN'S fearless attitude of honesty and fairness resulted in the loss of his practice and old-school connection. He had to leave London, and went to America, and is now the Editor of the above-named journal. We warmly congratulate DR. MILLICAN on his courage and honesty in, at this medical juncture in America, publishing the leader, to which we draw attention, and the reprint of his article from the *Nineteenth Century* of 1888.

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#### BRITISH HOMŒOPATHIC CONGRESS.

WE beg to remind our readers that the Annual British Homœopathic Congress is to be held in London on Friday, July 6th, under the Presidency of DR. EDWIN A. NEATBY. The circular has been sent to all homœopathic practitioners in the United Kingdom; the papers will be full of interest, and we confidently expect a large attendance, as usually happens when the Congress is held in London. All who have not yet returned the stamped Post-Cards sent with the Circular are kindly requested to do so without delay to the Hon. Secretary. These Annual Congresses are productive of great good to all who attend them personally, not only for the valuable matter in the papers contributed by the authors, and the discussions that follow, but for the genial friendship that always is felt by the personal meeting of men who otherwise would not see each other from year to year. We, therefore, trust that all who are not unavoidably prevented attending the Congress will make a point of doing so. The larger the numbers present, the stronger light is thrown on the vitality and progress of homœopathy in the eyes of

the public. This is really an important reason, from what one might call a patriotic standpoint, for all who can possibly, even at some inconvenience, be present. To benefit the cause we all have at heart is well worth our while, even though accomplished with some difficulty to each individual, and the opportunity occurs only once a year. We expect, therefore, a large attendance.

### DIABETIC COMA.

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

Physician for Diseases of Children to the London Homœopathic Hospital.

DIABETES is one of those diseases which always arrest attention ; it is happily uncommon, and amongst children very uncommon. Its pathology is still involved in obscurity. It is due to a great variety of causes, and often no cause can be discovered. The earlier the disease occurs, the worse is the prognosis, and in children it is uniformly a fatal disease.

On April 25th, 1906, Dr. Austin Reynolds kindly asked me to see a child in consultation with him, and has been good enough to send me the following notes of the case.

Leslie J., aged 14 months, had always been healthy since birth (delivery was by forceps, low operation and quite easy), and had no medical attendance till the present time.

Nothing was noticed amiss until a week previous to this attendance. About that time it was observed that the patient became touchy and irritable, appetite less, and he was restless at night. Tongue was white and mouth dry. Also that the urine was "sticky." Mother thinks that the quantity of urine passed was increased (these last facts were only elicited *after* the consultation, and subsequent to finding sugar in the urine). We also learned that on the previous day (April 24th) the breathing seemed hurried, and in the morning the child was drowsy. In the afternoon the drowsiness continued and the child was taken out in the mail-cart, which was unfortunately overturned by the nurse and the left temple was struck. Patient did not cry much, and no sign of the accident was

evident after the return home. After "tea" he vomited and became restless. The restlessness continued through the morning, and during the night the patient woke up every half to one hour. Between 3 and 4 a.m. (April 25th) it was remarked that the breathing was shorter. Between 4 and 5 a normal stool was passed. After this the patient looked exhausted, and was very short of breath. He became limp and semi-conscious.

Dr. Reynolds was called to see him at 6.30 a.m., and found him in a very flaccid, lifeless condition, and scarcely, if at all, conscious. T. 97.4; pulse very rapid; the heart, lungs, and abdomen seemed normal. About 9.30 to 10.30 Dr. Reynolds saw him again, and finding nothing fresh, suggested a consultation.

We found the little patient comatose, with eyes half closed, covered with a film of mucus; pupils contracted, equal, and reacting to light. The breathing was rapid but regular. Respirations 52 per minute. Pulse regular 140, and temperature in rectum 97° F. The heart sounds and breath sounds were normal. There were no convulsions or spasms or squinting; no retraction of the head; the limbs lay flaccid, with reflexes abolished and Kernig's sign absent. The abdomen was not retracted. No *tache cérébrale*. The patient had been sick, and the bowels had acted normally.

What was the diagnosis? Meningitis—the most frequent cause of coma in young children—was ruled out by the absence of the signs and symptoms met with in that disease. Poisoning by opium would produce most of these conditions, but no opium had been administered, and there seemed no possibility that it could have been taken.

There was evidently some toxic condition at work affecting the brain; but had it been a poison introduced from without we should have had vomiting and diarrhoea. But there had been only one act of vomiting, and this may have resulted from the fall from the mail-cart, and early in the morning there had been one natural motion passed.

The conclusion arrived at was that the coma was due to autotoxæmia. Now, uræmia and acetonæmia will cause this, and to clear up the diagnosis, a catheter was passed and a small quantity of urine was drawn, which, when

tested, showed a considerable amount of sugar. The Clinical Research Association subsequently found 16.2 grains of sugar per ounce.

Opium 12, and a hot pack to induce sweating, were prescribed, but it was a forlorn hope.

There are several points of interest in this case which call for remark. The suddenness of the insensibility, supervening on the accident of the previous day, might very well have thrown one off one's guard, and led to a mistake in diagnosis. Indeed, the father wrote to this effect: "Our little man was turned over in his mail-cart the previous afternoon, and this to our mind seems the chief cause," etc.

Again, the usual symptoms, such as thirst, constipation, ravenous appetite, and continued wasting of flesh were never pronounced, and these symptoms had to be elicited, *e.g.*, the mother thinks that the quantity of urine had increased, and it was only a week before the attack that anything wrong was observed.

Dr. Pavy, to whom I mentioned the case, writes me "that it is undoubtedly a very rare event for diabetes to occur at the early age cited (14 months). I have known one such case. The infant was 12 months and 3 weeks old at the time of my seeing it. During the previous three or four weeks there was rapid wasting, with a remarkable greediness for fluid and an excessive flow of urine. For two or three months it had been noticed that the napkins became stiff on drying, a circumstance that was not understood until the case was recognized as one of diabetes. Through a letter received from the family medical attendant, I learnt that the patient died a month after the consultation from exhaustion, without the super-vention of coma."

The suddenness with which coma may come on is well illustrated by the following case.

Millicent B., age 13½, was brought to me by her parents to see if I could do anything to cure her. The disease had recently been discovered, and Dr. Pavy had been consulted and given her about eighteen months to live.

She was a florid child, with auburn hair, and of nervous temperament. There were evidences of puberty, but she had not menstruated. All her organs were normal. She

was habitually constipated and very thirsty; appetite moderate. The urine, of specific gravity 1045, contained 36.44 grains per ounce and a trace of acetone.

This excessive quantity of sugar was repeatedly found. On January 19, 37.1 grains per ounce; on February 1, 36.4 grains per ounce, by the Clinical Research Association. Allen and Hanbury also found on another occasion 33 grains per ounce

I prescribed phosphoric acid 1x, and a modified diet.

I cannot do better than quote from the father's letter, where he so graphically describes the end:—

“She made a brave fight for four-and-a-half years against the diabetes. . . . She did improve a little after she saw you, but soon after we found it impossible to keep her to a diet. It was so long that she at last used to eat anything—always plenty of meat. Her principal drink was aerated water, plain. The end came one morning. She got up about 6 o'clock and went to the bath room to get some water. She had turned on the water, and then became unconscious. The servant found the water running over through the ceiling, and on going up found poor Milly sitting on the bath with the tumbler in her hand. She merely exclaimed, ‘Where is my bed?’ She was carried to her bed, where she lay unconscious. She never spoke again, lying for 23 hours in this coma. She died the next morning.”

In this case the parents, who had watched their child most attentively for all these four-and-a-half years, deemed it would be safe to take a holiday abroad. Most unfortunately, the child died when they were away. It is therefore well to tell the parents how suddenly the end may come.

One other case emphasizes this point. A young man, in the midst of apparent health, was gradually attacked with drowsiness, which deepened into coma, in which he died. So sudden and unexpected was the end that it was thought he had taken laudanum, the contracted pupils and stertorous breathing suggesting this. His doctor drew off some urine, and on testing it found it loaded with sugar. This case occurred in the practice of a medical friend, who reported it in the *British Medical Journal*.



## CASE OF DIABETES MELLITUS, WITH COMMENTS.

By S. H. RAMSBOTHAM, M.D.

THE result of the treatment of diabetes mellitus is so often unsatisfactory that it is a pleasure to place on record the following case.

The patient, a lady aged 68, came under my care in August, 1905, with the following history :—

For some years she had suffered from rheumatic arthritis, and early in the current year had been so alarmed by increasing breathlessness that she consulted her ordinary medical attendant thereon. He, finding the heart weak, advised quiet and rest, moving about as little as possible, and the like; directions which were faithfully carried out. Since the death of her brother—whose home she shared—in 1894, from diabetic coma, she had dreaded lest she also should suffer from glycosuria, and the urine was in consequence from time to time analysed. Hitherto, however, no sugar had been found. Early in May the friend with whom she afterwards stayed in Harrogate, receiving a very poor account of her health, went to stay with her for a time in her own home. She described her as looking ill and very thin; she was depressed and irritable, complained much of the extreme dryness of the tongue and palate, which made swallowing difficult, and of the accompanying excessive thirst and polyuria. On May 13th her medical attendant, who was also her cousin, wrote to me as an old friend of the patient and her family, and I now quote from his letter :—

“When I examined her urine a week ago yesterday, I found a large amount of sugar, with a specific gravity of 1040, and I put her on as strict a diet as I dared to do. I went away on Wednesday (10th inst.) for two days. On the morning of my going she was restless and excitable. When I saw her this morning I found her distinctly worse, the specific gravity 1048, with a larger amount of sugar, and her symptoms altogether unfavourable. I am afraid the outlook is bad; she is 68 years of age, and this onset of diabetes is sudden and acute. I examined her urine only two or three weeks back, and there was not a trace of sugar.”

The irritability and restlessness above mentioned had

been very great, and were accompanied by aimlessness, forgetfulness, and drowsiness, though the nights were passed almost without sleep. On the evening of the 13th May she fell into a heavy sleep, which lasted so long that the doctor was sent for. He came, bringing with him a consultant and a nurse. Both the doctors considered her state very critical, and feared she was sinking into a state of coma. When awake during this time she was restless, feeble, and incoherent. After the 20th she was entirely confined to bed, and though at times she seemed better, the doctors gave very little encouragement, always finding an immense amount of sugar present in the urine, the specific gravity reaching 1050. On the 29th I had another letter from her medical attendant. His report was :—

“She is evidently better than she was. She has emerged from that sleepy, comatose condition, and is mentally very much clearer. But in the last few days she has suddenly relapsed into intense thirst and hunger, with a very dry tongue, and a great increase in the urine passed. To-day she seems nicely; the dryness of throat and tongue has almost gone; but twice in the last five or six days she has had this sudden accession of thirst and hunger, with excessive secretion. The gravity keeps 1040, seldom below this.”

She continued from this time to improve, and on July 19th went to Saltburn, the specific gravity having fallen to 1025, and the sugar to between four and five grains per ounce. Saltburn, however, did not suit her; the arthritis, which, during the time when the glycosuria was at its worst, had almost disappeared—permitting greater freedom of movement than had for years been possible—now returned in a more acute form. When she came to Harrogate on August 9th, she looked worn and ill, was somewhat emaciated, suffered from breathlessness, and was hardly able to move about at all. At this time I contented myself with a qualitative examination of the urine only; found the specific gravity 1028, and Moore's test gave a discoloration to about the tint of very dark brown sherry, which, according to Dr. Gowers' estimate,\*

\* Quoted by Sir T. Lauder Brunton, in Russell Reynolds' *System of Medicine*, Vol. V., p. 396.

equals about 15 grains per fluid ounce. After some discussion, and with the consent of her own medical attendant, I decided to put her for a week on a test diet, to see not only how far an absolutely starch-free diet would affect the glycosuria, but how far her rheumatic tendencies would stand additional animal food, and the loss of potatoes and bread, both of which had for a long time figured largely in her diet.

For the sake of accuracy I from this time had the analyses made by Mr. C. J. Eynon, late President of the Harrogate Pharmaceutical Society. The daily average quantity of urine passed, which in June had averaged 90 ounces, had now fallen to 70; the specific gravity was 1028, with 9·5 grains of sugar to the ounce. An absolutely starch-free diet was begun on August 28th; for the first three days there was no change in the quantity of urine passed; then it fell to 60 ounces, and at the end of the week to 50, at which it practically remained during the six months of her stay here. At the end of the week the specific gravity had fallen to 1015 and the amount of sugar to ·616 grain per fluid ounce. So satisfactory a result could hardly have been anticipated, and encouraged the hope that a less irksome diet might be permitted. Her diet table thenceforth included not only fish and meat of all kinds, eggs, cream, butter, and all green vegetables; but also broad beans, French beans, celery, cucumber, tomatoes, vegetable marrow, and mushrooms. Once a day she was allowed a potato, roasted or boiled in its jacket, made into a *purée*, or into cakes, with cream or butter. Of fruits, apples, apricots, melons, oranges (not sweet), peaches, and nuts were permitted. Callard's casoid flour was procured, and loaves, scones, buns, etc., made from it afforded a sufficiently varied assortment of bread foods. Alcohol was not taken, as it had never agreed with the patient; but tea and coffee were freely taken, in addition to water *ad libitum* and lemonade. Cocoa made from cocoa-nibs was suggested, but proved unpalatable to the patient.

After a week of this diet, the urine was again examined. The specific gravity had fallen to 1014, but the sugar had risen to 3·5 grains per ounce. At the end of the second week, however, it had fallen to 1·45 grain per ounce, the specific gravity remaining the same. During all this time

the patient appeared to be regaining strength and activity, and the breathlessness, which was very evident on her arrival, had greatly diminished. The diet was therefore continued, and the urine was not again examined till a month later; on October 16th the specific gravity was 1013, and only .44 grain of sugar to the fluid ounce was excreted.

During the winter months the patient took regular exercise, enjoyed her food, gained flesh, and regained much of her natural colour. After three months, on 11th January, 1906, analysis showed an entire absence of sugar, but a trace of albumin—less than .5 per mille—had appeared. This result was confirmed on 27th February, when in view of the patient's intended return to her own home on March 1st, it was deemed advisable to make a final analysis. After four weeks at home the urine was again analysed, with the result that while the specific gravity was lower—1010—neither sugar nor albumin was present. In a letter telling me of this, the patient says her own medical attendant considered her "quite well now; in excellent health, and looking better than on her arrival at home." He subsequently wrote to me confirming her own statement, and adding what it was a satisfaction to know, that when first examined the urine contained 2 per cent of sugar (= nearly 9 grains of sugar per ounce, about the same as when first examined in Harrogate), a percentage which rose to 8 (= 35 grains per ounce) when signs of impending coma showed themselves.

When the patient came to Harrogate she was taking codeine, which at first I did not interfere with; but finding she had been taking this remedy regularly for some months, at the end of a week I put her on acid phosphoric dil., and uranium nitrate. These she took steadily for two months, until, after the analyst's favourable report on October 16th, it seemed needless to continue any medicinal treatment.

The case presents two features of interest for consideration: its sudden and severe onset, and its bearing on the question of the distinction between diabetic and non-diabetic glycosuria.

Diabetes is so usually an insidious disease, creeping on, and getting a thorough hold of the patient's system before anything occurs to direct attention to it, that a sudden

and acute attack is alarming in proportion to its rarity, and is always taken to be of grave import. Certainly at the beginning this case looked grave enough, with a threatening of coma within a week of the first discovery of sugar in the urine. The reports which I frequently received at that time showed that a fatal issue was almost hourly expected by the professional as well as by the non-professional watchers of the case. That the patient rallied sufficiently to be able to go from home came as a surprise, though no hope of ultimate recovery was then held out; while the complete disappearance of sugar from the urine, and the restoration of the patient to her normal health came as a greater surprise still. Indeed, it was the very completeness of her recovery which first suggested the question: Was this a case of true diabetes mellitus, or was it an unusually severe case of non-diabetic glycosuria? Those trained observers under whose care the patient came in the first instance had no doubt about the matter, nor indeed had I, when I took charge of the case. The presence of sugar in the urine, the thirst, polyuria, and emaciation settled the question to my own mind; nor should I have hesitated in the opinion then formed had it not been for the rapid improvement which set in, and the final complete disappearance of the glycosuria.

I have carefully studied the somewhat scanty literature dealing with the subject, in order to arrive, if it may be, at some clearly defined diagnostic distinction between the two diseases. On all hands the difference between them is admitted; in what that difference consists, or how we are to distinguish between cases of the one or the other, is not made so clear. The best definition I have been able to find is that given by Dr. Saundby, whose accurate observation and wide experience in this particular class of diseases entitle him to speak with authority. He tells us:\*

“If I am asked what I mean by diabetes as distinguished from what is called non-diabetic glycosuria, I should say that it is the super-addition of other symptoms to the glycosuria, namely, thirst, polyuria, and failure of nutrition.”

He gives what he conceives to be “an adequate theory of diabetes,” assigning to its production two causes:—

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\* *Practitioner*, July, 1900.

1. Failure of the glycogen reservoir in the liver ; and
2. Reduction of the power of the tissues to consume sugar. And he further explains that :—

“Where the store of glycogen in the liver is discharged under some temporary influence, glycosuria results, but not diabetes ; on the other hand, where the causes persist, and all the sugar formed from the carbohydrate of the food continues to be poured directly into the circulation, the tissues become choked with sugar, and suffer, in consequence, a reduction of their sugar-consuming capacity. Under these last conditions the symptoms of diabetes occur.”

This last point is of interest in reference to the present case ; and as a working hypothesis may help to explain the unusual character of the earlier stages of the attack. It is conceivable that the mental shock to the patient of finding herself to be suffering from the very ailment she had so long dreaded, caused a sudden and violent discharge of the glycogen reservoir in the liver, raising the percentage of sugar from 2 per cent when first discovered to 8 a week later, when comatose symptoms supervened. And it is possible that the very violence of the onset may have aided the cure ; for though the tissues must have been quite choked with the sugar, the duration of their choking did not suffice to reduce their sugar-consuming power below the point at which their regaining it became impossible.

Dr. Saundby also reports\* twenty-two cases as illustrations of the various types or clinical forms of non-diabetic glycosuria, but I do not find among them a case corresponding with that which we are now considering. Two points, however, which may be useful helps towards the differential diagnosis we are seeking, very clearly impress themselves on the mind in analysing these cases : the specific gravity is usually lower than in true diabetes ; and the quantity of urine daily voided is less ; a fact which may account for the absence of that great thirst which consumes the true diabetic. In Dr. Saundby's cases the gravity varied from 1018 to 1034, and the quantity seldom exceeded 50 ounces. In this paper is also given a very useful summary of the classes in which we may generally place our non-diabetic cases, viz. :—as (1) Alimentary.

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\* *Brit. Med. Journ.*, April 14th, 1900.

including the transient glycosuria sometimes found to follow the ingestion of food, as well as that caused by gastric and hepatic derangements and by the too free use of alcohol; (2) Gouty; (3) Neurasthenic and allied nervous conditions; and (4) Senile failure.

If this case is to be considered one of non-diabetic glycosuria, it must be classed under the second head, as a gouty case of an unusually severe type. The relaxation of the hold of the arthritis on the joints during the more acute manifestation of the glycosuria was remarkable, and attracted the attention even of non-professional observers. Concurrently, however, with the subsidence of the glycosuria, the arthritic stiffness returned, though more gradually than it had disappeared; and within the last few days I have heard that a recent analysis of the urine again gives satisfactory results, but that the mobility of the joints is distinctly less than when the patient returned home. Nevertheless, I am inclined to look upon it as a case of true diabetes. It answers Dr. Saundby's requirements in that thirst, polyuria, and emaciation were super-added to the glycosuria, the specific gravity of the urine was high—at one time 1050; the quantity largely in excess of the normal, reaching to 90 ounces per diem; and the amount of sugar excreted was large, at its highest 8 per cent, or nearly 35 grains per ounce. There was also the constitutional predisposition, nor should the comatose condition be overlooked; I can find no mention of its occurrence in non-diabetic glycosuria, while its association with true diabetes is only too well known, both in the acetonæmia of true coma, and in the less severe form of drowsiness associated with the mental irritability and restlessness which existed in the case before us.

Cases of complete recovery from true diabetes are no doubt very rare. One swallow does not make a summer, nor does one successful case argue that the like treatment may succeed in the next, especially in a disease whose pathological conditions are yet so obscure. But I have thought it well to put this case on record as an encouragement to myself and others to persevere, even under apparently unfavourable conditions, with a carefully thought-out plan of treatment.

HARROGATE, June, 1906.

## POLYURIA.\*

By S. P. ALEXANDER, M.D., M.R.C.S., Southsea.

HAVING recently had before me in practice a well-marked instance of that rare disease termed diabetes insipidus, I venture to bring the case before you, as the basis of a short paper on the subject of polyuria.

The Secretary of this Society having invited me to read a paper, it occurred to me that this subject, perhaps, might be of interest, because of the very obscurity of its nature, and the comparative infrequency of its occurrence in practice.

The case in question is that of J. H. —, æt. 44, a shipwright in H.M. Dockyard, Portsmouth, who consulted me on March 10th ult.

“Can you do anything to cure me of the drinking habit?” was his plea; “I am at it day and night, drinking, drinking, and can’t stop.” A decidedly candid man, albeit a toper, thought I, as I proceeded to question him as to the precise nature of his drinking propensities. “Oh! I am a teetotaller,” he assured me, “and never touch stimulants, but am drinking water day and night, and can never quench my thirst.”

Commencing some twelve months previously, the malady had persisted and increased, in spite of treatment under several medical men, numerous mixtures and drugs being taken without benefit, and apparently only aggravating his condition.

The first onset was in March, 1905, when he suffered from “breaking out in the mouth,” probably stomatitis, which “went through” him, he says, causing cough, vomiting, and diarrhœa.

Briefly, the symptoms of present condition are unquenchable thirst, with increasing general debility and loss of flesh. Skin harsh, dry, and scaly, and continually itching. Tongue and mouth red, dry, and parched, as also pharynx. Irritation of mucous membrane extends to œsophagus and stomach, causing burning after meals, flatulence, etc., together with dry spasmodic cough, apparently gastric in origin. Bowels costive; no heart or lung mischief

\* Read before the Western Counties Therapeutical Society, in London, May 23rd, 1906.



discoverable. Appetite fair, not increased, but thirst unquenchable, water relieving for the moment only. Urination excessive and frequent, proportionate to amount of water taken. Sleep much disturbed, the continual need to rise every hour to micturate and drink at night aggravating intensely the patient's sufferings. Complains of fullness and feeling of heat in head, as if he would go out of his mind, if prevented from satisfying his thirst. The amount of urine passed daily is immense, but exact quantity cannot be measured, patient being at work all day. Sample examined is odourless, colourless, of tap-water appearance, and contains no trace of sugar or albumen. Specific gravity 1002.

Patient was put upon *ac. phos. dil.*, *i.e.*, *phos. ac.* 1x, five drop doses four times daily. Turkish bath twice weekly recommended in view of inactive condition of the skin. Milk, barley-water, lemon juice, and generous diet advocated, fluids freely, quantity not to be curtailed.

*March 16th.*—Patient no better. Specific gravity of urine 1001. To take *scilla* 1.

*March 23rd.*—Condition same, no reduction in thirst or amount of urine. Feels quite unequal to continue his work. Cough very trying. *Arsen. alb.* 2.

*March 30th.*—No better. Dry tickling cough, very troublesome, being incessant during consultation. Prescribed *uran. nit.* 3x.

*April 2nd.*—Feeling somewhat better. Cough decidedly improved since last medicine. *Repit.*

Being anxious to give the poor fellow every possible chance, and that the progress of the case might be watched under record of exact quantity of fluid taken, and daily estimate of urine passed, I communicated with Dr. Galley Blackley, by whose courtesy patient was admitted into the London Homœopathic Hospital on April 2nd.

From the ward notes I extract as follows: weight on April 11th, 9 st. 4½ lbs, gradually reducing to 9 st. on May 3rd. Urine passed amounted to from 300 to 400 ounces in the 24 hours, and fluids taken in proportionate quantity.

Estimate of elimination of urea varied from 6 per cent in 274 ounces on April 30th, to 54 per cent in 216 ounces on May 10th.

Patient had ordinary diet, and water freely diluted with soda water. Was allowed to walk in open air as the weather permitted, and took a bath at 90° twice weekly. The medicinal treatment consisted of phos. ac. 1, 5 drop doses thrice daily.

Leaving the Hospital on May 10th, the patient is again under my care. He expresses himself as feeling distinctly better in every way, and has gained in weight, being now 9 stone 6 lbs. Thirst is less, and he has only to rise twice at night now to micturate. Quantity of urine has fallen to 216 ounces in 24 hours, and is of slight amber colour. Specific gravity shows little improvement, being 1004. The cough has disappeared, and both tongue and skin are normal in appearance.

And now as to the deductions to be drawn, and as to the moral of a case of this kind, what may we learn?

Firstly, that in *polyuria*, in the sense in which I employ the term, we have a distinct, definite, and very formidable disease to reckon with.

The word, according to the derivation from *πολυς*, much, and *ουρον*, urine, may be said, generally speaking, to apply to abundance of urine from whatsoever cause. That is to say, the term refers to the quantity rather than to the character of the fluid passed.

Quain uses the word *polyuria* as synonymous with diabetes insipidus. Allbutt, on the other hand, in treating upon diabetes insipidus, distinguishes two separate forms of the disease, viz., *hydruria* and *polyuria*. The first is characterized by abundant flow of non-saccharine urine of low specific gravity, the term *polyuria*, with him, referring to those forms of the disease where the solids as well as the liquid elements are increased. For example, we may have urea in excess in *azoturia*, phosphates in *phosphaturia*, and finally *baruria*, where solids generally are increased. *Polydipsia*, again, and *chronic diuresis* are terms like *hydruria*, denoting urinary superflux apart from the quantitative relationship of the urinary water and solids.

Amongst these numerous and somewhat conflicting titles, I have selected that of *polyuria*, and employ it in this paper in its wide derivative sense, "much urine." Accordingly, from this point of view, it may be said to

embrace or group together all those maladies where there is superabundance of urine, from whatsoever cause. For example, we know excessive urine may be found in certain forms of Bright's disease, as contracted kidney, in hysteria, temporarily after diuretic drugs and drinking of large quantities of water or other fluids. Again, in diabetes mellitus, as also in glycosuria, we have increased urine, or polyuria, so far as the quantity of urine is concerned. In certain diseased conditions, abdominal tumours, aortic or abdominal aneurysm, increased secretion of urine may be a concomitant. In neurotic patients again, suffering from excitement, dread, apprehension, or other emotional disturbance, emission of a large quantity of clear urine is a common occurrence. "Funk" before examination or public speaking may be especially attended by marked increase and inability to retain urine. I may instance the case of a lady patient of mine, who invariably, when calling upon the doctor, has to be conducted upstairs by the maid, before consultation.

Nervous palpitation, with temporary increased blood-pressure, is no doubt the proximate cause, at least, of the increased renal secretion in such cases.

Apart from such temporary causes, however, the chronic and permanent diuresis of diabetes insipidus is a polyuria *per se*, and a distinct disease by itself.

What is our knowledge, then, as to the etiology of this special malady? From the nature and onset of the disease, there can be little doubt, I think, that the malady is primarily nervous in origin and determined by disturbance in the cerebral centres. As in the case of glycosuria which has been produced artificially by puncture of the floor of the fourth ventricle, polyuria has also followed. Cerebral lesions, traumatism, or tumour involving that portion of the brain then, have clearly been recognized in diabetes insipidus as a determining course. Amongst other possible causes are malnutrition, worry, anxiety, shock, alcoholism, sunstroke, and exposure to cold.

As to influence of age and sex, the disease would appear to be one of early childhood and early middle life, and is twice as common in males as in females. Nocturnal incontinence, or "wetting the bed," in children, especially when persistent and in the absence of other causes,

must be reckoned with as possibly due to polyuria proper.

Typical examples of the disease are distinctly rare and of infrequent occurrence. Osler remarks that amongst 150,000 patients treated in the Johns Hopkins Hospital, only two cases were that of diabetes insipidus. Allowance must be made however, for the nature of the malady, and its chronicity, as one hardly deemed eligible for hospital treatment as compared with the ordinary class of hospital diseases.

The examples of the disease in general practice are rare, and, I may say, the present case is the first distinctly typical, one so far, which has come under my own observation.

As to the pathology of diabetes insipidus, our knowledge is scant and indefinite. A want of inhibitory control of the vasomotor renal nerves, sums up the supposed pathology of the disease. There are no characteristic or constant anatomical lesions. The celebrated diabetic puncture of Bernard, in the medulla oblongata, was attended by copious diuresis, and throws light upon the pathology of those cases of polyuria, at least, associated with cerebral tumour or other brain lesion. As the pulse in diabetes insipidus is always feeble and easily compressible, we must exclude high arterial tension as a determining factor in this disease. As already remarked, increased micturition does result from increased blood-pressure in hysteria, but this is of a temporary character, and to be distinguished from polyuria proper and its attendant low arterial tension. The influence of altitude should be of interest here, as relating to variations of barometric pressure, as also oxygenation of the blood, but as to this I have no practical knowledge, that is, so far as polyuria is concerned.

As to prognosis I fear we cannot speak hopefully, and the text-books tell us that cure of the disease is rare. The degree of severity, onset, and type, whether acute or chronic, necessarily influence the prospects, and probably, as in diabetes mellitus, the younger the patient the more fatal the disease. Of the beneficial effects of homœopathy in modifying the prognosis, I should be delighted, if able, to speak in glowing terms, but our patient, alas! is not cured yet!

As with a multitude of other diseases in the text-books, when the question of treatment is considered, significantly enough, "unsatisfactory" is the verdict. Beyond palliation and generalities, there is little remediative, and in the case of diabetes insipidus, absolutely nothing specific as to treatment. *Per contra*, is there anything in homœopathy to help us?

Hypothetical and obscure though the disease may be, and ignorant as we are with respect to exact knowledge, nevertheless our rule of practice yet applies, indicating at least the road to relief, and lighting up the way of cure.

From the symptoms of the disease, perhaps one of the most decidedly indicated remedies is scilla, a drug which produces increase of urine, being classed amongst the vasomotor diuretics, stimulating the circulation, to which class digitalis, belladonna, and ergot also belong. In our patient scilla had the mouth symptoms, dryness and burning, together with thirst, and increased urine.

Phosphoric acid appears to have been well indicated in this case, covering well the symptoms of progressive exhaustion and nervous debility. It was the sheet anchor of the hospital treatment, and distinctly relieved the sufferings of the patient.

Uran. nit., so especially indicated in diabetes mellitus, finds its simillimum here also, being indicated for increased urine, thirst, dry tongue, dyspeptic symptoms, and cough of gastric origin. In the case recorded in this paper, uran. nit. was the first remedy to appreciably affect the cough, and to afford decided relief. Dr. Bradford recommended it in simple diuresis, especially when the urine was apt at times to become "acid," whatever that may mean? But there are other remedies to be thought of in the remedial treatment of the disease. Belladonna, for example, so valuable in nocturnal incontinence. A patient of mine, for whom I recently prescribed this remedy for laryngitis, returned a few days after, much relieved as to the laryngitis, but complaining of urging to urinate and excessive micturition since taking her medicine.

When cerebral lesion is suspected, or when tumour can be diagnosed, the remedy is indicated accordingly. Arsen. iod., for example, in suspected tubercular mischief. or in event of syphilitic taint.

Arsen. alb. has many of the symptoms of diabetes insipidus, being suggested by adynamia and excessive prostration. In patient's case, Dr. Blackley proposed to use it should the elimination of nitrogen in urine prove to be diminished. Ignatia, strychnine, and nux vomica are remedies in polyuria, dependent upon, or associated with, nervous symptoms.

Natrum mur. especially is to be thought of in diabetes insipidus. Its immoderate use produces scorbutic degeneration of the blood and tissues, together with polyuria, constipation, coldness, despondency, dryness of mouth and mucous membranes. Allbutt very significantly warns us against *salt*, remarking that the quantity taken in diabetes insipidus should be extremely small, because of its diuretic action. But as it has been said, their "*contra*" is our "*pro*."

It is interesting to note too that Bock and Hoffman succeeded in the production of an artificial diabetes mellitus, with its attendant polyuria, by injecting into the blood of rabbits large quantities of *common salt*.

Anacardium may be referred to as a possible remedy, indicated because of its "weakness of mind, memory, and senses," and being prescribed for "funk" so-called; it is interesting to note "increased frequency of micturition" as one of its symptoms. This may be due to cardol, a vesicant which it contains, explaining also its irritant effect upon the bladder and skin. Speaking of "nervous urine," the profuse limpid flow from nervous excitement of gelsemium may be mentioned *en passant*.

Murex purpurea is another remedy of reputation in the treatment of diabetes insipidus. Its chief indication is "frequent need to urinate during night, urine colourless." Prepared by triturating the desiccated fluid contained in the colour sac of the mollusc, it is interesting to find that the medicinal effect corresponds to *sepia*, obtained in a similar way from the cuttle fish.

The head symptoms of *murex purpurea* are worth considering, together with the dry cough and general debility of the whole muscular system.

Apocynum is recommended by Hale where a sense of sinking at the pit of the stomach, with great debility, is the characteristic symptom. He tells us, vaguely enough,

that diabetes insipidus is one of the primary conditions caused by the drug. Candidly, my own experience with this remedy in practice generally has been disappointing.

Argentum met., or metallic silver, in that it causes some diuresis, was suggested by Hahnemann as occasionally useful in diabetes insipidus. The great feature of its proving is "frequent and much urination," with emaciation, great weakness, dryness of tongue and buccal cavity.

Eupatorium purpureum, as causing primarily very profuse frequent urination, may be referred to, and from our point of view it is especially interesting to note that it has "urine clear, limpid, and of low specific gravity."

No doubt there are further possible and minor remedies, to which I do not refer, but conclude our paper with a brief allusion to some non-medicinal methods of treatment.

As to diet, unlike diabetes mellitus, there can manifestly be no special restrictions; carbohydrates and hydrocarbons alike may be indulged in, and the more generously the better. Apparently nothing is to be gained either by limiting the quantity of fluid, and this may be eked out as far as possible by mineral waters. Effervescing drinks are said to increase the diuresis.

When nervous lesion can be determined, the continuous current may be of benefit. Dr. Robertson records a case of diabetes insipidus, dependent upon disease of the bulb, where use of voltaic electricity was the only measure that gave distinct relief. The positive pole was applied to the back of the head and neck, and the insulated negative pole through the nostril to the posterior wall of the pharynx. Current strength gradually increased from half to five milliampères, for five to six minutes every second or third day for seven weeks, resulted in decided lessening of urine, and increase of specific gravity.

Vigouroux states that the glycosuria of neurasthenic patients quickly yields to static electricity, so that "Franklinization," or static electricity, might possibly benefit in diabetes insipidus also.

Charcot records a case of diabetic paraplegia practically cured by static electricity, where not only the sugar greatly lessened, but the polyuria diminished by more than one half.

Static electricity, seldom used in this country, is now, I

suppose, entirely superseded in favour of the high-frequency current.

The general principles as to bracing climate, warm clothing, and open-air exercise, need only be mentioned. The latter especially must be regulated to avoid fatigue. Within proper limits, and where able to be borne, sea-bathing is, *facile princeps*, the most tonic and invigorating form of exercise.

And now, gentlemen, I must bring these remarks to a close. I am quite conscious that what I have said is fragmentary, and not very original or conclusive, but it may suffice to suggest the subject, to awaken interest in a poorly understood malady, and to stimulate our efforts to attain the goal—the possible cure of the disease.

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## REVIEWS.

*Whooping-Cough Cured with Pertussin, its Homœopathic Nosode.* By John Henry Clarke, M.D. London: James Epps & Co., Ltd., 1906.

We have read this *brochure* three times, and we are at a loss what to say about it. We hardly see why it should be published as a book. Its fitting position would be as a short paper read before a medical society. It consists of 71 pages, 4 of which are taken up with the title-pages, and 10 with a preface. There remain 61 pages, and these contain so little letterpress and such wide margins that if it had been read as a paper, half an hour would have been ample time for the whole. These points, however, incline one to ask if it is intended for the profession, or for the public. Both are appealed to, the former are asked to look up the nosodes, and use them, while the latter are expected to read the book, and act accordingly. "Pertussin," we freely admit, we had not heard of before, and Dr. Clarke seems to know next to nothing about it, except that it is prepared by the usual homœopathic method of dilution, from the glairy mucus which is coughed up in whooping-cough, and is, therefore, we understand our author, *the nosode* of whooping-cough.

It has never been proved, nor does Dr. Clarke give us a proving from his own experiments. He takes it for granted that because "Pertussin" is the nosode of whooping-cough, it corresponds to the general well-known picture of whooping-cough, and prescribes accordingly, although we are, all the



same, told carefully to individualize each case. He tells us that "it is a great advantage to the homœopath to have a proving of the remedy as well." We think this is a mild way of stating what every homœopath looks to as essential to the assurance that the remedy in question is homœopathic to the case. "As well" as what? that "the symptoms of a disease form a picture of the curative power of the nosode." This is an *ex cathedra* statement on Dr. Clarke's part which will not be accepted, by any means, generally. What Dr. Clarke states, and we presume, means, is as follows (pp. 66-68): "Pertussin still remains to be tested in this way, or 'proved'; but in the meantime, the evident symptoms of whooping-cough, and the history and diagnosis of whooping-cough infection may be taken as the indications for its use, as was done in my cases. In the course of these cases several symptoms of a distinctive character were removed, which may be tested in future cases, and, if confirmed, may be looked upon as leading indications for the use of the nosode. These symptoms are: (1) Itching of the palate on lying down at night; (2) Stinging pain in or on the chest, with cough; (3) Sickness, or feeling of sickness, at the end of cough; (4) Sobbing or sighing at end of cough; (5) Strangling sensation with cough on waking." These symptoms happen to have been present one at a time in the seven cases recorded by Dr. Clarke, they disappeared under the treatment, and are suggested as symptoms of the nosode. This is going a trifle too far for us.

But what of the results of Pertussin? There are only seven cases altogether; No. 1 is interesting and successful, and so is No. 2; No. 3 was, by Dr. Clarke's own statement, not a case of whooping-cough at all, but only one similar to it, also successful. No. 4, whooping-cough in a child, took from Oct. 25th to Dec. 5th to cure, while even then "whoops a little" is reported. We fancy we have often cured whooping-cough by non-nosode homœopathic remedies in shorter time than this, and we therefore cannot look on it as a success. Case 5, a brother of No. 4, and consequently exposed to the same infection, was treated on Oct. 25th by Pertussin 30. No whoop developed in this case, but is reported on Dec. 3rd as "cough better; is keeping better." Case 6, the mother of cases 4 and 5, "had a troublesome cough, not very tight, but leaving a *stinging sensation in the chest*" (the italics not ours). She was prescribed for on Oct. 29th, and on Nov. 3rd wrote, "*My cough does not hurt now* (italics not ours), but is most trying, often keeping me awake at night. Sometimes it is spasmodic, sometimes continuous." Dr. Clarke remarks

on this, "*Pertussin* having done all that it was capable of for this patient" (in removing the pain in the chest), "the question now was, what to give next." *Pertussin* given from Oct. 29th to Nov. 3rd, we hear no more of. Then why relate it as one of those seven "cured with *pertussin*"? Case 7 is interesting and successful. We thus find that only three cases out of the seven prove or suggest anything. We leave our readers to judge for themselves as to the book and the cases on which it is based.

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*The Therapeutic Action of the Mineral Waters at Llandrindod Wells.* By W. Ringrose Gore, M.B., B.Ch. London: John Bale, Sons and Daniellson, Ltd., 1906.

Llandrindod Wells is one of the most important watering places in the kingdom, but it is not known as widely as it should be, and it has only come to the front comparatively recently in the view of the medical profession. Dr. Gore's pamphlet is an excellent one, giving a succinct and yet clear account of the place, its valuable waters, and the cases to which it is suited. An analysis of the various springs is given also. It is a noticable point that in all the springs there is a marked amount of silica, and we are inclined to look on this substance as one of the chief reasons of the marked benefit to the general well-being that patients feel after a stay at Llandrindod, independently of the so-called "local" trouble for which they are sent there. To any of our colleagues who are not fully acquainted with the virtues of Llandrindod Wells, we recommend the perusal of Dr. Ringrose Gore's pamphlet.

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## MEETINGS.

### BRITISH HOMŒOPATHIC SOCIETY.

THE Ninth meeting of the Session 1905-1906 of the British Homœopathic Society was held at the London Homœopathic Hospital, on Thursday evening, June 7th, 1906, at 8 o'clock, Dr. Spiers-Alexander, Vice-President, in the chair.

#### SPECIMEN.

Two radiograms, illustrating hyperextensibility of the right knee, sent by Mr. C. J. Wilkinson, were exhibited.

SECTION OF GENERAL MEDICINE AND PATHOLOGY.

Under the auspices of this section a paper entitled "Chronic Neurasthenia and its Especial Relation to Pelvic Affections in Women," was read by Dr. George Burford, of London. Associated with Dr. Burford in the preparation and presentation of the paper were Drs. Granville Hey, and Charles E. Ham. The following points were noticed in the paper:—

Chronic neurasthenia is a very widely diffused disease, incident alike to all ranks of life and civilization. The names of several men of genius were cited who were markedly neurasthenic. Dr. Burford essayed the comparison that the loss to the State of this disease was as great as that of warfare. The disease is not one confined to particular organs, nor indeed is the organ where the chief manifestations appear always the area of its chief or latest activity. Dr. Burford emphasized that in all cases a derangement of the nervous system as a whole was the essential feature, the chief characteristics being increased irritability, with diminished functional activity. Pelvic affections are the most frequent cause of neurasthenia in women. The theory of pelvic reflexes is almost entirely eliminated by the truer view of neurasthenic manifestations. Certain marked pelvic symptoms may be entirely of neurasthenic origin and amenable to neurasthenic treatment. In neurasthenic states accompanied by organic pelvic complications, surgical operation does not cure the neurasthenia. It requires careful consideration for prolonged periods after surgical treatment. A general review of the symptomatology of neurasthenia in women indicates that not only in the pelvic organs are symptoms manifested, but that all organs and systems are liable to share in the disturbance, and that every part of the body requires a thorough investigation to discover the actual state. A remarkable likeness of the symptoms observed in mountain sickness to those of neurasthenia was pointed out, and the suggestion made that residence in high altitudes was a valuable resource in treatment. The treatment of this malady comprises also homœopathic medicines, the Weir-Mitchell rest cure, dietetics, Swedish exercises, the high-frequency current, and sometimes operation.

The paper was illustrated by a large number of pulse tracings thrown upon the screen, and a number of cases from the author's experience brought out the various points in diagnosis, clinical history, and treatment.

An interesting discussion followed the reading of the paper, taken part in by Dr. Spiers-Alexander, Dr. Dyce Brown, Dr. Clarke, Dr. Goldsbrough, Dr. Madden, Dr. Watkins, Dr. Ed. Neatby, Dr. Bodman, Dr. Byres Moir, Dr. Johnstone, and Dr. Granville Hey, who replied.

## NOTABILIA.

HAHNEMANN HOSPITAL AND DISPENSARIES,  
BRISTOL.

## REPORT FOR 1905.

THE Hospital and Dispensary work has been carried on with activity during the past year, as will be seen by the Special Report. The In-Patients have slightly increased, and at times the nursing staff have been hard worked with serious cases. There has been an increase in the attendances at the Out-Patient Department, the total being 4886 in 1905 and 4696 in 1904. The Home Visiting has again been curtailed by the difficulty in getting subscribers' home-visiting notes, and the Committee would earnestly appeal for more yearly subscriptions.

The Subscriptions have increased from £43 19s. 6d. in 1904, to £50 14s. 6d. in 1905, and the interest taken in the Hospital work since the appeal made last autumn has resulted in a considerable number of donations, for which the Committee are very grateful. They hope that this, with the results of the Sale of Work shortly to be held, will enable them to equip the Hospital in a satisfactory and more efficient manner for the important work carried on.

There are two private rooms furnished, one of which has been occupied for the greater part of the year, and the other one occasionally.

There have been no changes either in the Medical or Nursing Staff.

The Hospital has been worked on the most economical plan consistent with efficiency, and the Committee are determined to keep within their means, and thus avoid saddling the Institution with a debt.

REPORT OF THE IN-PATIENT WORK OF THE HOSPITAL  
DURING 1905.

This most important department of the work of the Hospital has been actively carried on during the past year. The number of patients admitted was 35, an increase of four over the previous year's number.

There were nine operation cases; and, as was the case last year, all of these made excellent recoveries.

In four cases a fatal termination ensued; but in two of them this was known to be inevitable when they were admitted, but they were received as an exceptional thing because they had no home, and no other institution except a Workhouse

Infirmary would have received them ; the fact that we were thus able to afford them comforts in their last weeks, which they could not have had elsewhere, was considered sufficient justification for relaxing the rule that only cases in which there is reasonable possibility of improvement are to be admitted.

A table gives particulars of the cases treated, with the results : in cases where an operation was performed this fact is noted, but in the other cases the treatment was chiefly medical.

Besides the above cases, it may be noted that one of the private wards has been occupied the greater part of the year.

#### REPORT OF THE MEDICAL OFFICERS FOR HOME PATIENTS.

The amount of work done in this department has not differed materially from that of the two preceding years. During the past year 56 cases have been dealt with in this way, as against 59 cases in 1904. The number of visits paid to patients' homes in 1905 was 361.

The results, as will be seen from the following table, have been satisfactory ; but in many cases they would have been still more so if the patients could have continued under home treatment for a longer period, as no doubt many would gladly have done if subscribers' notes were more readily obtainable.

[The Medical Reports are usually signed by the Medical Officers. In this Report they are not. The Medical Officers are Drs. F. H. Bodman, J. H. Bodman, C. O. Bodman, S. Morgan, and T. D. Nicholson.—ED. M. H. R.]

In regard to the Sale of Work alluded to in the Report, the following article from the *Western Daily Press* of May 2nd will be read with much interest :—

“On May 1st a Sale of Work was held at the St. John's Parish Room, Redland, in aid of the Hahnemann Hospital, in Brunswick Square. The Hospital was opened in April, 1903, to meet a long-felt need, namely, that of an institution where the poorer classes could have the advantages of hospital care and skilled nursing, in conjunction with the great additional advantage of medicinal treatment on homœopathic principles. The Hospital, having private wards, also fulfils the functions of a nursing home, and thus provides for those patients who cannot conveniently be nursed at home, but who are able to pay a moderate charge for their nursing and the comforts of a private room. When it was decided to open the Hospital in 1903, the Committee asked for £500 to meet the expenses of decorating, furnishing, and equipping

the premises in Brunswick Square, which had been acquired for this purpose some years previously. As the result of this appeal only £300 had been received up to the present time, and consequently the Committee were obliged to content themselves with doing just so much of the decoration and furnishing as would suffice to enable the work of the Hospital to be begun. The result is that a great deal still remains to be done. Further funds are now required to carry this work to completion, and to provide many instruments and appliances which are badly needed to enable the honorary medical officers to carry out their ministrations to the sick with greater efficiency. The Hospital at present includes seven beds and two private wards. During 1905 the In-Patients numbered 35, and during the same period the attendances of Out-Patients were 4800. To complete the work a sum of £200 is needed. Yesterday's sale was with the object of assisting in raising this money.

"There was a good attendance at the opening ceremony, Dr. S. Morgan acting as Chairman. He said that he supposed he had been asked to preside as the oldest practitioner of homœopathy in the west. They were very sorry that Miss Harford, who had promised to open the sale, was unable to be present. She was in Wales, and was not well enough to return home. There was no need for him to explain what they considered to be the advantages of their system of treating disease. They had succeeded where others had failed. The Hahnemann Hospital had been opened simply because they were debarred from treating patients on the homœopathic principle in the old hospitals. If at the Royal Infirmary and General Hospital they were allowed to practise their system on those who desired it, the other Hospital would not have been started. They said nothing against those institutions, for they were doing a good work amongst the poor. If the institutions had not advanced as far, yet no doubt in the future the poor, if they desired it, would be treated on the homœopathic principle at the hospitals.

"Mrs. Garnett, of Leigh Woods, hoped that the time and trouble which had been devoted to supply the work for the stalls would be handsomely repaid. She then declared the sale open.

"During the afternoon and evening concerts were given, and selections were provided by the Algoma Band in the afternoon."

From the same paper of May 9th we extract the following :—  
"Friends and supporters of the Hahnemann Hospital,

Brunswick Square, will be interested to learn that the Sale of Work which was held on May 1st, to raise funds for that Institution, met with most gratifying success. The amount raised by the sale itself was £140; and a further sum of over £250 has been contributed in the form of donations."

This result is very gratifying, and is, we know, a source of pleasure and satisfaction to the Committee and the Medical Officers. The sum donated to the Hospital is thus nearly £400. We congratulate the Hospital on this substantial addition to their funds; though quite a young Institution, it has done admirably, and we wish it all success in the future, and a prospect of further enlargement, and increased sphere of usefulness.—ED. M. H. R.

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### THE JUBILEE OF THE "MONTHLY HOMŒOPATHIC REVIEW."

ABOUT this time the *Monthly Homœopathic Review* in London celebrates its Jubilee, a privilege granted to few medical journals. Full fifty years have, however, rolled by since this celebrated journal was founded by Dr. Ozanne, at that time one of the best known English physicians. Dr. Ozanne unfortunately went blind within a year of the founding of his journal, and was compelled to relinquish the editorship; indeed it seemed at first as if the *Monthly Homœopathic Review* must soon cease to exist. Luckily others stepped forward and successfully carried on the work begun by Dr. Ozanne. Special service was rendered in this way by Dr. Ozanne's immediate successor, Dr. Ryan. It would have been difficult indeed to have found anyone better fitted for the task than he, for he had been for a long time the chief editor of the *Medical Gazette*, and was at the same time medical editor of the *Morning Chronicle*, *Illustrated London News*, and other papers. He was also from 1840 to 1850 Professor of Physics at the London Polytechnic, and was known as one of the most striking and successful lecturers in the Polytechnic of that period. After adopting homœopathy he settled in Sheffield, from whence he conducted the *Monthly Homœopathic Review*. In reality he did not merely conduct, but during the early years of the journal, wrote almost the whole of it, a performance which, in view of his widely extended practice at the time, must be admitted to be truly extraordinary. It was only in the year 1865 when Dr. Bayes and Dr. Pope joined the editorial staff, that Dr. Ryan first received any help. Dr. Pope has remained true to the *Review* ever since,

and for more than forty years has devoted his rich knowledge to its service. Since Dr. Bayes, his coadjutors have been Dr. Nankivell, Dr. Edwin Neatby, and, last but not least, Dr. Dyce Brown. This distinguished physician has shared with Dr. Pope the duties of conducting the journal, without interruption, ever since the year 1876. Truly a noble example of loyal and friendly co-operation which it would be difficult to match in the literary world at present !

In turning over the pages of the fifty volumes of the journal, we learn that it has occupied itself for the most part with the progress of homœopathy in England and with the spread of the homœopathic law in that country, and may, without boasting, be proud of its success. Says the Jubilee number of the *Review*, "We try to further the cause of homœopathy, to stand up for its importance and for the essential truth of the law of similars which we believe to be the greatest therapeutical law ever brought to the knowledge of the profession, and which is not only true theoretically, but stands the daily test of practice." "Our great law in therapeutics has made its way steadily notwithstanding the virulent opposition it created and still creates, not only in the minds of the public, but also in that of the profession in general. We find now that the old abuse has gone, the statement that homœopaths were either knaves or fools or both has been given up, while many in the old school are personally as friendly as possible, and would be so professionally also if they dared. An amount of pure homœopathy is now believed in practically by the old school, and adopted largely, without, however, any open confession that we are in the right, or any acknowledgment of the source of their novel information. Many know very well what that source is, but they are afraid to say so. Still the fact remains that a much wider belief in the Law of Similars, and of consequent action on it in practice, exists in the present day in the ranks of our opponents than was the case fifty years ago." "We find that in the last fifty years every one of Hahnemann's views and principles have made their way, and are now admitted by the old school—the small dose, the single remedy, the value of symptoms as a picture of the disease and a consequent guide in therapeutics, the individualizing of patients, instead of treating them as routine collections of disease."

Homœopathy has in fact become the leaven of the dominant school, whose latter-day therapeutics differs as much from that of the middle of last century as day differs from night. This transformation it owes, directly or indirectly, for the most part to homœopathy. We venture to assert that the dauntless



combat waged by the *Monthly Homœopathic Review* as contributed in no small degree to this progress. Editors, publishers, and readers of the *Allgemeine Homöopathische Zeitung*, which will soon have an uninterrupted existence of seventy-five years to look back upon, tender their heartiest good wishes to the *Monthly Homœopathic Review* on its Golden Jubilee. Above all we must praise the two men who for more than a generation, as physicians, inquirers, and editors of the *Monthly Homœopathic Review*, have dedicated their whole powers and their ripe knowledge to the service of homœopathy. May a long period of activity, crowned with success, still be granted to both our honoured colleagues, Dr. Pope and Dr. Dyce Brown.—Dr. B. Kranz, Homburg v.d. H. in the *Allgemeine Homöopathische Zeitung*, June 14, 1906, p. 178.\*

[We feel greatly indebted to Dr. Kranz for the very kind manner in which he has written of the Jubilee of the *Monthly Homœopathic Review*, and to the Editors of the *Allgemeine Homöopathische Zeitung* for kindly publishing it. It need hardly be said that we had not the slightest idea that the article was to appear, and we, therefore, appreciate the kindness very much indeed. On the first page of the *Allgemeine Homöopathische Zeitung* Dr. Kranz and the Editors of the journal have done us the honour of printing our photographs encircled by a green wreath of laurel. The whole has taken us quite by surprise, and we may add, with much gratification and sense of the honour conferred on us, and on our *Review*, by our German friends. We, in return, warmly congratulate the *Allgemeine Homöopathische Zeitung* on its seventy-five years of honoured existence, and we trust it will continue to exist and prosper till homœopathy becomes the dominant practice all over the world.—Eds. *M.H.R.*]

#### THE SAN FRANCISCO DISASTER.

WE could not allude to the great earthquake and fire at San Francisco earlier, as we had no details other than the ordinary newspapers afforded. But now the *Medical Century* of June gives us the details we were anxious to secure. In it, we find two sadly interesting and full letters from Dr. H. R. Arndt and Dr. Edgar D. Bryant of San Francisco, written to Dr. W. A. Dewey, the editor of the *Medical Century*. What interests us most, besides what we already knew from the newspapers, is the loss to our colleagues in San Francisco.

\* Translated by Dr. Blackley.

This is very great, though they have borne it most bravely, as all in the great city have done. We offer them our warmest sympathy in this sore trial. We can offer them nothing more, as we understand that in America outside help is not considered necessary, or even wished. We extract from Dr. Arndt's letter the latter part, giving an account of the loss that homœopathic physicians have suffered. It will be noted what an immense power for good Dr. James W. Ward, the Chairman of the Health Committee, proved himself, by his energy and pluck. His better half, Dr. Florence Ward, also showed remarkable coolness, pluck, and determination in the care of her patients. The new Hospital, only opened in April, though much damaged, is not, we are glad to say, entirely destroyed, but can be repaired, though at a considerable cost. The excellent *Pacific Coast Journal of Homœopathy* is temporarily in abeyance owing to the destruction by fire of all its literary and other material.

The following is the extract we have taken from Dr. Arndt's letter :—

“ Now, so far as the profession is concerned, physicians of all schools worked like heroes, and so did the nurses ; San Francisco has always been overstocked with both, and the fact that a superabundance of surgeons and skilled attendance was available from the start was a great blessing. The health authorities worked energetically and intelligently in connection with the medical officers of the United States Army and of the State Board of Health, and I doubt if our old-school friends after this will grumble very bitterly about the homœopathic Chairman of the Health Commission, Dr. James W. Ward, so constant and so efficient was his work. It is now admitted that the medical profession will, in the long run, be among the greatest sufferers. The papers to-day admit that over a thousand San Francisco physicians are helpless, many of them without the necessaries of life and without the means, be it cash, books, medicine, or instruments, to begin the task of making a living. Efforts are being made to systematize the work of relief among physicians, and to so distribute aid tendered as to do the largest possible good to the greatest number.

“ Among our own people there are very few, so far as I know, but have lost more or less, some of them everything ; we console ourselves with the belief that it will be ‘ all the same in a hundred years.’ Dr. James W. Ward I have not met since that fatal early morning ; he has lost his office and its valuable contents, probably insured ; he is, I am told, to open an office at Jackson and Scott streets. Dr. Palmer lost

his office, probably insured ; his office, for the present, will remain at his residence, Jackson and Filmore Streets. Dr. Florence Ward is at the family home, Broadway, and Devisadero ; her office is destroyed, probably partly insured. Dr. Sidney Worth lost his office, and can be found at his house, or Vallejo Street. Dr. Geo. H. Martin lost his office and contents, and, living at the Palace Hotel, his rooms as well ; although carrying insurance, he is beyond doubt a heavy loser. He has opened an office in Oakland. Dr. Wm. Boericke was in Europe. Within an hour after the great shock I was at his house, fearing that the family might be injured. The building was injured, but evidently not occupied. I was happy to learn within an hour, that the family were at Mill Valley. Dr. A. C. Peterson lost his office, on which, I understand, he had some insurance. He has opened an office in the Union Savings Bank building, Oakland. Dr. Philip Rice lost his office ; how much insurance he had I do not know at this time ; he now holds forth on Webster Street. Dr. T. G. McConkey managed to save his instruments and some books by dint of pluck and physical strength, and rendered efficient service as soon as he had insured his personal safety. He is at present domiciled with Dr. Joseph Brooks, on Clay Street, who also has lost his office and its contents. Dr. E. R. Bryant lost his office in the James Flood building, probably partly insured, but his house is all right ; he now has offices on Filmore and Pine streets. Dr. Laura B. Hurd lost her office ; some instruments ; can be found at 1833 Buchanan Street. Dr. C. D. Potter was burned out of his office at the Wenban ; beyond doubt lost its contents ; don't know how much insurance he had, nor, at present, where he is now located. Dr. Edith Wells, of Valencia Street, the faithful secretary of our city and county societies, lost everything ; no insurance. Dr. N. Bailey, one of our young and promising men, is, I understand, in the same boat. Dr. Ballard's residence was burned, and his office with it. I do not know how great his loss is and to what extent he was insured. Dr. Alice Goss lost her office ; probably some insurance. Dr. Guy Manning's office went with the James Flood ; his residence all right ; beyond doubt he lost considerably in his office. Dr. C. Scott's office was destroyed, and, I think, living at the Palace, she must have lost other valuable property ; whether insured or not I do not as yet know. Dr. Ida Cameron lost her office, and is now at Mill Valley, unless I am not correctly informed. Dr. Lillie Boldeman lost office and contents. Dr. Minaker's office and residence were both lost ; the extent of his financial loss I am unable to tell at present. Dr. J. H.

Romig, a newcomer here, must have lost pretty much everything; he officed in the James Flood building, and I doubt if he carried any insurance. Dr. F. Canney and Dr. R. Tomlinson lost their offices and their residences at the Empire; extent of insurance I do not know. Dr. Geo. Starbird, one of our young men, had office at the Wenban, and lost its contents. And so through the long list of our people; with few exceptions they are in a bad shape. Drs. B. Gates Bennett and P. Garlick escaped serious loss, but many others I have not mentioned are among the sufferers.

“The pharmacy had its entire stock destroyed. It now occupies the lower floor of Dr. Boericke’s residence, getting ready for the new stock ordered from the East. Our new hospital, just dedicated, was badly injured by the earthquake, both L’s or wings being partly ruined; it had not yet been occupied. The loss is about \$20,000. The old homœopathic sanatorium on Presidio Avenue is ‘out of commission.’ The college stands, somewhat battered, but still in the ring. Lectures will be taken up to-morrow. The *Pacific Coast Journal*, for the time being, does not exist; all its manuscripts and papers having turned to ashes. The cosy rooms of the city and county society are only a memory.”

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### THE TWO SCHOOLS OF MEDICINE.

THE following is the Editorial from the *St. Louis Medical Review* of May 26th, to which we draw attention in our leader.

#### A SIGNIFICANT EVENT.

At a recent meeting of the Massachusetts Medical Society, Dr. Frederick Shattuck, chief of the Department of Medicine at the Harvard Medical School, a prominent factor in the American Medical Association, and the appointed orator in Medicine at the forthcoming annual meeting of that association at Boston, read a paper by invitation, dealing with the practical differences which maintain the schism between the two leading schools of medicine. Dr. Frederick B. Percy, Professor of *Materia Medica* in the Boston University School of Medicine (Homœopathic), followed with a paper which embodied the views of his school on the same question. The discussion which followed was of singular interest, Dr. R. C. Cabot speaking for the regulars, Dr. Wesselhoeft, Dr. Rice, and others for the homœopaths.

In his paper Dr. Shattuck frankly admitted that the act of the Massachusetts Medical Society which excluded homœopaths was a mistake, but he placed the blame, where at least a part

of it belonged, on the dominating influence of the American Medical Association of that time. The association has broadened somewhat since then, and it may be, as the *Medical Standard* suggests, that Dr. Shattuck, "in view of the approaching convention, was semi-officially paving the way for that organization to rectify, with the least possible loss of dignity, what they now recognize to be a colossal blunder."

Be that as it may, some golden words of wisdom fell from both sides in the discussion. Dr. Cabot said, "I feel sure that when we come together it cannot be by wholly giving up the spirit of either movement. No process of agreement can ever come about in that way. There always has to be maintained something of the spirit of that which was before."

Dr. Wesselhoeft said: "The lapse of time has tended more and more to separate these two views concerning the existence of what we may call the curative power of drugs, and notwithstanding that there is unquestionably an affiliation or an approach in general practice between these two divergent tendencies, there is yet this wide division of view that can never be reconciled so long as we do not deliberately set about testing these facts under the most rigid, the most scientific and equitable conditions. . . . We shall never come to an agreement unless we positively abandon all the old facts and deliberately set about to create new ones, and those new ones under rules that shall be recognized as scientific by the entire profession, and that shall govern a method of observation open to every doubter, every believer."

To this Dr. Cabot rejoined: "We want the truth; you want the truth; none of us want anything else. . . . That is what we want; tests by representatives of your association and ours, by men of the highest standing, public tests; then we shall be getting evidence appealing to us all. . . . I hope before many months are past such tests will be under way."

Our interest in this controversy is of no recent date. So far back as 1887 we, ourselves, became unfortunately the central figure in a public controversy on this point. The story of that dispute, the principles we espoused, the arguments we adduced, are amply displayed in an article we published in the *Nineteenth Century* for February, 1888. The chief points of that article remain as true a presentment of the essential issue to-day as when they were published, nearly twenty years ago, for which reason, seeing that the subject is once more "in the air," we have asked from, and been courteously accorded by, the editor of the *Nineteenth Century and After*, permission to reprint the article in question, on "The Present Position of the Medical Schism."

The following is the reprint of Dr. Kenneth Millican's article in the *Nineteenth Century* of February, 1888, extracted from the *St. Louis Medical Review* of May 26th:—

#### THE PRESENT POSITION OF THE MEDICAL SCHISM.

Recent events have brought the subject of rival schools of medical practice into such prominence as to render the present time especially suitable to a review of the situation. It must be conceded on all hands that the existence in a profession so eminently philanthropic as that of medicine of two opposing schools, one of which refuses to hold any kind of professional intercourse with the other, is under any circumstances a public calamity. I propose in the present article to examine and enquire into the origin of this schism and the grounds upon which it is at present maintained, in the hope that a candid and dispassionate consideration thereof may do something, if ever so little, towards the healing of the breach.

In the early part of 1887 seven members of the medical staff of an old-established medical charity resigned their posts on the ground that a "vote of the governors—which enables professed homœopaths to hold office on the medical staff—has left them no alternative." The vacancies thus created were speedily filled up, the new-comers being drawn from both sections of the medical profession, thus presenting the (in this country at least) unprecedented spectacle of homœopaths and regulars co-operating harmoniously in the same medical institution. The medical press, which had laid its ban upon those who should dare to fill the vacancies occasioned by the seceders, of course took the non-homœopathic section to task; whereupon statements were published by two of these latter in justification of their "new departure." Briefly summarized, these statements are as follows:—

"The presence of homœopathists on the staff is either prejudicial to the interests of the patients or it is not. If the former, then the action of medical men—not avowed homœopathists—in joining the staff deserves your approbation, since by diluting homœopathic influence and diminishing homœopathic practice, they would tend, ex hypothesi, to augment the advantages and lessen the risks of the patients. If, on the other hand, homœopathists do not imperil the welfare of the patients, there is no justification for your condemnation of those who choose to serve in the same charity as they. You may hold that I have not stated the real point at issue, and maintain that it is professional honour which is at stake; in which case it appears to me you would exalt the importance of boycotting certain members of the profession above the

needs of those for whose benefit the charity exists. Doctors are made for man, not man for doctors. Supposing every member of the profession who is not a homœopathist, avowed or otherwise, had abstained from applying for a vacant post, one of two things must have happened—either the vacancies would have been filled by homœopathists, or not filled at all. I have dealt above with the question of a homœopathic staff as affecting the patients; and as regards the other alternative of the posts being left vacant, it comes to this: that the leading journals of a so-called noble profession—a profession which is supposed to embody some of the grandest instincts of humanity—by implication advocates that patients should be left destitute of advice until certain offending brothers, guilty of the unpardonable sin of differing from the majority respecting therapeutic doctrine, shall be excommunicated. The interests of the poor are to be sacrificed in order that professional prejudice may be satisfied.”\*

In order to comprehend the depth of the prejudice displayed by the above recital of facts, and to arrive at a just estimate of the present relations of the two schools, it is necessary that we should briefly review the four objections which have been successively urged by the mass of the medical profession against the homœopathic body. Of these, two relate to matters of medical theory and practice, and two belong to the domain of medical politics and ethics.

I. The foundation of the so-called homœopathic system of therapeutics was the enunciation at the beginning of the present century by Hahnemann, a German physician of high standing as a scholar and scientist, of the miscalled “law”—in reality a mere rule of practice—*similia similibus curantur*, “likes are cured by likes.” That is how it is commonly, but erroneously, stated, the real formula being *similia similibus curentur*, “let likes be treated by likes.” Being definitely stated, this means that, given a drug which produces a certain set of morbid symptoms when taken in sufficient quantity by a person in health, that same drug has a curative tendency if not given in too large a quantity in a disease characterized by the presence of similar morbid symptoms. Paradox as it seems, the rule was a generalization from certain observed facts, and to be admitted as a practical rule there is no necessity that it should be susceptible of a clear explanation, though such would be undoubtedly desirable. Now, owing to its paradoxical nature, this rule was at the time of its enunciation, and until comparatively recently [has been], proclaimed an axiomatic absurdity, and its possibility was held to be quite

\* Letter by Dr. Beckett, in the *Lancet*, April 23rd, 1887.

out of the question, save by those members of the profession who, in consequence of the opposition with which they were encountered, took their stand upon it as *the* leading principle of therapeutics, with a certain amount of defiance. In such a state of things it is obvious that no good could arise from professional intercourse between adherents of this school and their opponents. A consultation under these circumstances could only end in one of two ways—either in hopeless disagreement, or in the complete sacrifice of principle on one side or the other. In either case the expense and burden of a consultation would be a useless and unnecessary tax upon the patient; and in the latter case, such a consultation could be nothing but a sham and a fraud.

It is true that all through the controversy a few great minds, rather more catholic than their fellows, conceived it possible that there might be an element of truth even in what they could not understand, and of these I may mention Trousseau, in France, the author of those classical lectures on clinical medicine which are among the most highly esteemed works of the profession; and Liston, one of the most eminent surgeons of his time, with Sir John Forbes, a firm opponent of homœopathy as a system, in England. These are Trousseau's words:—

“The homœopathic doctrine, considered in its general fundamental idea, certainly does not deserve the ridicule which the therapeutic applications made by the homœopaths have provoked.\*

And again:—

“Experience has proved that many diseases are cured by therapeutic agents which seem to act in the same manner as the morbid cause to which we oppose them.”

Sir John Forbes's opinion is expressed in the following terms:—

“No careful observer of his (Hahnemann's) actions, or candid reader of his writings, can hesitate for a moment to admit that he was a very extraordinary man, one whose name will descend to posterity as the exclusive excogitator and founder of an original system of medicine as ingenious as many that preceded it, and destined probably to be the remote, if not the immediate, cause of more important fundamental changes in the practice of the healing art than have resulted from any promulgated since the days of Galen himself.”†

In a lecture published in the *Lancet* of April 16th, 1836,

\* *Treatise on Therapeutics*, 9th ed., vol. i., p. 274.

† *British and Foreign Medical Review*, vol. xxi, p. 226.



Liston records the result of his treatment of erysipelas with belladonna, a method then, as now, common in use among homœopaths, and claimed by them as an instance of the application of the "law of similars." In this lecture he says :

"I believe in the homœopathic doctrines to a certain extent, but I cannot as yet, from inexperience on the subject, go to the length its advocates would wish in so far as regards the very minute doses of some of their medicines. The medicines in the above cases were certainly given in much smaller doses than have hitherto ever been prescribed. The beneficial effects, as you witnessed, are unquestionable. . . . Without adopting the theory of this medical sect, you ought not to reject its doctrines without close examination and enquiry."

But this contention of the axiomatic absurdity and utter impossibility of the rule can only hold good so long as we are prepared to deny that such a case of the cure of morbid symptoms by a drug producing similar symptoms on the human body in health ever takes place. Prove one single instance, and the *a priori* objection vanishes. If it can and does occur in one case, there is no special reason why it may not occur in two, or ten, or a thousand. The whole field of argument has changed, and instead of denying the rule as an impossibility, we can only say that its general application is not proved to our satisfaction. To that it may fairly be retorted by the homœopaths, "Have you tried it?" It is now no longer a theory to be reasoned about in the abstract, but a question purely of experience. And questions of experience are about the most variable of things.

Of late, therefore, the objection to homœopathy, and through it to its professors, has been remodelled, though our conduct towards the latter remains the same. The rule *similia similibus curantur* is now admitted by "men of light and leading" in the profession to be partially true. In evidence of this may be quoted the following explicit statements from the preface by Dr. Lauder Brunton, F.R.S., to the third edition of his laborious *Textbook of Pharmacology, Therapeutics, and Materia Medica*. On page x. thereof he says :—

"This rule [*similia similibus curantur*] was known to Hippocrates [to whom he elsewhere refers as the Father of Medicine] and the rule *similia similibus curantur* was recognized by him as true in some instances."

Again, on page xii. :—

"The only difference between them [those homœopaths who have discarded the absurdities of infinitesimal dosage, to be subsequently referred to] and rational practitioners lies

in the fact that the latter regard the rule as only of partial application."

Once more :—

"It is not the use . . . of a drug which may produce symptoms similar to those of the disease that constitutes homœopathy."

The preface from which these quotations are made received the unqualified approval of the *Lancet* (one of the two best known and most widely organized organs of the profession), in a leading article on the 16th of April, 1887.

But that this rule is no longer held to be absurd *per se*, there is ample evidence scattered piecemeal throughout our whole practical therapeutics, as exemplified more particularly in the standard works of Dr. Ringer, F.R.S., Dr. Phillips, and Dr. Lauder Brunton, F.R.S. The first-named holds the post of Professor of the Principles and Practice of Medicine at University College, London; the second is late Lecturer on *Materia Medica* and Therapeutics at the Westminster Hospital; while the third not only holds a like post at St. Bartholomew's Hospital, but is in addition an examiner in these subjects at the Royal College of Physicians, the Universities of London and Manchester, and until recently at the University of Edinburgh. He therefore is in some sense an official judge of what constitutes the therapeutics of the present day.

Not to enter more than is absolutely necessary into any technical matters, it may suffice to quote one passage each from their works on therapeutics, giving in juxtaposition their statements as to the physiological effects of some drugs upon the healthy human body, and certain indications for its use in disease.

To begin with Dr. Ringer. I quote his remarks upon amyl nitrite, a comparatively new therapeutic agent, from his *Handbook of Therapeutics* (eighth edition, 1880).

Of the physiological effects of this drug on the healthy he says :—

"In thirty to forty seconds, whether inhaled, subcutaneously injected, or swallowed, it flushes the face and increases the heat and perspiration of the head, face, and neck.

"Sometimes the increased warmth and perspiration affect the whole surface; or while the rest of the surface glows, the hands and feet may become very cold. . . . It causes the heart and carotids to beat very strongly, and the head to feel dull and distended, 'as if it would burst,' or 'as if the whole blood were rushing to the head.' . . . It often causes a slight mental confusion, giddiness, and a dreamlike state.

"Thus one woman, after a drop dose, turned deadly pale,

felt giddy, and then became partially unconscious, remaining so for ten minutes.”

As to its therapeutic action he has used this remedy with considerable success in cases of the following kind :—

“ From various causes, ‘ a woman suffers from frequent attacks of flushings or “ heats ” starting from various parts as the face, epigastrium, etc., thence spreading over the greater part of the body. These heats are generally followed by perspiration, often very profuse. . . . The heats are often accompanied by great throbbing throughout the whole body, and followed by much prostration, the patient seeming scarcely able to rouse herself. After the heats pass away the skin sometimes becomes cold and clammy and may turn very pale. . . . Such a patient generally complains of cold feet and sometimes of cold hands. . . . Nitrite of amyl will prevent or greatly lessen these flushings or heats, and avert the profuse perspiration, throbbing of vessels, and great prostration. Sometimes it warms the feet and hands. . . . Amyl will also remove the giddiness, confusion of mind, heaviness in the head, and even headache.’ ”

As an example from Dr. Phillips I will take aconite, and I quote from his *Materia Medica and Therapeutics*, 1886.

#### “ *Physiological Effects.*

“ In the early stage of aconite poisoning the pulse may be quickened for a time, and the face flushed with a feeling of heat and fullness in the head. . . . On several occasions I have seen epistaxis occur. . . . I have myself experienced great palpitation of the heart, with much præcordial oppression one hour and a half after taking twenty minims of the tincture. . . . After full doses there may be headache. . . . In mammals the breathing becomes slow and laboured, with spasmodic attacks of partial asphyxia from inability to inspire.

“ There is, however, frequently a harassing dry cough.

“ In toxic cases there is generally much restlessness.”

#### “ *Therapeutical Uses.*

“ He has known aconite useful ‘ in cardiac disorder, non-inflammatory, but characterized by increased pulsation.

“ ‘ I have known it control epistaxis.

“ ‘ Dr. Fleming found it act well in all forms of functional palpitation.

“ ‘ In different varieties of headache I have found aconite useful.

“ ‘ Nine of the cases (of pneumonia) not selected, showed the value of the drug at the commencement of the disease. They were characterized by rigors, dry cough, dyspnœa, etc.

“In the same stage of bronchitis it . . . alleviates the dry, teasing cough.

“In membranous laryngitis it has relieved the hard dry cough.

“In several cases I have seen aconite quiet the disturbing restlessness or “fidgets” which affects men as well as women.’”

Dr. Lauder Brunton shall bear testimony concerning ipecacuanha (*Handbook of Pharmacology, Therapeutics, and Materia Medica*, third edition).

#### “Physiological Action.

“In some persons it has a peculiarly irritating action on the respiratory tract, so that almost infinitesimal quantities of the powder cause running at the nose and sometimes asthma.

“When taken internally it is an irritant to the mucous membrane of the stomach, and acts as a prompt emetic. Emetine (the alkaloid) produces in dogs, both when injected under the skin and when administered internally, diarrhoea, which is sometimes bloody.”

#### “Therapeutical Uses.

“Ringer strongly recommends the spray of ipecacuanha wine in . . . bronchial asthma. . . It is used in catarrhs.

“In small doses it is often useful in vomiting from various causes.

“Ipecacuanha is very useful as an antidyseric, especially in the acute dysentery of the tropics.”

It would be easy to multiply such instances as these, but as my object is merely to show that we have abandoned the objection to homœopathy founded upon the absolute absurdity of the “law of similars,” one instance is as good as a thousand. It may not be consonant with facts to assert that a particular association of phenomena is sufficiently common to enable us to state it as a general fact or law; but we have clear ground for stating from the one verified instance that such a law is neither impossible nor absurd.

Therefore this proof of the fact that like *sometimes* cures like, coupled with the admission that the law is of partial application, shows that the question as between “homœopathic” and other practitioners in reference to a particular rule of drug selection is no longer one of kind (as it would be were the doctrine attacked held to be a scientific nullity), but one of degree, viz., to what extent the rule is available as a therapeutic aid. But this by itself would not justify

the ostracism of either party, because differences concerning the degree of application of any law are always liable to modification as the result of extended experience. Wherefore, from the point of view of medical practice the objection to mutual intercourse based upon the scientific absurdity of the "law of similars" may be discarded, though as we shall see, that law will recur as a source of objection with greater show of reason when we come to the domain of medical politics.

II. The next objection, based upon a matter of medical theory and practice, refers to the doctrine of infinitesimal dosage. Briefly stated, the principle amounts to this: that an organ in a morbid condition, or temporarily unbalanced, will respond to the stimulus of a much smaller dose of a given drug endowed with a special action upon it than would be requisite to influence it in health. On this principle, the "homœopathic" practitioners are accustomed to subdivide their drugs on a decimal scale, and I am bound to admit that that with some this principle is carried to, in my opinion, an absurdly ridiculous extent. But then let us remember that we smell by the contact of material particles with the sensitive nerve-network spread out on the nasal mucous membrane. How infinitesimal must be the particles a man leaves behind him as he journeys; yet they are sufficient to enable the bloodhound to track him by the smell, even through a confused trail of many mingled scents. So that here again the essential difference between the "homœopathic" and the ordinary practitioner is a matter, not of kind, but of degree,—a proposition which I will now endeavour to illustrate.

*(To be continued.)*

## DIETETIC PREPARATIONS.

### MALTED COCOA AND MILK CHOCOLATE.

*(Messrs. J. S. Fry & Sons, Ltd., Bristol).*

We have received samples of the above from Messrs. J. S. Fry & Sons. The Malted Cocoa is a combination of Messrs. Fry's Cocoa Extract with Allen & Hanburys' Concentrated Extract of Malt. The value of cocoa as an article of diet for breakfast or supper is too well known to require any praise from us, and its combination with malt extract renders it doubly valuable to invalids with delicate digestion, ensuring

digestibility, with marked nutritive and building-up properties. The union of the two substances results in a beverage which is not only palatable, but is one of the most delicious forms of cocoa that we know. We can strongly recommend it for daily use in cases of delicate digestion, and also for those who are not so troubled, but who prefer cocoa as a beverage to tea or coffee.

The Milk Chocolate is also excellent. As a concentrated food milk chocolate stands at the head of similar preparations in point of digestibility and sustaining power. It may be used by those in health, who want light nourishment and sustaining property, while to invalids it is a great boon. As a mere sweetmeat, it is particularly good, while it is perfectly safe, which cannot be said of all sweetmeats.

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#### CALLARD & BOWSER'S BUTTER-SCOTCH.

A sample of Messrs. Callard & Bowser's (Duke's Road, Euston Road, W.C.) Butter-Scotch has been sent to us. It is a very old preparation, but it has maintained its reputation ever since it was put on the market, as one of the most wholesome and pure sweetmeats to be had. It ought to be well-known, as not only very safe for both children and grown-up people, but a real favourite with all who eat it. Children are especially fond of it, and it is a great thing to know of a perfectly pure and sound sweetmeat, when any such is allowed. To those adults and children for whom a pure sugar preparation is thought desirable as an article of diet, we can confidently recommend it.

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#### CORRESPONDENCE.

#### THE TREATMENT OF CANCER BY A BACTERIAL "VACCINE."

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

GENTLEMEN.—Since my compilation on the above subject appeared in your last month's issue, I have had so many enquiries respecting practical details concerning the treatment, that I hope you may be able to spare me a little space to present some of the points to your readers.

1. The so-called vaccine (emulsion would be a less bad term) is made from the *Micrococcus neoformans*, and standardized by counting.

2. Its therapeutic success is independent of whether or not the micro-organism is ultimately proved to be the cause of cancer. It should at present be regarded simply as a vegetable poison sterilized.

3. With a sufficiently small dose no considerable negative phase occurs, and no local or general discomfort results.

4. The injections are made at intervals of from four to fourteen days.

5. The frequency and the dose are regulated by the blood examinations.

6. Examination of the blood should be made 8 or 10 hours after the injection and every second day.

7. Six or eight weeks will usually demonstrate whether or not the treatment is likely to prove beneficial.

8. If the opsonic power of the patient's blood is increasing, the treatment should be continued; after definite improvement has set in, the frequency of blood examinations may be lessened.

9. If the opsonic power falls with the treatment, and a "positive phase" fails to develop, the treatment must be abandoned.

10. The treatment can be carried out in the patient's home by his or her own medical man.

11. Probably the best time to begin it is after an operation, with a view to preventing recurrence. It may, however, be used in cases of recurrence as well as where primary operation is contra-indicated or declined.

12. A sterilizable syringe (all glass or metal) should be used for the injection.

13. Glass pipettes are supplied, with directions for taking the sample of blood.

I am, gentlemen,

Yours faithfully,

EDWIN A. NEATBY.

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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 Dr. DYCE BROWN, 29, Seymour Street, London, W. Telephone, 138 *Mayfair*.

Dr. POPE'S Address is 10, Approach Road, Margate.

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Contributors of papers who wish to have reprints are requested to communicate with Messrs. E. GOULD & SON, Ltd., 59, Moorgate Street, London, E.C., who will arrange with the printers. Should Messrs. GOULD & SON receive no such request by the date of the publication of the *Review*, the type will be taken down.

Communications have been received from Drs. ROBERSON DAY, H. E. DEANE, E. A. NEATBY, GOLDSBROUGH, BLACKLEY, Mr. ATTWOOD (London); Dr. RAMSBOTHAM (Harrogate); Dr. S. P. ALEXANDER (Southsea); Dr. KRANZ (Homburg).

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 BOOKS RECEIVED.
 

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*Homœopathic World*, June. *Vaccination Inquirer*, June. *Calcutta Journal of Medicine*, April. *The Children's Sanatorium*, Holt, Norfolk. *St. Louis Medical Review*, May 19, 26, June 9. *Medical Brief*, June. *Homœopathic Recorder*, May. *Medical Times* (N.Y.), June. *Chironian*, May. *Medical Century*, June. *Homœopathic Envoy*, June. *Hahnemannian Monthly*, June. *North American Journal of Homœopathy*, June. *Allgemeine Homœopathische Zeitung*, May 31, June 14. *Homœopathische Monatsblätter*, June. *Homœopathische Maandblad*, June. *L'Art Medical*, April, May. *Revue Homœopathique Française*, April. *Revista Homœopathica de Parana*, April. *Boletín del Hospital Hom.*, Barcelona.

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



## THE MONTHLY HOMŒOPATHIC REVIEW.

### THE BRITISH HOMŒOPATHIC CONGRESS.

THE Annual British Homœopathic Congress has once more come and gone. It was held this year in London, on Friday, July 6th. There was a fair attendance, but not so large as we generally have in London, and consequently, not so large as we anticipated. Quite a number of our colleagues were prevented coming by holiday absence elsewhere. This we regret, as a London Congress is always fixed for the London "season," when holidays have not usually begun, and when, as a matter of course, London attractions are at their height. Those who did not come were the losers, as no other meeting of homœopaths takes the place of the Congress. The social element does a world of good to all, and men meet one another in a friendly, social manner that cannot be attained by any other gathering. This was felt by all present, and each year it is more distinctly perceived, while the high class of the PRESIDENT'S address, and the papers by DR. STONHAM and DR. WATKINS, were of such an order that, independently of the general social element, the members of Congress were well rewarded for coming by having such an intellectual treat. As a consequence, the whole day's proceedings were considered most successful and enjoyable.

On the two days before the Congress day the British Homœopathic Society held its Annual Meetings, on the evening of the 4th, and on the afternoon of the 5th. This left the evening of Thursday unoccupied by business, and on that evening the President, DR. EDWIN A. NEATBY, gave a reception at his own house to the members of Congress. The rooms were filled, and the entertainment was most *recherche* and enjoyable. The genial talk was varied and emphasized by the frequent examples of vocal and instrumental music, which were admirably rendered by professional performers. The evening passed off most successfully, every one was delighted at the reception, and warmly expressed indebtedness to the PRESIDENT for his kind and generous hospitality. The only regret felt was the absence, owing to illness, of Mrs. NEATBY, whose hospitable duties were taken for her by the daughters of the house. The rooms were very tastefully decorated with exquisite flowers, and the whole gave a tone of elegance and grace to the proceedings of the following day.

On Friday, the 6th, the Congress met in the Board Room of the London Homœopathic Hospital, by the kindness of the Board of Management, and was opened at 10 o'clock by the PRESIDENT, DR. EDWIN A. NEATBY, with a Presidential address of a most able and thoughtful type, on "Modern Developments and their bearing on Homœopathy," showing how homœopathy is not only the medicine of the day, but also of the future, as all investigations of the present day, in the old school and in the scientific world generally, point most clearly and conclusively in the direction of the teachings of HAHNEMANN, and of the practice of homœopathy as deduced from the law of similars, while the infinitesimal dose, so often jeered at, and so much the stumbling-block of those who would otherwise study homœopathy, turns out, in the light of present-day developments of science, to be the reverse of absurd, and indicate that the minute dose is not only the most scientific, but is that which influences for good disease processes in a marvellous manner.

DR. NEATBY'S address was so highly appreciated in its importance to homœopathy and to the position so long maintained by homœopaths as the true exponents

of medicine, that it is proposed to print it and the papers by DR. STONHAM and DR. WATKINS in a separate form for wider circulation than can be obtained by the simple publication of them in the pages of the *Review*. We congratulate DR. NEATBY on the delivery of such a Presidential address before the Congress.

When the Congress meets late in the month, as it usually does when held in the Provinces, we are enabled, by the courtesy of the PRESIDENT of the year, to publish his address in the beginning of the following month, but as the Congress met this year on the 6th of July, such a course was impossible for July. It would, therefore, naturally appear in our August issue. But as there was no discussion on the Presidential address, in accordance with the invariable custom, and as the discussion on the papers of DR. STONHAM and DR. WATKINS is published in our present issue, DR. NEATBY requests us to publish those two papers in our present issue for reference to the discussion on them, and reserve his Presidential address till September. This we have much pleasure in doing, and it will account to our readers for its absence in the present issue.

The first paper, by DR. STONHAM, on "The Serpent Poisons," was an admirable one in every way; but as it appears in our pages in full, with the discussion following it, we refrain from entering into details, leaving it to each of our readers to enjoy it, and to endorse the unanimous opinion of those who listened to its delivery, in regard to its importance and value to homœopathy and to current views of the present day.

The Congress, after the discussion on DR. STONHAM'S paper, adjourned at 1.15 to luncheon at the Holborn Restaurant, where the homœopathic practitioners in London and the neighbourhood entertained, as their guests, their provincial colleagues. The luncheon *menu* was excellent, and the appreciation by the guests of the hospitality of their hosts was indicated by the warm thanks given to them at its conclusion.

On resumption of business at the Hospital at 2.30, DR. WATKINS read a very thoughtful and able paper on "The Vaccine Treatment of Infective Diseases," showing that such treatment which is nowadays so popular in the old

school is, in reality, homœopathic, and demonstrates that, as do also the Presidential address and DR. STONHAM'S paper, all modern investigations and developments outside the work of homœopaths are unmistakably in the direction of homœopathy and of HAHNEMANN'S teachings. As DR. WATKINS' paper, with the discussion following it, appears in our pages for this month, we forbear to give further details, as our readers can have it in full for themselves.

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The business proceedings were then taken up, and Harrogate was fixed upon as the place for the meeting of Congress of 1907. DR. W. WOLSTON, of Edinburgh, was chosen unanimously as the President, an honour well earned by him as a leading representative of homœopathy for many years, and as a very constant figure at the various Congress meetings. We have no doubt he will make an admirable President, and deliver an instructive and valuable address. DR. RAMSBOTHAM, of Harrogate (and also of Leeds for consultations), was chosen unanimously as the Vice-President. His position in our ranks, his numerous contributions to our journal, and his constant attendance at the Congress meetings, mark him out as well meriting this honour. DR. HAYES, of Leeds, who was Resident Medical Officer at the London Homœopathic Hospital, and there won golden opinions, and who, recently, returned from a visit to the United States as the "Dudgeon Scholar" of the British Homœopathic Association, was chosen as Local Secretary. The Council is the same as that of last year, except that DR. BLACKLEY takes the place of DR. SEARSON. The Hon. Secretary and the Hon. Treasurer were re-elected. Business having been thus concluded, the Congress then partook of the kind hospitality of the Board of Management of the London Homœopathic Hospital, at afternoon tea, which was very refreshing after the day's work, and for which the President returned thanks.

In the evening the members of Congress, with their guests, ladies as well as gentlemen, dined together at the Holborn Restaurant, and it was much enjoyed by all present. We give a full report of the speeches at the dinner,

the chair of which was admirably occupied by the PRESIDENT, and we, therefore, refer our readers to the report, and do not enter into details here. It is sufficient to say that the Congress of 1906 was considered by all present to be an unqualified success, both in the professional work accomplished, and also in the social aspect of it, which was much enjoyed. The members left on Saturday, much refreshed by the whole function.

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OUR PRESENT ISSUE.

We much regret that owing to the space taken up by the papers of DRs. STONHAM and WATKINS, with the discussions, it has been necessary to defer till our September number, the rest of the report of the British Homœopathic Congress, the reports of the Buchanan Hospital, of a Sale at the Phillips Memorial Hospital, Dr. Hayes' report, and other items.

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SNAKE VENOMS: SHOWING HOW RECENT DISCOVERIES WITH REGARD TO THEM EMPHASIZE THE PARALLELISM BETWEEN THEIR PATHOLOGICAL AND THERAPEUTIC ACTION.

By T. G. STONHAM, M.D. Lond.\*

You are all so well acquainted with the therapeutic uses of the various snake poisons, and are so constantly employing them in practice, that I feel the greatest diffidence in addressing the Society on such a well-worn subject. And indeed, from the standpoint of simple homœopathic prescribing, I should not venture to do so. The symptomatology is abundant, the leading indications are clear, and the whole pathogenesis so striking as to be easily remembered. The symptom list of lachesis by Hering, the introducer of snake venom into homœopathic use, and the splendid monograph on crotalus by Hayward, cover the ground with regard to those two poisons so completely that I do not think anything has been discovered since to add to them, and I am not aware of any new provings having been made of naja and the other less frequently used snake poisons. So that from the homœopathic side I have no new matter to bring forward.

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\* Read before the British Homœopathic Congress, held in London, July 6th, 1906.

It is curious that while the allopaths have been so busy in appropriating many of our drugs they have left this, one of the greatest, in our undisturbed possession. No doubt the obstacle has been the infinitesimal dose; but there are signs that their prejudices with regard to minute doses is giving way, and I do not think it will be long before we read in the daily press, or elsewhere, of an astonishing discovery made by some brilliant member of the orthodox school, of the wonderful medicinal qualities of snake poison. This is the more likely to happen as the physiological chemists and bacteriologists have lately been paying a good deal of attention to the subject in connection with researches on immunizing bodies and antitoxins, and as they have brought to light some facts bearing on the pathological action and constitution of the venom, it may be worth while spending the few minutes devoted to the reading of this paper in considering them.

The snake secretes its venom by means of two glands, answering in position and structure to the parotid glands, and which lie one on each side of the head behind the orbit. They are compressed by the masseter muscles, which compression aids in the ejaculation of the poison. From the front portion of the gland the poison duct passes forwards, runs along the lower margin of the orbit, and opens on the top of a small papilla which is situated at the base of the fang on the anterior wall of a sheath of mucous membrane which closely embraces the fang. The fang itself is a tooth which has undergone a special development, the dentine having sent up lateral plates which, curving towards one another, have united to form a canal down which flows the poison as it leaves the poison duct. The canal stops a little short of the end of the fang. The fang is firmly and immovably fixed to the jaw bone, but is yet very movable, the bone and fang being moved together by various muscles so that the fang either lies quiescent along the roof of the mouth, or is erected when the animal is about to strike.

A medium sized cobra will yield from its poison glands from 150 to 200 mgms. of dried poison, and this quantity, viz., 200 mgms., is sufficient to kill 5000 rats. The reaction of the venom is acid to litmus. Fresh made venom (of

all kinds of snakes) is a fluid varying in colour from the palest amber tint to a deep yellow. When desiccated it dries into a cracked mass separating into solid yellow particles, very fragile, bright yellow, transparent or translucent, and seemingly indestructible by time. It can be kept permanently either desiccated or dissolved in glycerin or alcohol. The poison is a very stable substance. Weir-Mitchell says of the poison of the rattlesnake: "Freezing has no effect; boiling has no effect; strong nitric acid, strong muriatic acid, strong sulphuric acid—each of these strong acids, after mixing with the venom and acting upon it for twelve minutes, was neutralized by liquor potassæ—each mixture when injected into the subcutaneous tissue produced death. When mixed with ammonia, chlorine water, iodine, soda, potash, and each mixture injected, no effect was found to have been produced on its virulence." With regard to heat, however, Lamb, in 1903, in an article in the *Glasgow Medical Journal*, says that heat does affect venom when it is in solution, and in the following way:—

1. Some of the proteids become coagulated.
2. The toxic power of the proteids which are not coagulated is impaired.

Not only are snake venoms very stable substances, they are also very composite ones. They are almost pure solutions of proteids, with a trace of inorganic salts, and each venom may contain several different proteids, and different snakes have these proteids mixed in different proportions.

These various proteids represent several independent toxic principles, viz., neurotoxins, those acting especially on the nerves and nervous centres; cytotoxins, those causing necrosis of the ordinary tissue cells; hæmolysins, hæmagglutinins, hæmorrhagins, and thrombokinase, acting in the various ways denoted by their names on the blood and blood vessels; and precipitin.

Weir-Mitchell and Reichert long ago recognized that there were at least two different active substances in venom, and they distinguished these as peptones and globulins. They found that the peptones cause rapid putrefactive changes locally, but no extravasation, while globulins cause hæmorrhages and destroy the natural

ability of the blood to clot. They say that in proportion as the peptones predominate will we have less marked local lesions, while in proportion as the globulins predominate there will be œdema, extravasation of blood, and discoloration of the parts. They further found that solutions of the globulins had their toxic effects destroyed by heating to 75° C., while those of the peptones were much more resistant. These experiments gave a broad basis for the distinction between the symptoms of the cobra (*Naja tripudians*) and the rattlesnake (*Crotalus*). The symptoms of cobra poison are mainly felt in the nervous system, due to the presence in that poison of a large proportion of the neurotoxic principle, which resists heat. An animal bitten by a cobra, after a short time becomes lethargic; the hind legs become paralyzed, and paralysis spreads forward to the fore legs; the animal lies down completely paralyzed. Finally respiratory paralysis occurs, there is a slight convulsive movement, and death. There is no failure of the heart or diminution in the strength of the pulse, and the heart may go on beating for twenty to thirty minutes after breathing has completely stopped. Cobra poison also has a destructive effect on the red blood corpuscles, and diminishes the coagulability of the blood plasma, but to an extent slight when compared with the poison of the daboia or Russell's viper, an Indian snake corresponding to the American crotalus in the character of its venom. The symptoms of poisoning by daboia are primarily on the blood. There is no paralysis of limbs, and the respiration seems affected only secondarily to blood and heart changes. On the other hand, these changes are marked; there may be syncope from depressed heart, and the arterial tension is always much lowered. If the stage of syncope is survived, hæmorrhages and œdemas occur, the blood loses its coagulability, the red corpuscles are destroyed, and there is destructive action on the capillary walls, allowing extensive extravasations of blood and blood-stained plasma, and not only at the site of bite, but in any part of the body, especially from mucous and serous surfaces. Bacterial infection is apt to set in in the œdematous and blood-stained parts and cause general septicæmia or malignant œdema.

The rattlesnake bite causes similar hæmorrhagic



symptoms to the daboia, but even more pronounced. The daboia poison has, however, one mark of distinction from the crotalus, in the quantity of its agglutinating principle. When the poison is injected in considerable doses it causes death rapidly—in from ten to fifteen minutes—by producing a universal intravascular thrombosis, which causes death by asphyxia accompanied by convulsions.

It would seem that the clotting principle thrombokinase, when it is present in sufficient quantity, acts and causes the thrombosis before the hæmolytic toxins have had power to destroy the corpuscles, but that with less doses of the poison this does not occur, and the blood is soon broken down by the hæmolysins into a fluid non-coagulable condition.

The poisons that act most powerfully on the blood have the greatest effect on the blood-pressure; thus crotalus and allied snake poisons, when injected subcutaneously, caused a progressive fall of blood-pressure, while with cobra poison there was a tendency to a rise of pressure after the initial fall which may go above the normal as death approaches, owing to the asphyxia, which is then the cause of death.

The respiration in snake poisoning is always depressed—in cobra poisoning by a direct action on the respiratory centres, in crotalus and daboia poisoning secondarily to the vascular and cardiac changes.

Further experiments regarding the toxic principles of snake venoms have been recently made by Dr. Hidayo Noguchi, assistant at the Rockefeller Institute of New York, and published in this year's March number of the *Journal of Experimental Science* issued by that Institution.

He finds that if the variation in resistance of the toxic principles of snake venom to moist heat is taken in order, the order will be as follows: Neurotoxin resists brief boiling; hæmolysin is destroyed at 135° C.; hæmagglutinin at 75°–80° C.; hæmorrhagin, cytolysin, and thrombokinase at 75° C.; and precipitin at 96°–100° C. He remarks that since the venoms of different species and orders of snakes vary according to the prevalence of one or the other class of toxic constituents, the ease with which they succumb to heating depends on the nature of the

predominant principles. Hence, rattlesnake in which hæmorrhagin and possibly other locally-acting non-heat-resisting poisons are predominant, and daboia venom, in which much thrombokinase is contained, are easily diminished in activity by heating to 75° C., at which temperature cobra venom suffers little change in toxicity.

More interesting than these experiments on the influence of heat on venoms, which were largely anticipated years ago by Weir-Mitchell and Reichert, are those he made on the influence of fluorescent bodies. It has been found that if unicellular organisms—bacterial and other toxins—are mixed or suspended in a solution of some substance which in solution exhibits the phenomenon called fluorescence, and if these solutions are then exposed to the influence of sunlight, the organisms are destroyed. Sunlight is essential to the action of the solution. Thus a solution of muriate of acridin (a fluorescent substance) of the strength of 1-20,000 has no effect on protozoa in the dark, but destroys them in sixty minutes in diffused sunlight, and in six minutes in direct sunlight. Again, sunlight which has already passed through a fluorescent solution is robbed of its power to set up fluorescence in a second solution. No intensification of toxic action is produced in the second solution by the filtered light. Fluorescent light itself is without toxic action on infusoria; to obtain a toxic effect the living organisms must be immersed in the fluorescent fluid.

All fluorescent substances would seem to be able to exert photodynamic action; but there is much variation in the intensity of action among the different fluorescent bodies themselves and a further variation according to the substances—living cells, ferments, toxins—upon which the action is exerted. The relation of degree of fluorescence and intensity of photodynamic action is a reverse one; as a rule, the weaker solutions of the fluorescent body are the more active.

Hidayo Noguchi made experiments to find out what would be the relative influence of fluorescent bodies on the different snake venoms.

The fluorescent dyes used were eosin and erythrosin, and the snake venoms those of cobra, daboia, and crotalus. The dyes were used in a 0.25 per cent solution, the daboia

venom in 0·1 per cent, and the cobra and crotalus venom in 0·4 per cent. Four parts of venom solution were mixed with one part of dye solution, hence the dye was present in the solution in the proportion of 0·05 per cent. The mixtures were divided into two parts, and one part kept in the dark, and one in the light, for thirty hours.

The venoms mixed with dye kept in the dark were all unaffected. From those kept in the light the following results were obtained :—

The hæmolytic power of both crotalus and daboia venom was reduced, that of cobra venom not appreciably.

The toxic power of both crotalus and daboia venom was reduced *pari passu* with that of its hæmolytic power, that of cobra venom scarcely at all.

In crotalus venom hæmorrhagin and hæmolysin predominate, and neurotoxin is in but small quantity ; it is the former principles that are destroyed by the photo-dynamic action of eosin in sunlight, which acts quite rapidly, and the toxicity of the venom is quickly reduced.

Daboia venom is rich in hæmolytic and cytolytic principles, but its chief peculiarity of action results from the thrombokinase which it contains. The experiments show that the clotting principle—thrombo kinase—is completely destroyed by the fluorescent dyes (eosin and erythrosin) in sunlight, and the general toxicity is considerably reduced.

Venom neurotoxins are highly resistant to photo-dynamic action ; hence cobra venom, in which they largely predominate, remained almost unaltered and had its toxicity but little impaired. We thus see that the action of fluorescent bodies in sunlight differentiates between the different toxic bodies in snake venom very much in the same way as heat does.

Lichtwitz found that it is the complements (of Ehrlich's side-chain theory) but not the hæmolytic immune bodies or amoceptors of normal and immune serums that are destroyed by eosin in the light. This would be expected, for it is the complements and not the amoceptors that are destroyed by heating the sera above 75° C. While the amoceptors are indispensable the complements are the activating bodies.

You will notice that I have said nothing about the

venom of lachesis, the great South American snake that Constantine Hering introduced to the profession, that furnished the first snake poison ever used in medicine for the cure of disease, and that has ever since retained the first place amongst the snake poisons in therapeutic practice. I have said nothing, because I have not been able to find any account of any experiments on the venom of this snake. Most of the experiments have been made on the colubrine and viper snakes of India, represented by the cobra and daboia, and on the North American family of the crotalidæ, besides a few on the Australian snakes. The reason, doubtless, is that these have been the most readily procurable, and that the experiments have been carried on mainly in India, and in England and the United States, which have free communication with that country. But I think we are justified in concluding that lachesis venom must be almost, if not quite, as rich in neurotoxins as naja, and has a great many more of the hæmolytic and hæmorrhagic toxins than that venom, approaching crotalus in this respect. We may conclude this from the symptoms it presents both in its poisonings and its provings. It is more generally useful than either of the others, covering as it does the ground occupied by both, and it is, moreover, the poison which has been best proved in the homœopathic school, and the indications for which have been the best worked out. That this is so is another proof, if any were needed, that good provings on the human subject according to Hahnemann's rules are more valuable for therapeutic purposes than any number of physiological experiments. If I had anything new in regard to the therapeutics of snake poisons to bring before you, I should not now be dealing with the matter from the physiological and pathological standpoint, but would spend the time in a more practically profitable manner. But the therapeutic ground, so far at any rate as lachesis and crotalus are concerned, has been worked so efficiently by Hering and Hayward that there seems little left to discover. In the meantime it is interesting to watch pathology slowly advancing towards the position long occupied by therapeutics, confident as we may be that each advance will only the more surely establish our therapeutic law of *Similia similibus*.

One of these advances has lately been made with regard to the action of the neurotoxins of snake venom. The symptoms of provings and poisonings have always made it certain that the venom had a profound influence on the nervous system, especially of that of the central nervous system, and above all of the medulla and upper cord. But there was no gross pathology to show this; no microscopical changes had been shown in the nerve centres, and there were those who maintained that all the nervous symptoms were but secondary to changes in the blood, and not due to any direct action of the poison on the nerves. No one who had carefully studied the provings of lachesis with high dilutions could fail to believe that the nerve cells were directly affected, but pathological proof was wanting. But an article appeared in the *Lancet*, on January 2, 1904, in which Dr. George Lamb, of the Indian Medical Service, and Dr. Walter K. Hunter, Lecturer on Materia Medica at the University of Glasgow, published an account of some experiments made on animals with cobra poison. The object of the experiments was to show what influence of a direct nature the snake poisons have on the nervous system, and to decide whether the cause of death in poisonous cases is due to the action of the venom on the blood as maintained by Cunningham, or whether it results from a primary action of the poison on the central nervous system.

As hitherto no pathological changes had been found to be present in the nervous system, they decided to endeavour to ascertain whether such changes would not be evident in a fresh series of experiments, if a more modern and perfect method of histological examination were adopted. Six monkeys and three rats were used for the experiments, and were killed by subcutaneous injections of cobra venom in doses ranging from 0·5 mgm. to 10 mgms. per kilogram of body weight of the monkeys, and from 0·05 to 0·25 mgm. per kilogram of body weight of the rats. Microscopical sections were made of various parts of the brain, medulla, and cord.

The result was to show that in those of the monkeys in which death did not take place till after two hours (the time required for changes to take place) distinct evidence of degeneration of nerve cells was found in cord, medulla,

cerebellum, and cortex. The same degenerative changes were found in all the rats. The degeneration was found to affect the cells of the anterior horns in both the cervical and lumbar enlargements of the cord; in the pons and medulla, the 12th, motor 10th, and 7th nuclei all contained a considerable proportion of abnormal cells; the pyramidal cells of the cortex showed commencing degeneration; and in the cerebellum not one normal Purkinje cell could be found. The Nissl chromatic bodies of ganglion cells were destroyed. The cells of the posterior horns in the cord were affected to a less extent; and lastly, nerve fibres in the cord as well as in the peripheral nerves were found to some extent degenerated. The vessels to these parts were considerably dilated, and in the cord some small hæmorrhages into the grey matter were seen. "Thus," they conclude, "we see that in cobra poisoning we have a toxic substance which, when injected subcutaneously, produces symptoms of muscle paralysis, and that when we examine the nervous mechanism which controls these peripheral muscles there is found to be evidence of such degenerative changes as are known to be so frequently associated with paralysis. It seems fairly certain, therefore, that cobra venom has a direct action on the motor neurons. . . . We cannot but conclude that it has a specifically selective action on the nervous system, and that it is from this that death results." So we see that symptoms derived from the provings of the snake poisons, and of the high dilutions of those poisons, are shown by the latest and most modern microscopical methods to have a pathological basis.

It has long been remarked that though snake poison has such a powerful toxic effect when injected under the skin, it has but a very feeble and uncertain effect when taken by the mouth. This is not because of any action produced on it by the gastric juice, for it has been shown that the gastric juice has no power to diminish the toxicity of venom. The stomach walls must, therefore, be incapable of absorbing it. If, however, some venom be injected into an isolated loop of the small intestine, it is readily absorbed and produces the usual poisonous symptoms. Something, then, must happen to render the venom innocuous in its passage from the stomach to the

small intestine. It has been found that the bile has some share in rendering the venom harmless, but that the chief agent in so doing is the trypsin of the pancreatic juice. It is probable, however, that a certain small quantity of the venom gets into the system unchanged, for an animal which has been fed with the poison succumbs more readily and for smaller doses to subcutaneous injections of snake poison than one that has not been so fed.

If, however, the feeding with the venom occurs at sufficient intervals and is not in too great amount, the effect is in the direction of immunization. Similarly, if sublethal doses of venom are administered subcutaneously, and if sufficient time is allowed to elapse between the injections, the animal acquires a protection against the influence of the venom ; but if the doses are given at too short intervals death will result from what otherwise would have been a sublethal dose. This is parallel to Professor Wright's discoveries with regard to the opsonic index of the blood in injections of tuberculin, injections at too frequent intervals diminishing the opsonic power, while if the intervals are sufficiently prolonged the opsonic value is increased.

Here again modern discoveries confirm the observations of homœopaths made long ago, that too frequent repetition of the dose might destroy the power for good of the similarly acting remedy.

Snake-charmers sometimes acquire immunity to the effects of bites by their practice of rubbing the venom into the palms of their hands ; enough is absorbed through the skin to induce immunity. It is probable also that the mongoose owes its large share of immunity against snake venom to its habit of devouring the head of its victims as soon as the victory has been won. As a proof of this it was found that the descendants of a species of mongoose that had been imported to Mauritius, where there are no snakes, had, after some generations, almost entirely lost their immunity.

Though it is possible, by gradual and repeated inoculations extending over some time, to render a person more or less immune to snake venom, it is of more practical importance to discover some antidote which will be efficacious at the time when a person has been bitten. It

was hoped that some advance in this direction would result from the discovery that precipitins could be formed in the serum of animals which would precipitate venom. Lamb found in 1902 that the serum of rabbits which had undergone a process of immunization to cobra venom was a powerful precipitant of the poison, and not only of the cobra venom, but also that of the *Daboia Russellii*. In a further paper Lamb related that he had prepared an anti-serum for the serum of the cobra, which precipitated not only cobra serum, but also cobra venom. It was hoped, therefore, that these sera, when injected, might act as antitoxins in the same way that the antidiphtheritic sera do. But it was found by Hunter, from experiments made as Carnegie Research Fellow in the Physiological Laboratory of Edinburgh University, that there is no connection at all between antitoxic and precipitating power on the one side, or toxicity and precipitability on the other, in the case of snake venom. He concludes: "The proteids of snake venom form a complex mixture; some of its constituents are coagulable by heat, some are not; and while it is certain that all coagulable proteids can form precipitins, it is not yet proved that any incoagulable ones can do so. The balance of probability appears to be in favour of the view that venom precipitins must be largely, if not entirely, antibodies related merely to the coagulable portion of the venom, a portion which forms a very small percentage of the toxic contents; on the other hand, the greater part of the antitoxin will find its affinity amongst the incoagulables. Consequently the precipitin producing substances are not the toxins, or only a small part of the toxins, and the precipitins produced by them and the sera containing those precipitins have no antitoxic properties. So they are not available as remedies in cases of snake bite."

The nearest approach to the production of a successful antidote has been made by Dr. A. Calmette. He found that immunity against a dose of venom usually lethal to fresh animals can be obtained in the following manner. If we inoculate under the skin of a rabbit 2 mgms. of cobra poison, a dose capable of killing the rabbit in less than two hours, and if twenty minutes afterwards we inject chloride of lime diluted to  $\frac{1}{10}$  around the poison wound,



and also in various other parts of the body, the rabbit thus treated resists the attack of the poison after a transient illness. The animal is ill and falls away at once, and continues to do so during the following six or eight days, but after that its health is completely re-established. If then, after a fortnight's rest  $\frac{1}{2}$  mgm. of the venom is injected, it does not succumb. The previous injections of venom and chloride of lime have vaccinated this rabbit against the dose of  $\frac{1}{2}$  mgm., which kills within eight to twelve hours all the other unvaccinated rabbits used as a control.

But it was further found that chloride of lime, without any admixture with venom and without venom being separately injected, if introduced by inoculation in small quantities for four or five consecutive days under the skin of rabbits produces the refractory state. The animals thus treated can after six days resist a mortal dose. And also the serum of animals which have received immunity by either of the preceding methods possesses similar properties to those which Behring, Kitazato, Rose, and Waillard have established for the serum of animals against the poisons of tetanus and diphtheria, i.e., an antitoxic serum to snake poison is produced. Calmette's anti-venomous serum is obtained by immunizing horses by the foregoing methods, and using their serum. From 20 to 40 cc. of serum should be injected as soon as possible after the patient has been bitten. The claims that Calmette makes for this serum have been substantiated in practice in the case of cobra bites, but it has not been found so successful for poisoning by other snakes. Calmette also recommends the direct injection of a chloride of lime solution, either supplementary to his serum or when it is not obtainable. He prescribes a dose of 20 to 30 cc. of a 1 in 120 solution of chloride of lime in water for a man poisoned by a snake bite.

The interesting fact about these experiments of Calmette for us as homœopaths is that injections of an inorganic substance like chloride of lime can produce an immune serum. That gradual and repeated injections of an animal poison will cause the production of antibodies in the serum of the animal injected, seems to be a well-established law for all kinds of proteid substances; that the injection of

inorganic salts should also cause their production in certain instances is of great significance, showing as it does that simple chemical salts can produce results in the body similar to those produced by the most complex protoplasmic substances. If chloride of lime can cause the body cells to form antibodies to snake poison, other drugs can doubtless cause them to form antibodies to other poisons: cyanide of mercury, for instance, may cause the formation of substances antidotal to the diphtheria poison; and we have in this way an explanation of drug action in disease, an explanation which, I believe, was first definitely formulated by Dr. Johnston in his paper to the Congress two years ago at Oxford.

The net result of all these recent researches into the constitution and action of snake venoms has been to establish more firmly on the pathological side the homœopathic relationship of these substances to the diseased conditions in which they have been found curative by our school. We have long known that crotalus was our best remedy for septic wounds and for hæmorrhages accompanied by disorganization of the blood and destruction of the blood corpuscles. We have recently learnt that of all the snake poisons it is the most opulent in cytotoxins and hæmolysins which rapidly produce the septic or gangrenous condition of the tissues and the degraded hæmorrhages which resemble the septic wounds, and foul ulcerations, the putrid blood-mixed discharges, and the pourings forth of broken-down blood from any or all of the mucous surfaces, which, whatever the name of the disease in which these symptoms occur, are always successfully met by the administration of crotalus.

In these conditions we have not been accustomed to prescribe naja, because the provings we possessed of naja, and the cases of poisonings by bites of that serpent, exhibited those symptoms of sepsis and hæmorrhage in a much less marked degree than either crotalus or lachesis. We now know that this is accounted for by the cytotoxins and hæmolysins being present in but slight degree in the naja poison. But we know, on the other hand, that the neurotoxins are in great abundance, and that our selection of naja amongst the snake poisons to combat affections of the nervous system, especially those involving the

centres of respiration, the cardiac and vasomotor centres, and the nervous supply of the throat and neck, is justified by their close homœopathic relationship.

I will quote a case recorded by Dr. F. E. Williams, of Haddonfield, New Jersey, in the *Hahnemannian Monthly* for April, 1902, which will afford a good illustration of an affection of these centres cured by naja. Dr. Williams writes : " In December, 1890, the patient passed through a severe attack of la grippe, followed by bronchitis, and two weeks afterwards by pneumonia, from which she made a good recovery. The patient was a lady of nervo-sanguineous temperament, delicate all her life, 39 years of age, and the mother of six children. Two months after the attack of pneumonia, on March 29th, I was hurriedly summoned to see her, and was informed by the husband she had been taken a week previous with attacks of suffocation, coming on suddenly, lasting a second or two, and passing off as suddenly as they appeared. She had been having five or six of these attacks in the twenty-four hours, occurring frequently at night while lying quietly in bed. Between these spells she had attended to her domestic affairs as usual, and the family were not much alarmed until the day previous to my visit, when she had twelve attacks of a more severe nature, lasting much longer, and followed by great prostration and irritability, sleepy and stupid, with a desire to be alone. In three days another paroxysm occurred, and thereafter on an average every two or three days. By the middle of April the paroxysms were growing less severe and at longer intervals, when the disease took a sudden turn, and the attacks followed one another more closely than ever before, leaving her so prostrated that by the last day of this month she was confined to her bed and unable to raise herself without assistance ; so great was the prostration that the prognosis became unfavourable. A few days after I succeeded in finding the patient in one of the paroxysms, having previously been obliged to depend for guiding symptoms entirely upon the observation of the attendant, and the memory of the patient, which was much impaired. The paroxysm consisted of the following symptoms : Suddenly, without warning, respiration ceased ; as she expressed it, ' everything seemed to stop ; ' she would

clutch her hands or grasp any near object; head thrown slightly back, muscles of neck rigid, eyes wide open and pupils dilated; mouth half open and rigid; muscles of back rigid, occasionally opisthotonos but not always; limbs stiff, though movable, and cold; deglutition impossible, and complete aphonia. Percussion of the chest produced a clear resonant sound, and auscultation revealed no respiratory murmur; the chest was well filled with air. The heart sounds and impulse were normal, though slower than usual. Pulse full, regular, and slow, averaging 65 to the minute. She did not lose consciousness, but could not speak or motion to her attendants. These paroxysms would last from two to eight or ten minutes, and suddenly be relieved by a violent and successful effort to restore respiration, when she would sink back utterly exhausted, with increased pulse, sometimes palpitation for a short time, slight headache, and fullness in the head. Between these attacks she was exceedingly weak, suffering with pains in the limbs, and difficulty in moving them; the appetite was fairly good, bowels regular, and the menstrual period normal and regular during her entire illness. Any nervous shock, excitement, or worry would aggravate her troubles. The remedies principally relied on before I saw her in a paroxysm were bell., zinc. met., hyos., sepia, and agaricus. With these I was enabled only to relieve the severity of the attacks and to lengthen the time between them. After making a careful examination while she was in a paroxysm I decided that naja was the remedy, and gave the 3x in water, a teaspoonful every three hours. Improvement began immediately, and continued until she was entirely free from the paroxysms."

No doubt everyone here could quote many similar cases which would illustrate the curative value of the neurotoxins of naja and of lachesis.

But, after all, the isolation of these different toxins in the physiological laboratory, though it may satisfy our craving for a pathological basis for our prescribing, and assist in a scientific demonstration of the law of similars, gives us but little assistance in the practical work of prescribing. We learn from this modern laboratory work no indications for differentiating the various uses of these venoms which we did not know before from the provings.

In fact it does not carry us so far as the provings ; it gives us the gross indications for the venoms, but does not follow them to their finer shades of action. It has no information to give us, for instance, concerning the mental effects of the poisons. It cannot differentiate between the low muttering delirium, talking to himself, with drowsiness, of crotalus, the rapid excited talking of lachesis, and the suicidal insanity of naja. We should never have learnt from it such a valuable guiding symptom common to all the snake poisons as "symptoms worse on waking from sleep," "sleeps into an aggravation." We should never know from it that crotalus, bothrops, and elaps affect mainly the right side, and lachesis and naja the left ; that with naja there is aphasia from paresis of the organs of speech, with bothrops aphasia from loss of memory, and with elaps the patient can speak, but cannot understand speech. For all these and a hundred other important symptoms—important for the treatment of disease—we have to go to the provings.

The truth is that the method adopted by Hahnemann for the elucidation of drug action—the proving of drugs in the healthy human body—is the most really scientific. The work is done with a finer instrument than those used in the laboratory. The human body is a more delicate reagent than any chemical test, and the conscious human mind gathers information which no microscope can reveal.

It is right that we should reject no knowledge from any quarter, and should keep ourselves informed of all the latest discoveries made in physiological chemistry and in other departments of modern science, but we must not forget that we, the homœopathic body, inherit the best method ever employed for the discovery of the therapeutic value of drugs, and that in the division of labour, which must occur in medicine as in all other pursuits, our peculiar province should be to perfect and extend our provings. We may be assured that if we do so we shall always be in the van of progress in the knowledge of the therapeutic use of medicines, and that any future discoveries made in the laboratory will but supplement and confirm truths which we shall already possess.

## DISCUSSION.

The President: I am sure you have listened with interest to Dr. Stonham's learned and encouraging paper. I shall now ask you to discuss it, and will reserve any remarks I may have to make until the close of the discussion.

Dr. Dyce Brown said he wished to thank Dr. Stonham for his interesting and valuable paper. The subject dealt with was one of the most interesting that homœopaths could take up or tackle. Formerly, as they all knew, the use of serpent poisons was laughed at by the old school. Now they were beginning to see that they had some action. It seemed to him that the physiological experiments on the human body and on the lower animals were interesting, but they did not go far enough; they left the profession where it was as to the value of the serpent poisons, and the indications as to their use as remedies. It was very important that papers of that character should be brought before the Congress, to show really what the old school had done, and, still more, what they have not done. The experiments have been important in their way, and it was really interesting to know that those on the lower animals corroborated generally what we know of the action of the serpent poisons on the human body. At the same time it was of the greatest importance to have provings on the healthy human body, independently of any theoretical views, which might be only misleading.

Dr. Murray Moore said there was one thing which had always puzzled him, and that was that alcohol was an antidote to the poison, therefore, he would ask Dr. Stonham to inform him whether there was any way of preparing these poisons for medicinal purposes, and avoiding the use of alcohol. He had made a cure with lachesis 6 and with mal. 3, and it had always been a puzzle to him to know how it was these medicines could act when they were diluted with alcohol. Was there not some way of preparing them with glycerin or distilled water to make them more efficacious?

Going into the question of analysis, he would ask whether that was any use to them. It was of scientific interest, but it was very difficult to distinguish between the toxin of venom and the antitoxin. Those who have given very close investigation to the subject think they got better results, or were likely to do, by injecting the homœopathic dose of the certain poison appropriate to the case. Would it act better and quicker, and should they have to administer fewer doses in injecting it rather than by giving it through the mouth? Dr. Stonham had raised some doubt in his paper upon the

action of these poisons as homœopathic remedies given through the mouth. He thanked Dr. Stonham for the large amount of instruction in the paper—it was one of the most important scientific contributions to homœopathy on that subject that they had ever had.

Dr. Hayle said the paper was most interesting in every respect, and was a clear scientific exposition of the action and the cause of action of the serpent poisons. It also showed clearly that some of these serpent poisons were much more active than others. But this was so in every class of medicines, and seemed to him that it was a strong proof of evolution beginning with a low form of serpent till ultimately they came to the most active, viz., the lachesis. Of course, each poison showed some variety in its action in the human being; but lachesis seemed by far the most active in every way. He (Dr. Hayle) would confine himself in treatment to that serpent when he wanted to get the serpent poison action on the patient. He very much doubted the provings when one serpent poison gave symptoms on the right side of the body and another on the left side, as Dr. Stonham said lachesis and elaps did. He thought when this was the case it was the difference in these persons that gave rise to the symptoms being on one side or the other, and not to the difference in the nature of the snake poisons. On studying disease carefully and minutely, one must come to the conclusion that individuals vary immensely in their constitutions, and if the provings are not very extensive we might easily get such results as those Dr. Stonham had mentioned in relation to the right and left side, but the variation is due to the person and not to the poison. That was all he wanted to say.

Dr. J. Hervey Bodman said he should like to ask another question with reference to the use by Calmette of injections of solution of chloride of lime following the injection of a serpent poison. He understood Dr. Stonham to say that he believed the efficacy of this to be due to the chloride of lime causing the formation of antitoxic substances in the blood. He wished to ask Dr. Stonham what were his reasons for holding this opinion. In the paper no evidence was produced in support of this view, and it seemed quite possible there might be some other explanation of the antidotal effect of the chloride of lime, such as a direct chemical action on the poison. As to the relative value of homœopathic provings and laboratory methods, they must, as Dr. Stonham had pointed out, rely for their own information upon the ordinary homœopathic proving, as being the more useful in actual

practice; but they must not shut their eyes to the results obtained by experienced workers in the laboratory as to exact physiological, chemical, and other reaction. By these means they would probably find grounds on which to commend the principle of homœopathy to the regular school. They had not only to consider those evidences of drug action which they could best utilize in practice, but they must be on the lookout for evidence and information that would enable them to prove the truth of homœopathy to the dominant school; and most likely in their researches and laboratory experiments they would find the grounds on which that would be possible.

Dr. E. B. Roche said with regard to the matter which had just been mooted, that of injecting two substances together, they would remember, as in the case of cocaine and renalgandin, when combined, the local action had been valuable in keeping the cocaine in the neighbourhood of injection, and thus locally increasing its anæsthetic power. They knew that calcium salts had a coagulating effect on the blood. It might be that these injections caused coagulation. The blood was localized and kept from general circulation, the venom enveloped, and possibly destroyed, where it had been injected. Personally, he was very much obliged to Dr. Stonham for the paper, and he hardly agreed with the criticisms with regard to the various snake poisons. He considered a good case had been made out for the selection of the various remedies, although not going into the question of left and right, which must be left to discretion, and estimate of the value put upon the symptoms.

Dr. Ord said he had been struck with the admirable way in which the paper from Dr. Stonham had followed the President's Address. If it had been by pre-arrangement they could not possibly have done it in a more striking manner. He would also like especially to refer to the remarkable corroboration of the old homœopathic principles brought forward by modern researches in the laboratory. The President had given them some valuable illustrations of this, and now Dr. Stonham had brought forward the serpent poisons, which they had used for sixty or seventy years, and he had pointed out that modern researches upon the chemical constituents of these poisons had confirmed those effects for which they had used them under the law of similars. Reference had been made to the fact that in the laboratory experiments direct sunlight increased the effect of these poisons. They could make use of that fact, not only in the effect on poisons, but in medicinal treatment. The action of light



was of great importance in relation to the actions of various drugs. They had frequent difficulty in getting reaction to drugs in cases of patients who lived in the slums of cities, from whose lives sunlight was almost excluded. He thought the power of the sun, and exposure to the sun's rays, in any disease, chronic or acute, was a power which might help not only treatment by serpent poisons, but other drug actions in the human system. One other fact of importance was the accuracy and certainty with which most of these poisons would act in disease. Some drugs one did not feel so confident about prescribing, but he knew none in which they could have more confidence than in lachesis, and similarly with the other serpent poisons, though not, perhaps, to the same extent. He had never prescribed lachesis in carefully considered symptoms without getting definite results, and that in high dilutions up to 200, as well as in ordinary dilutions. This seemed the more remarkable because it was a drug about which some little mystery existed, as to whether the lachesis now used was from the same serpent from which the symptoms taken by the provers were arrived at. Dr. Hering sent a supply round to a number of chemists at the time, and the chemist who supplies his (Dr. Ord's) drugs had some of that original supply by him, which was quite reliable in its effects. He would just like to say to Dr. Hayle that he had the pleasure of cordially disagreeing with him in regard to left- and right-side action, and especially with regard to snake poisons. He would always believe in this with regard to some drugs, from the anatomical reason that his liver was on one side and his heart on the other. He had also two lungs one on the right side and one on the left. And in spite of the surgeons, he had, he was thankful to say, been able to retain his vermiform appendix on the right side. It was a fact that in practice drugs acted some on one side and some on the other. It was a perfectly rational result of therapeutic action, and there was nothing superstitious about it.

Dr. W. Wolston said he joined with those who preceded him in thanking Dr. Stonham for his instructive paper. Much that had been brought forward was new to many of them, but he thought as to the actual use of the serpent poisons in practice they knew as much before the experiments were made as they did now. They came in very helpfully as buttresses to the truth which homœopaths had believed in, and acted on, for more than forty years, although they did not need such buttresses. The truth was, they knew what homœopathy was, and they had learned too how to use

the serpent poisons on homœopathic lines. As to holding the various poisons as being identical, and using them indiscriminately, he would take exception to that, and most of his fellow practitioners would also say the same, he was sure. Each serpent poison certainly had a different range of action, and, in his experience—which was, perhaps, as long as that of any one present—forty years—he had found there was much difference in the use of these potent remedies. Broadly speaking, lachesis was the one that he had used most widely. It was effectual in numerous diseases of women. Given a case where the symptoms were such as indicated a serpent poison as a remedy he would expect to find the remedy in lachesis most generally. On the other hand, he had observed that in patients, either male or female, where there was pericardial distress and symptoms referable to the heart, naja would most likely prove to be a valuable remedy. Again, if called to treat a broken-down patient of either sex, with open wounds, or a septic condition, indicating general blood-poisoning, in crotalus they had a remedy superior to either lachesis or naja.

Dr. Madden said he should like to offer his thanks for the paper, and to point out to Dr. Ord that the Council of this Congress did try to make the papers run more or less in the form of a symposium, so that there should be an underlying current of similarity in the papers, and the President had tried to make his address run on the same lines. Though there was no collaboration it had been co-ordination, and altogether it was remarkably successful. He thought they would find that the afternoon paper would carry them forward on the same line of thought. It was interesting to see how, in the provings of serpent poisons, which had been made by taking the drugs in various dilutions in the stomach, they had got symptoms which brought them to the same conclusions as pathological experiments done by injection. Either the homœopathic dilution made it possible to produce symptoms which they did not in crude form, or there was something left out in their conclusions somewhere. They had aseptic results from the dilutions taken by the mouth therapeutically. With regard to the use of tuberculin, staphylococci, and so forth, he was sure in time they would find they could make use of them satisfactorily without injection. It would not be necessary to use tuberculin in crude form as is now the case. He did not quite know how far it would lead them, but he felt quite certain that as Dr. Burnett had obtained equal results from bacillum, if not better, than Dr. Wright had from tuberculin,

they would in all these animal products. He thought they might say broadly that the crude injection and serpent bites gave them merely the pathological basis of the disease for which these medicines were useful, but homœopathic provings were necessary to give the details to enable them to treat the case symptomatically, and for such requirements as to show whether a drug was more suitable for the left or the right side of the body, etc.

Dr. C. B. Kinyon (of Michigan, U.S.A.) said it afforded him great pleasure to rise and accord the Congress his thanks for the warm reception he had had during the time he had been in that city. Some things he had heard and noticed had taken him by surprise, and one was that they were manifesting more attention to close scientific thinking on this side than they were in America. He would say that the President's address that morning was an admirable one. On his side of the Atlantic they were handicapped by a class of practitioner—he had known many of them intimately for twenty years, and valued their work very highly—who had no use for the modern scientific method, and confined themselves to the extreme high dilutions, and prescribed according to symptoms only. While that might be all right, so far as it went, the old school had the chance of ridiculing their work. They had that to overcome in America. Proceeding, Dr. Kinyon said he would say a word or two as to the work in the school with which he was connected, which he thought was the only school doing work along those lines. A man was appointed a year ago who had charge of what they called the laboratory of drug pathogenesis—he knew of nothing else like it in the world. It had been working on the lines of drug proving; utilizing all the modern methods of laboratory research, and they expected to be able to give reports to the Medical Institutes and journals in due time. With regard to Dr. C. Hering, no one thought more highly of him than did he. He was simply a prodigious worker, indefatigable and accurate. That reminded him of an interesting fact. Very recently he had met a person who was the widow of a Dr. De Guise, who went with Dr. Hering at one time to South America. Dr. Hering went back to Philadelphia, but Dr. De Guise remained in South America to continue the work. Dr. De Guise died there while he was making investigations with regard to a certain poison. His widow, who is now an old lady, has several letters written to her by her husband from South America when he was making these investigations, and as he is no French scholar he is making arrangements to have

these letters translated, so that they could receive additional knowledge along the line of the serpent poisons. (Applause.) Many other things occurred to him, but he wished to be a listener rather than a talker.

Dr. Lambert remarked that with regard to what Dr. Ord said about the lachesis in use there had been a fresh supply recently. He quite agreed with those who spoke of the necessity of differentiating between the various serpent poisons. It would be as reasonable to say that, in cases where potassium was called for, they should use one particular salt in each case, and not distinguish between the various potassium salts.

The President said it was interesting to note the effect the sunlight had on bacterial toxins in connection with fluorescent substances. It had been proved in practice that sunlight was a rapid destroyer of protective bodies in the blood. As regarded calcium chloride, Dr. Stonham's view was the proper one. They had, for instance, ricin, alluded to by Dr. Johnstone at a previous Congress, which produced immunizing effects in the blood. Some poisons acted as remedies which did not act by producing antitoxins. Though strychnine was a good remedy for tetanus, it did not produce an antitoxin. Dr. Murray Moore had asked about the difference in the rapidity of action between the injection and administration by the mouth. He had had one or two opportunities of testing serpent poisons in that way, and he thought they acted more rapidly and more efficaciously when injected under the skin. All the speakers had touched on interesting points—he did not wish to displace the author by answering them, and would simply repeat what he had said at the beginning, how extremely interesting a paper it had been, and he was glad to see that his view had been endorsed by the speakers, and that there had been so interesting a discussion.

Dr. Stonham said he must thank them for the kind manner in which they had received his paper. As Dr. Madden mentioned, there was no collaboration in the matter of papers. He was to write a paper to fit in with the general scheme of the Congress, and he was pleased he had managed to follow the lines of the President's address, so that his paper was in some degree supplementary to it. Of course, one could write a much more interesting paper on snake poisons if one took the therapeutical side, and went into the various changes in the action of drugs, and quoted cases, but it would be impossible in the limits of one paper to take both sides, so he took modern research from the scientific side. With regard

to the differentiation of snake poisons, Dr. Hayles' objections had been abundantly answered. One must, he thought, acknowledge that these poisons had very distinct characteristics of their own. They might find a case where lachesis would not do, and another snake poison should be used. With regard to the question of the left or right side of the body, he thought that had been pretty well worked out. There was a recent confirmation in the report of the O. O. & L. Homœopathic Proving Society; they had issued their provings of belladonna, and they say that it acts more on the right side of the head than on the left in connection with a large number of provings. The same might be said of any other medicines. With regard to the injection of chloride of lime, there was a little confusion on this ground, but he thought it must be accounted for by the fact that it has a double action. The lime injections, when small and repeated, are capable of producing an antitoxin serum. But they did seem to have some direct action as well as an action in connection with creating an immunizing body. It might be due to the coagulating power of the blood, which would immesh the toxins. With regard to taking snake poisons by the mouth, it seemed there was a certain small quantity got into the system taken from the stomach. If an animal were fed with snake poisons in fairly large amounts it was rendered less capable of resisting a snake bite—sufficient was absorbed into the system to keep it in such a condition as to render the animal more susceptible to the poison; but if fed in small quantities, enough was absorbed to render the system immune. He thought it must have a limited absorption. With regard to the mode of administration—they acted perfectly through the mouth. Dr. Neatby thought he had got a quicker action by injection, but for most diseases the mouth was sufficient.

## VACCINE TREATMENT OF INFECTIVE DISEASE.

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IMMUNITY is the condition which is sought to be attained by this method of treatment. Whilst the subject of immunity is a most complex one at the present time, and no satisfactory theory has been formulated to fit in with

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all the established facts, yet a very great deal has been effected in unravelling the mysteries in which it has been enshrouded for so long. The theories advanced by Ehrlich are now generally accepted with slight modification.

For an intelligent appreciation of this therapeutic treatment of disease it will be necessary to refresh our memories with some of the more or less established facts in connection with immunity.

By the term immunity is understood a non-susceptibility to a given disease, to a given organism, or to a given toxin, which may be of bacterial or vegetable origin. The immunity may be natural or acquired. Natural immunity may be exemplified in the lower animals by their insusceptibility to the bacteria of leprosy and gonorrhœa. Acquired immunity may be arrived at by the animal passing through an attack of bacterial disease such as variola, measles, varicella, etc., or it may be produced by the artificial means of inoculation such as follows vaccination against small-pox or the injection of diphtheria toxin against diphtheria. Such a thing as absolute immunity is unknown; it is only present in varying degree, and it may last for a lifetime or be only transient. That many infectious diseases terminate in recovery is demonstration that a bacterial infection may be overwhelmed; the various microbes occupy various periods of time in this process of destruction. How nature effects this result we are much in doubt, but it has been established that certain substances appear in the blood during the progress of certain diseases which are antagonistic to the invading organism or its toxin, or both. In these cases the machinery of immunization proceeds during the course of the disease until it reaches a certain point, when the disease comes to a natural termination.

Artificial immunity may be attained in an active or passive manner. The former may be produced by the inoculation of the organisms in suitable doses and degree of virulence, or by their toxins. These injections are administered in increasing doses at suitable intervals until a certain degree of resistance has been obtained; in the process of time a very high degree of immunity may be reached, and endures for a considerable time. It is

evident that this method of acquiring immunity is not generally available for the acute infections, for it is, comparatively speaking, only slowly evolved, and, moreover, the blood is already receiving the maximal amount of toxin or bacteria with which it can cope.

Passive immunity is brought about by producing a high degree of active immunity in one animal and then injecting its serum into a second animal. The serum, to be effectual, must be injected at the same time as the infection occurs, or soon afterwards, or otherwise the toxins will have already produced their poisonous results. This serum may also be used as a prophylactic, i.e., it may be used to protect an animal against a subsequent infection; but the immunity thus conferred lasts only a short time. In those cases of infective disease such as diphtheria or tetanus, where the serum effects immunity by neutralizing the poisons of the bacteria, it is termed antitoxic, but when its power is exerted against the bacteria themselves it is called antimicrobial or antibacterial: the latter may be exemplified by that which is used in the treatment of typhoid fever, cholera, pneumonia, etc.

The toxins are termed intra- or extracellular, according to whether they are contained within the bodies of the bacteria or whether they are external to them in the surrounding media. Both, chemically, are probably proteids of the nature of albumose; and in some respects simulate ferments. They are rendered inactive by heating to a temperature somewhere between 55° and 65° C., or by being exposed to the influence of ferments or the electric current.

The antitropins are substances which either neutralize the toxins or are capable of a destructive effect upon the associated bacteria. They are created within the body of the host, and, whilst it is not known with any degree of certainty in what part of the body they originate, they can be demonstrated to be present in the blood, and they normally subserve some function in the cell economy. They are inherited by the offspring in varying degree, or at least the capacity to produce them is inherited. It is thought that they are produced by certain living cells owing to stimulation by the corresponding toxins. Whilst it is supposed that the

toxins are of the nature of an albumose the antitropins have a larger molecule and may be allied to the globulins. Generally speaking, they are not so readily destroyed by heat as the corresponding toxin. They are continually escaping from the animal economy by means of the various secretions, or burned up during the process of metabolism. They are frequently found in the lacteal secretion and in the yolk of eggs of immune animals.

Metchnikoff has done much pioneer work in elucidating the processes involved in the acquirement of immunity. He came to the conclusion that the successful resistance of an animal against bacteria depended upon the activity of certain cells which he called phagocytes, and divided into two classes; (a) The microphages, which are the polymorphonuclears of the blood; and (b) The macrophages, which include the large lymphocytes, endothelial cells, and connective tissue corpuscles. When an infection takes place these cells are guided in their attack upon the bacteria by a process termed chemiotaxis, and the cells have the ability to digest both dead and living organisms.

The insufficiency of this theory was apparent when it was found that immunity could be produced by the injection of toxins only, and further when the facts were discovered with regard to the action of antimicrobial sera it showed conclusively that the intracellular ingestion of organisms was not the most important factor, but that it was the result rather than the cause.

At the present time Metchnikoff has much modified his theory and brought it into line with the facts established by others. It is now generally accepted that the antitropins in the serum of immunized animals are formed by stimulation of certain body cells by means of the bacterial products, and that the ingestion by the phagocytes is the terminal point of the process.

Yet some authors question whether the toxins are the substances which produce the antitropins by the stimulation of the body cells, and have advanced the following facts in support of their contention. It is possible to confer immunity by infecting animals with microbes whose toxicity has been much reduced or even rendered entirely impotent; again, immunity has been brought about by



the inoculation of germs which are saprophytic, i.e., they never possessed any toxic properties.

Since it has been possible to separate the specific toxins from the other metabolic products of some organisms, it has been discovered that the immunity against the bacteria can be effected by the injection of these metabolic products only; and, further, that no immunity follows the incorporation of their specific poisons. Hence these observers believe that immunity is not the response to the corresponding toxins, but rather to their metabolic products. It would appear, as we shall see presently, that it is owing to these metabolic products that Koch's new tuberculin confers immunity.

These metabolic products are integral elements of the living protoplasm of the bacterial cell, and are supposed to possess a higher phosphorus content than the toxin; they pass with greater difficulty through a porcelain filter than the corresponding toxin, and are unchanged by a temperature of 70° C.

The various antitropins are distinguished from one another by their effects upon bacteria and their toxins; the most important are the antitoxins, the opsonins, the agglutinins, the lysins, and the precipitins.

*The mode of production of the antitoxins.*—Ehrlich supposes that in animals which are capable of supplying antitoxin there are certain cells which contain molecules which, whilst performing a physiological function in the organism, have the capacity, when need arises, of uniting with the toxin molecule, and then its function in the cell economy ceases; but they are soon replaced by a process of regeneration; these may be again used up by the introduction of fresh toxins. Ultimately there occurs an over-supply of these secreted molecules of antitoxin, which is marked by their appearance in the blood.

This view is supported by the fact that an animal can be made to yield a much greater amount of antitoxin than the quantity of toxin used in the process; and, again, although after an immunized animal has been bled it is found that the antitoxin value of its serum may be low at first, yet it becomes partially restored, thereby showing that antitoxin is still being secreted although the supply of toxin has ceased. It would appear that the secretory

habit of the cells of the organism remains for some time after the removal of the stimulus of the toxin.

*Nature of antitoxic action.*—This is a very disputed point. Some observers consider that the neutralization of the poison is brought about by a simple chemical union of the toxin with the antitoxin, and others think that it is of physiological nature, brought about by the cells of the organism.

Ehrlich is of opinion that the two bodies—the toxin and the antitoxin—unite in vitro to form a compound which is inert towards the living tissues; there being in the toxin molecule an atom group which has a specific affinity for the antitoxin molecule or a part of it, and in support of this view advanced the following facts: If toxin and antitoxin are brought together, their behaviour towards one another is similar to a chemical union. The fact that chemical neutralization has taken place is indicated by injecting the resultant body into a susceptible animal when no poisonous effects are produced. Owing to the fact that toxins will pass through a colloid membrane and the corresponding antibodies will not, it can be demonstrated that union does not take place instantaneously, but that a definite period elapses, such as occurs in all chemical unions. This can be shown by mixing equal parts of toxin and antitoxin freshly prepared and placed within the colloid membrane. It will then be found that some of the toxin escapes before the union has been effected, and, moreover, the longer the mixture of the two substances has been allowed to stand before filtering is allowed to take place, the less toxin escapes until a point can be reached when no toxin is found in the filtrate. If a portion of fluid which has not passed through the membrane at this stage be injected into a suitable animal, no symptoms of toxæmia will appear, and so we must assume that neutralization has been complete.

The theory of chemical union is also supported by the fact that the neutralization is hastened by warmth and retarded by cold, and that it takes place more rapidly in strong solutions rather than in weak ones. It is also possible to titrate a toxin against an antitoxin with as great accuracy as pertains to acid against alkali.

*Opsonins.*—In 1884 Gröhmman demonstrated that blood,

freed from its cellular elements, had the capacity of destroying bacteria. Later, Buchner showed that frozen blood—and in which consequently the cells had been rendered physiologically inactive—was capable of killing bacteria almost as quickly as fresh blood serum. Latterly, Wright and Douglas have carried out a series of simple experiments with serum and leucocytes separately and together, and have demonstrated that the blood plasma contains substances which produce a certain effect upon bacteria by which they are rendered more prone to be ingested by the phagocytic leucocytes. These substances they have termed opsonins from the Latin *Opsono*—I cook, I prepare pabulum for.

The opsonins are bacteriotropic substances contained in the serum, but have no bacteriocidal or bacteriolytic properties. When brought into contact with bacteria they attach themselves to them, and by their digestive action so affect them that they fall a ready prey to the phagocytes. Most observers claim that they are destroyed in a few minutes when heated to 60° C. It has been demonstrated that they are specific by the following experiments: (1) The tuberculo-opsonin can be removed from a sample of serum by treating it with an emulsion of tubercle bacilli and subsequently separating the bacilli by centrifugalization. It will then be found that the serum will give no opsonic reaction with tubercle bacilli, but will with staphylococci; (2) The inoculation of tuberculin will cause a definite and typical disturbance in the opsonic curve for tubercle, whilst the opsonic curve for staphylococcus remains unaltered.

Wright has shown that the serum contains specific opsonins for the following bacteria: *streptococci*, *pneumococci*, *gonococci*, *staphylococci*, *B. tuberculosis*, *B. pestis*, *B. typhosus*, *B. coli communis*, *B. anthracis*, *B. pyocyaneus*, and *V. cholerae*. He was unable to get any opsonic reaction with *B. diphtheriae* and *B. zerosis*.

Daboia venom destroys the opsonins, and probably this explains the reduced resistance to septic invasion which supervenes upon viper bites.

Another bacteriotropic substance has been recently discovered in the serum of patients suffering from typhoid fever; it has the property of modifying the typhoid

bacilli in such a way as to render them more liable to be destroyed in the body. This has been termed the "sensibilizing substance"; its action is very similar to that of the opsonins.

Wright has elaborated an ingenious technique for the estimation of the amount of opsonin in the blood. A small quantity of blood is run into a capsule with a recurved limb which contains an equal quantity of 1½ per cent solution of citrate of soda in physiological salt solution; having sealed the ends, the contents are shaken up and centrifugalized. When the corpuscles have settled to the bottom the supernatant citrated plasma is pipetted off and replaced by physiological salt solution. This washing and centrifugalizing is repeated three times. The upper layer of the corpuscular deposit contains a large proportion of leucocytes, and supply the phagocytes required for the process. An emulsion is next made by trituration, in 0·1 per cent salt solution, of the bacteria. Aspirate into the stem of a simple capillary pipette, furnished with a rubber teat and pencil mark on the stem, three volumes of washed corpuscles, one volume of bacterial emulsion and two volumes of serum; each volume being separated from one another by a short column of air to serve as an index. Mix thoroughly the six volumes by blowing out on to a glass slide and re-aspirating several times in succession. When the mixture is complete withdraw it into the pipette and seal the end in the flame. Incubate at 37° C. for fifteen minutes. Break off the end of the pipette and carefully mix the contents. Make a thin film on a clean glass slide; dry and stain with Leishman's dye. The number of bacteria ingested by fifty consecutive polymorphonuclears are then counted, and an average per leucocyte is then struck.

The opsonic index is the result obtained by dividing the number of bacteria ingested per leucocyte in the presence of any given serum by the number taken up per leucocyte in the presence of the serum of a normal individual, which latter is regarded as unity. Thus: If there are four tubercle bacilli per leucocyte in the presence of a given serum, and five tubercle bacilli per leucocyte in the presence of a normal serum; then 5 : 4 :: 1 = opsonic index 0·8.

**Vaccines.**—Originally this term was confined to the contagious matter of cowpox used for inoculation; but of late years the meaning of it has considerably altered. Pasteur defined it as being “material obtained from cultures, and capable of producing immunity.” Wright has widened the conception to “any derivatives of the protoplasm of bacteria which are capable of inducing an elaboration of protective substances.” His vaccines are prepared by heating watery emulsions of recently cultivated bacteria to a temperature of 60° C. for one hour on three successive days. This heating process sterilizes the bacteria and renders the toxins inactive.

Wright’s vaccines, therefore, consist of an emulsion of the protoplasm and metabolic products of bacteria; the specific toxins having been partially or completely eliminated, or at least rendered inactive, by the process of heating. The treatment of infective disease with material obtained from the infective person seems to have originated with Robert Fludd, who, in the year 1638, prepared a remedy against consumption from the sputum of consumptives. Later, Lux, who was a veterinary surgeon practising in Germany, and contemporary with Hahnemann, was the author of a brochure entitled, *The Isopathy of Contagions*. He advocated the treatment of animals with hydrophobin against hydrophobia, variolin against small-pox, and pneumothisin against consumption.

When a vaccine is introduced into the body artificially, remarkable changes take place in the quantity of opsonins. Wright has shown that a definite course is pursued, and has described it as “the law of the ebb, flow, and reflow, and subsequent maintained high tide of immunity.” He has demonstrated that inoculations of infected patients are immediately followed by “a negative phase” in which the opsonic index is lowered, and if the dose is sufficiently large it is attended by pyrexia and constitutional disturbance. This phase is sooner or later followed by a “positive phase,” in which the opsonic index rises and which indicates an increased antibacterial power of the blood; and is generally attended by a sense of well-being and increased physical vigour. After the occurrence of the negative and positive phases, the blood may be maintained for a variable period at a somewhat higher level of antibacterial power

than before inoculation—"maintained high tide of immunity."

The failure of Koch's tuberculin treatment is attributable chiefly to the fact that he directed that the dose should be sufficient to cause constitutional disturbance; in these doses the opsonic index always assumes an accentuated negative phase and is followed by little or no positive phase. Wright's success is clearly due to his insistence on the administration of the minimum dose which will raise the opsonic index and at the same time cause no constitutional disturbance, bearing in mind that the immunizing response is extremely limited and can be effectively provoked by very small stimuli, whereas larger ones will overtax it. The interspacing of the doses must be carefully regulated by frequent determinations of the opsonic index, for if the successive doses are inoculated during the negative phase the result will be an accumulative negative one. In practice it is found that it is necessary to repeat the dose every ten to fourteen days until convalescence ensues, after which time it may be advisable to inoculate once a month until cure has been effected. The index should be maintained at a point between 1 and 1.2; if this is exceeded there is great danger of the occurrence of a negative phase, and necrosis may occur at the seat of infection.

After making some thousands of quantitative estimations of the opsonic power of the blood, Wright had ample evidence to show that the opsonic index is always subnormal and scarcely varies from day to day when the infective disease is strictly localized; on the other hand, when the disease is a general or systemic one, the opsonic index is continually fluctuating, sometimes being subnormal and at others far above the normal, and may reach any point between .2 and 2.6.

The explanation which he gives of this state of affairs is that in the localized affection the bacteria are completely shut off from the general circulation, and, therefore, the blood is not being supplied by the immunizing stimuli, and in the case of the systemic disease the fluctuations of the opsonins are an expression of the periodic activation and inhibition of the machinery of immunization brought about by the conveyance of the bacterial elements in irregular doses. And in confirmation he points out that

an acute infection terminates soon in death or cure, whereas a strictly localized infection does not tend to get well. This explanation of the fluctuations of the opsonins in acute cases evidently does not reveal all the facts, for on his own showing the auto-intoxication, which is taking place too frequently, ought further to accentuate the negative phase, whereas at times it rises above normal.

The question naturally arises, If there are these anti-bacterial bodies in the blood, how is it possible for the organisms to cultivate themselves in the body? The answer is that they can only do so in regions where the bacteriotropic pressure is lowered, i.e., in the tissues where the blood which contains the opsonins cannot get at them directly, and at most they are only exposed to the influence of the lymph, which Wright has shown contains considerably less bacteriotropic properties. He, therefore, in the treatment of localized bacterial infections, would not only attempt to raise the opsonic index of the blood, and consequently also of the lymph in a lesser degree, but would take steps to increase the flow of lymph through the affected areas by means of rubefacients, counter-irritants, poultices, fomentations, X-rays, radium, radiant heat, Finsen light, and other adjuncts.

That an immediate improvement takes place by flushing an infected area with lymph is demonstrated every day where a fully matured abscess is opened and drained. Watson Cheyne years ago explained this improvement to be due to the fact that once the pressure is removed by evacuating the abscess, large quantities of serum oozed through the granulation tissues in which the bacteria were situated, and that the serum contained antibacterial substances which killed, or at any rate weakened, them to such an extent that they could not resist the destructive action of the tissues or phagocytes. A similar explanation attaches to the opening of the abdomen in cases of tubercular peritonitis.

Now let us turn our attention to the practical application of this method of treatment in various forms of infective disease. In the treatment of tubercular disease, Wright uses Koch's new tuberculin—known as T.R. Its preparation is a lengthy one, but it consists of a solution in glycerin of the protoplasm and metabolic products of

the bacilli; the specific toxin, or at least that portion of it which causes necrosis of tubercular areas, having been extracted. Wright is in the habit of heating this T.R. for an hour at a temperature of 60° C., and the necessary dilutions are made by the addition of sterilized salt solution, to which had been previously added 0.25 per cent lysol. The dose he originally used was from  $\frac{1}{1000}$  to  $\frac{1}{2000}$  part of a milligramme; but he is now inoculating with still smaller doses. The most convenient method of administering this vaccine is to have each separate dose in a hermetically sealed glass phial. It is injected subcutaneously, and if ordinary aseptic precautions are taken, the inoculation causes no inflammatory trouble; it is a wise precaution for the patient to avoid any muscular exertion for a few hours afterwards. Up to the present time this vaccine has not been administered by the mouth; but a certain degree of immunity has been obtained in the lower animals by feeding them with dead cultures of bacteria or their toxins; but this method is so tedious and uncertain, owing apparently to the activity of the digestive secretions, that it has been abandoned. It is probable, owing to the lesser activity of the secretions of the lower bowel, that rectal injections will not meet with the same disappointment; at any rate, the method is well worthy of trial in patients who dread the hypodermic needle.

It has been found that the tuberculo-opsonic index of town people free from tubercular disease always stands at a point between 0.8 and 1.2. Similar people living in the country have an index varying from 0.9 to 1.2. Tubercular subjects generally have an index which ranges outside these limits. In cases of difficulty in the diagnosis of tubercular infections the investigation of the opsonic index may be of material assistance. A high index is very suggestive of tubercular disease. Injections of tuberculin vaccine in small doses is invariably followed by a negative phase in tubercular subjects; but this is not so in non-tubercular ones, but, on the other hand, is followed by an immediate rise.

The most suitable cases of tubercular infection for the vaccine treatment are those of ulceration of the subcutaneous tissues and caries of bone; the treatment meets with uniform success.



The efficiency of this therapeusis is also very evident in cases of tubercular enlargement of the lymphatic glands which are not suppurating, caseating, nor calcifying. If a fistula has formed, it will be necessary to supplement the treatment with a vaccine of the staphylococci.

The treatment has been applied to lupus with much visible improvement, but cures are very infrequent.

The adoption of this treatment in cases of genito-urinary disease has met with very variable results. In no case should it be employed until a careful cystoscopic examination has been made to determine whether both ureters are affected; for the tubercular vaccine has caused so much swelling in the affected areas as to result in fatal suppression of urine. It is also well in these cases to make a bacteriological examination of the urine, and if any *B. coli communis* should be discovered, then precede the treatment by a few injections of the vaccine of the *B. coli communis*.

The clinical evidence of improvement or aggravation in these cases of urinary disease is usually so obvious that by some it has been considered unnecessary to control the treatment by means of opsonic estimations. Excessive doses cause loss of weight, increased pain, frequency of micturition, hæmaturia, and pyrexia.

Favourable results have been obtained in the treatment of pulmonary tuberculosis. Where this is attended by pyrexia, or indeed when any tubercular affection is associated with pyrexia, the patient is already receiving auto-inoculations of the tubercle virus which are inappropriately adjusted. Our efforts must first be directed to bring back the infection to a condition of localized infection; and with this end in view the patient must be confined to bed to ensure the absence of any physical exertion, and the mind must be freed, as far as possible, from any mental effort and excitement.

Experience shows that where sanatorium treatment is combined with this therapeutic method, the so-called cures are effected more rapidly, and are of greater duration.

The vaccine treatment of other infective disease is most successful in cases of infection with pyogenic bacteria such as occurs in sycosis, boils, and acne. A good deal of benefit can be derived also where these cocci complicate

syphilis and cancer, causing ulceration. This treatment is more successful if the vaccine is prepared from cultivations taken from the infected part rather than from a similar organism taken from some other source. The cultivation should not be more than twenty-four hours old; an emulsion is made in physiological salt solution, and this is sterilized for an hour at 60° C. Wright has been in the habit of administering the vaccines in the following doses:—

Staphylococci	-	-	500 to 1000 millions.
Streptococci	-	-	100 to 250 „
Gonococci	-	-	50 to 250 „
<i>B. c. communis</i>	-	-	100 to 1000 „

Doses of one-sixth of these amounts have been found quite effectual. It is usual to repeat them about once a fortnight.

The vaccine treatment has also been invoked as a prophylactic prior to extensive operations on the mouth and tongue in cases of cancer. It is believed that septic pneumonia has thus been avoided by an inoculation five to seven days before operation. For the same reason it has been suggested that previous to a serious abdominal operation an injection of the *B. coli communis* should be administered.

At present the published reports of the vaccine treatment of gonorrhœal gleet, prostatitis, endometritis, salpingitis, arthritis, etc., are very scanty.

It is not possible to obtain a vaccine of the virus of syphilis—the *spirochæta pallida*—for the reason that it cannot be cultivated. I may mention here that bacteriologists have recently discovered that the spirillum can be greatly attenuated by passing it through anthropoid apes and the lower monkeys, and they are not without hope that a vaccine prepared from this attenuated microbe may confer immunity just in the same way that the vaccine of cow-pox confers immunity against small-pox.

Whilst endeavouring to raise the opsonic content of the blood, which seems to be indicated on thorough scientific principles, there is a danger that we should overlook those other measures which practical experience has shown to be of the very greatest benefit to the patient. We need to avail ourselves of every known hygienic measure which

will raise the physiological activity of the tissues. There are many reasons for believing that immunity can be acquired by other means than by increasing the amount of opsonins in the blood. Foremost of these is perhaps the fact that whilst the sanatorium treatment of tuberculosis has effected such marvellous results, yet it altogether fails to raise the opsonic value of the blood. Professor Wright acknowledges the occurrence of spontaneous phagocytosis i.e., phagocytosis which became apparent without any addition of opsonins. The possibility of immunizing only one side of the body of an animal is very strong evidence that immunity depends upon the influence of the fixed body cells. Immunity has also been conferred by inoculation with non-specific substances such as cantharidates, cinnamic acid, nucleinic acid, and heated horses' serum; these substances seem to act by enhancing the phagocytic reaction.

The question whether the vaccine treatment of tuberculosis is homœopathic is one of much interest to us as homœopaths. On studying this question, I have come to the conclusion that it is essentially homœopathic in all its bearings. When I approached this subject at first, I was inclined to scout the idea; on looking into it more closely, my doubts were completely dispelled, and I am full of wonder when I contemplate how marvellously the present-day treatment of consumption conforms to the precepts laid down by our great founder.

His treatise on chronic diseases demonstrates that he recognized that many chronic diseases were due to an infection which he termed a chronic miasm or psora, and that he attributed their various manifestations to climate, abode, and mode of life of the patient. He was in the habit of treating some patients with psorin, which was material obtained from other patients who were suffering from a similar complaint.

In alluding to this subject in his *Organon* he says: "I did not include psorin in my list of antipsoric medicines, because it and other so-called isopathic remedies had not been sufficiently proved to make a sure homœopathic use of them. I say homœopathic, for the prepared psorin does not remain idem, even if given to the patient from whom it was taken, because, if it is to do him good, it can only do

so in a potentized state, seeing that crude psorin, which he has in him already, being an idem, has no action on him. The preparation that develops its power (potentization) changes and modifies it, just as gold-leaf, after being potentized, is no longer crude (leaf) gold without action on the human body, but at every stage of its potentization is more and more modified and altered.

“Potentized and modified in this way, the psorin for administration is no longer idem with the crude original psorin, but only a simillimum. For between idem and simillimum there is, for those who can reflect, nothing intermediate; or, in other words, between idem and simile only simillimum can exist. Isopathic and æquale are misleading terms, which, if they can mean anything trustworthy, can only mean simillimum, because they are not idem.”

According, then, to Hahnemann's showing, we can fairly assume that the tubercle vaccine is a simillimum to tuberculosis. My next enquiry was: Is the vaccine potentized according to Hahnemann's directions? Koch's new tuberculin is prepared as follows: Highly virulent tubercle bacilli are dried in vacuo and then ground up in an agate mortar and pestle, or comminuted by machinery. The dust thus obtained is treated with distilled water, and the mixture placed in a centrifuge rotating 4000 times per minute. In this way an opalescent fluid (tuberculin oberstand) and a deposit are obtained. The solid centrifugate is dried and mixed with distilled water and again centrifugalized; this process having been repeated several times, the fluids obtained from each repetition are mixed together, and 20 per cent of glycerin is added to the bulk. This mixture is then known as T.R. (tuberculin ruckstand), and constitutes the new tuberculin.

Here we see carried out in principle, Hahnemann's method of dynamization by trituration in a porcelain mortar, and subsequent shaking in a bottle with alcohol or water as the case may be; but the introduction of modern machinery has necessitated a modern phraseology of technique. The first part of the process is now termed comminution, and the latter centrifugalization.

Is the vaccine administered at prolonged intervals according to the directions laid down by Hahnemann in

his treatise on chronic diseases? He says: "The fundamental rule of treating chronic diseases is this: to let the carefully selected homœopathic antipsoric act as long as it is capable of exercising a curative influence and there is visible improvement going on in the system." In prescribing thuja, for example, he directs a single dose to be given once in fifteen, twenty, thirty, or forty days. How does this correspond with the modern administration of vaccine once a fortnight, followed later on by a dose once a month, or even at two-month intervals?

Lastly, we may enquire, Does the dose of vaccine approximate to the infinitesimal? Tuberculin is now being administered in doses of 10,000 part of a milligramme, which would correspond approximately to two minims of a third centesimal degree of potency.

Gentlemen, I trust I have carried conviction and removed any difficulties, if there were any, among you who had any doubts as to the homœopathicity of the vaccines, and henceforth let us award to Hahnemann his due meed of praise in connection with this modern treatment of infective disease.

[A number of interesting examples of bacteria were shown under the microscope, and Dr. Watkins also illustrated his paper with instruments which were passed round to members of the Congress during the reading of the paper.]

#### DISCUSSION.

The President: The vast amount of information that Dr. Watkins has collected together in a very short space shows what an amount of time and trouble he has taken in elaborating this paper, and I am sure none have listened to it who have not gained some information. It is a most interesting and complete description of the subject as it is at present known to bacteriologists. It is possible that there is less material for discussion in this paper than there was in the paper we had this morning, but at the same time there are many interesting and important points, and I hope these will be taken up. I now invite you to commence the discussion. (Applause.)

Dr. Goldsbrough considered there were two points worthy of remark as an introduction to a discussion of the subject of Dr. Watkins' paper. The first would be to emphasize the moral of the paper—that this modern research and its results are really a development of the application of the

homœopathic rule. That, for us, is an extremely important point, and one that should receive the fullest emphasis that could be laid upon it. It is laid upon the successors of Hahnemann to show the medical world that in these researches they are not following an entirely original path, but a path that was laid down by Hahnemann; and it more became the Homœopathic Congress directly to show to the medical world the relationship of the work done in the direction of Hahnemann's work. This was brought forward in Dr. Watkins' paper in a clear and lucid manner. Dr. Goldsbrough thought homœopaths should be instant in season and out of season in pointing out that the only way really to get advance in medicine is along Hahnemann's lines. The second point bore upon the question whether in the vaccine treatment we have to deal with an illustration of isopathy or homœopathy. It appeared to the speaker there could not be such a thing as isopathy at all, unless the disease could be reproduced as a remedy—the disease itself, which was absurd. The disease cannot be reproduced as a medicine, under any circumstance, but only the disease product, which can be isolated and administered, the introduction of a substance which would produce a similar state to that which is found in the patient, and not the identical state. The paper afforded an illustration of the breadth of homœopathy. The homœopathic principle seemed to be capable of embracing all conceivable substances which could possibly be introduced into the body as medicines. They had been accustomed in the past to think more particularly of inorganic substances and plants as substances which could be used as medicines. In addition to those are animal substances; for example, the serpent poisons, and now these disease products, nosodes or vaccines, which form yet an additional suggestion of the range of homœopathic principle over the whole field of medicine.

Dr. Dyce Brown: I consider that this is the most important paper that we have had for a long time. It was only quite recently that there was a great difference of opinion among our own body as to whether this treatment was homœopathic or not. Those who claimed it for homœopathy were rather out-voted, and it was declared not to be homœopathic, the majority of opinion being against it. Things, however, have been gradually coming to a climax, and Dr. Watkins has put before us to-day, in his carefully elaborated paper, facts that bring out clearly the inference that this treatment is really homœopathic. This is a very great point to have come to. We have gradually been getting to that in spite of difficulties, and of the differences of opinion in many of our

own school. We now see it is essentially homœopathic, and, as Dr. Goldsbrough said, we ought to bring it prominently forward and stick to it. The old school, of course, ignored homœopathy in the matter. There is one point I should like to notice, and that is, the dose. The dose that Koch gave at first was far too large, and did an immense amount of harm. Where we find that any medicine has a deleterious effect in large doses, and a minute dose has to be given to be successfully curative, it must be homœopathic, and its double action can be explained in no other way. Wherever one finds a medicine successful in a minute dose only, that medicine must be homœopathic. This becomes of itself a very important argument in any question as to whether the treatment is homœopathic or not. The efficacy of the minute dose is still more clearly shown in Dr. Watkins' paper, when we find that this minute dose is recommended by the old school to be given at long intervals—a week, a fortnight, or a month. All this is in consonance with homœopathy and with no other system of medicine whatever. I think our case, as stated in Dr. Watkins' paper, is an important one, and I beg to thank him for it.

Dr. Madden: It seems to me what we chiefly want to settle our minds on the question of this paper is a series of provings of this tuberculin. We all know that tubercular bacilli, when brought alive and active into contact with anyone susceptible to it, will produce tuberculosis. We do not yet know how much of tubercle or the conditions allied to tubercle, the introduction of the tuberculin when it contains the dead bacilli, and toxins only, will produce. We want that to settle the matter. If it will produce the condition indescribable from, or allied to, tubercle, we know it is distinctly a homœopathic remedy. If not, it remains isopathic and not necessarily homœopathic. The principle has been stated that a medicine acting in small doses is necessarily homœopathic, and I do not think it is a principle you can lay down with absolute certainty, but it is a suggestion, and we, at all events, are prepared to accept it as the most likely conclusion. That has not been conclusively proved. It does not seem to me to matter much whether it is isopathy or homœopathy. They are so nearly alike, they are simply branches of the same principle. Dr. Dyce Brown has inadvertently, I am sure, done some injustice in saying that the allopaths scout the idea of it being homœopathic. That is not quite true. Speaking the other day to an allopath on the question of this treatment, he used these words: "I confess I feel myself at heart a homœopath," and he could explain it on

no other principle than the one we are accustomed to realize as the right principle of homœopathy. It only requires a little further pushing to the conclusion for it to be recognized that this is an example of the truth of homœopathy. Many men, as Dr. Dyce Brown has pointed out this month in the *Review*, already acknowledge homœopathy as a principle, true in many cases, though they do not acknowledge it as true in all; and this is one instance in which they are prepared to accept its truth. I thank Dr. Watkins for the very splendid paper he has read before us, and which will help to impress it upon our minds still further than any we have had before.

Dr. Johnstone: The point under discussion carries me, and I have no doubt others also, back some nine years, to the occasion of our meeting at Bristol, when, with some hesitation, I introduced a subject to this Congress, a subject then somewhat new, namely, the treatment of diphtheria by antitoxin serum, and its relation to homœopathic principles. On that occasion there was considerable diversity of opinion as to the homœopathicity of the method, the exact nature of the means, and the value of the results. To-day all is changed. Since that time, of course, the old school—we may call them that—has progressed along certain lines, and made certain discoveries which you have had in a nutshell from Dr. Watkins this afternoon, all tending to prove what I suggested at the Bristol Congress in 1897, and again at the Oxford Congress, 1903, that the treatment of diphtheria by the anti-diphtheritic serum was on homœopathic lines. I am also particularly pleased to find one of our colleagues, who then was a little sceptical, boldly give his opinion in favour of that belief to-day. I have listened with extreme interest to the paper, and also, let me add, to Dr. Stonham's paper in the morning, and I am indeed sorry I had not the privilege of hearing the President's address. All three contributions range round the leading idea of immunity to disease. It is indeed gratifying to myself to find the Congress thus devoting its whole attention to a single subject which it was my privilege to bring to its notice nine years ago, and it must be still more gratifying to us all to find additional proofs from the latest scientific work in the dominant school that the homœopathic principle pervades modern medicine, though acknowledgment of the fact is tardy. The one doubtful point which remains to us to decide is the claim between the terms isopathy and homœopathy. I would suggest that the treatment of tuberculosis by tuberculin toxin is isopathy. On the contrary, the treatment of small-pox by cow-pox is



homœopathy. In the case of the former, one uses the actual causative poison itself as a remedial agent. One may change it a little in the various processes of preparation and make believe that by such little change it has been converted into a homœopathic remedy, but that it still remains an "*idem*" is not to be denied. It is isopathy. In cow-pox there obtains a different disease. Cow-pox never produces small-pox, and yet the poison of cow-pox is a remedy for small-pox. It is the simillimum, and is an example of homœopathy. If we could only discover some case where, by producing an immunity of, say, a drug or salt, we could use that immunity against a disease, similar to the drug in pathogenesis symptoms, it would be some assistance to us as a link between isopathy and homœopathy. There was a case somewhat of this kind mentioned this morning in Dr. Stonham's paper. He referred to the use of chloride of calcium in relation to poisoning by serpent venom. I look upon that as a profitable source of confirmation of our principle. If chloride of calcium could be proved to produce an antitoxin, or some such body which will cure snake poisoning, we should have a connecting link between the principle of isopathy and the principle of homœopathy.

Dr. Kinyon: The discussion this afternoon has brought to mind an important bit of history of homœopathy in our country. The first chair of homœopathy that was ever endowed in any State University was in 1872. Then the great Dr. Hempel was authorized to go to the University of Michigan, and give a course of lectures in homœopathy to the medical students—400 or 500 of them. The old-school profession was all up in arms. The Dean said to the students one day, "We have a humbug coming, who is to talk to you about what they call homœopathy, which also is a humbug, and I wish you to arrange that he will be made so sick that he will not repeat his visit." That was all the boys wanted—a suggestion of that sort—and they would soon arrange that the old gentleman would be sick. They met him at the depôt and surrounded the carriage, and threw some ancient eggs—and other things equally unpleasant, at the carriage. The Acting President of the Union, who was in the carriage, added to the agitation of the doctor by suggesting that possibly they had better turn round and take the next train back, and Dr. Hempel said: "It is so; if they treat me thus, I can do no good." They turned back and he went off home, 100 miles away. Immediately following that came the Christmas holidays, during which time a great many students did not return home, but stayed at the University

during the vacation. The Dean of the department, Dr. Palmer, announced that he would give a series of lectures on so-called homœopathy. He gave three lectures, which I have bound as a memento of exciting times. Those lectures were answered by Dr. Dowling, of sacred memory, in a popular magazine—the *North American Review*, I think—but that did not satisfy the members of the homœopathic profession. That was in 1872, and the doctor gave those lectures every winter until our department was founded in 1875. We then had at the head of the institution a man who could hold his own in argument with any one, Samuel Jones, M.D., one of the greatest lecturers I have ever listened to. In his inimitable way, at the request of the old-school students of the University, he replied to the lectures. Boys like fair play, and they wrote Jones a note and said: "If you will give the lectures we will come and listen." He gave three lectures—he intended to give four—on the grounds of the homœopathic faith, which have since been published in book form, and a richer, more meaty little book I never read. I think it is still procurable. I bought scores and gave them away to patients after I began practice. The point I wanted to make is this: About that time one of the greatest lecturers in the old school—Dr. Dunster—a perfect scholar and a perfect gentleman, a graduate of Harvard, made this statement—and I heard him make it—it was immediately after Palmer had given one of his course of lectures. He said: "I have not the time or inclination to discuss homœopathy or so-called allopathy, but I merely want to say if there is any such thing as science in medicine, homœopaths have it, because they prove their drugs upon healthy persons, which is the only possible way of reaching a scientific conclusion beforehand." That utterance was made in 1876, and from that time to this we have been trying to hold up the banner in the University, and the papers to-day have brought to mind the truth I then listened to. After hearing the address and papers to-day, we know the labours of the past have not been in vain. There are many liberal, large-hearted, generous-souled men in this and our own country of the old profession recognizing to-day the truth of the law of similars.

Dr. Ord: I think the council must be congratulated on the three papers to which we have had the privilege and pleasure of listening to-day. Each paper has marked out its own lines and yet carried on the thought suggested by the previous one. It has been the most striking series of papers I have listened to at any Congress. When I think of our knowledge and ideas of homœopathy when I took up

the study fourteen or fifteen years ago, and the way one's credulity was stretched in the early days—things we could not understand the possibility of became true in our professional experiences. But our faith is now realized by sight, and proved for us, not by ourselves, but by our friends the enemy. Those who threatened to destroy us, our knowledge, and our science, are now founding both on a sure and scientific basis. When one first began the study of homœopathy, one embraced the law of similars as a reliable method of practice. But on turning from allopathy we found some who advocated three great stumbling-blocks to our early faith, and appeared to prove their value by striking results. The first difficulty was the use of high potencies; the second was the use of the occasional dose; and another was the use of nosodes. All these three things to an allopath are completely staggering. He has to turn his mind right over, and look at everything from the upside-down point of view in order to grasp their significance. If in those early days I could have heard what I have heard to-day, I should have had many difficulties removed. The scientific basis on which these methods of practice depend, we have heard established to-day, and through the labours of the other school. The dominant school is now using treatment which is shown by Dr. Watkins to be practically homœopathic in its action, and I beg to thank him for a great intellectual treat, and for the great step forward given us in the truths of homœopathy to-day. (Applause.)

The President: With respect to Dr. Ord's remarks, I think one of the most valuable points of recent investigations and treatment of bacterial diseases, in association with opsonic treatment, is that we can determine how long we should wait before repeating the dose. We were taught to believe that in administering *antipsoric* remedies we should let the action of the drug work itself out, but we were never told how to find out when it had finished its action, and personally, I have never arrived at the knowledge when a 30th or 200th dilution of such a drug had finished (if it ever had begun). Now we have the difficulty demonstrably removed, and can ascertain the actual moment when the agent has finished its action. It is, I think, one of the greatest advantages we have had. I want to make a remark on what Dr. Watkins said about lupus being so seldom cured. I think in a short time that will have to be modified. The remarks he made himself on taking the measures of treating blood-supply will furnish the solution of that difficulty. We owe a great many things to the great German nation, and a German surgeon, Biet,

has done great service to the profession by introducing his method of "stauung." He gets more blood and lymph to remain in the part, so that the highly productive serum may act more steadily and for a longer period on the bacteria that are found in the diseased area. By this means Finsen light or other rubefacients will cure many of those cases of lupus which have hitherto been incurable. We have to learn that we may have to revise somewhat our views as to doses, not to give up "high potencies," but to be ready to come down in the scale if results demand it.

Dr. Watkins: I do not think there are many points to reply to. The discussion has ranged about the treatment being homœopathic or isopathic. So far as I know, there is no definite meaning of the word isopathic. Hahnemann says it is a misleading term, and if it means anything it means homœopathy. We must abide by what he said who introduced homœopathy, and he should know. The German Beere treatment, I may say, is carried out by a system of bandages. I am very much obliged to you for the kind and hearty reception you have given the paper. (Applause.)

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## MEETINGS.

### BRITISH HOMŒOPATHIC SOCIETY.

#### ANNUAL ASSEMBLY.

THE Tenth Meeting of the Session, 1905-6, and the First Meeting of the Annual Assembly, of the British Homœopathic Society, was held at the London Homœopathic Hospital on Wednesday, July 4th, at 8 o'clock, Dr. A. E. Hawkes, President, in the Chair. Dr. T. G. Stonham was nominated as a Fellow of the Society.

Under the auspices of the Section of *Materia Medica* and Therapeutics a paper was read by Dr. J. H. Clarke, of London, entitled, "The Value of Accurate Diagnosis in Homœopathic Prescribing." Dr. Clarke's paper was based on the criticism that homœopaths tend to ignore diagnosis, and pay undue attention to symptoms in their estimation of a malady. He pointed out that the criticism was founded on a certain amount of fact, that it is to say, when attention was paid exclusively to one aspect of diagnosis, namely that of the remedy, and other aspects were neglected, it was possible in a rough manner to prescribe on this basis. But it was altogether a mistaken inference that accurate homœopathic prescribing could afford to neglect the essentials of diagnosis

as usually understood. Indeed, there were four varieties of diagnosis, none of which the homœopathic prescriber could afford to neglect. These are the nosological, or the diagnosis of the disease; the individual, or the diagnosis of the case; the diathetic (specially introduced by Hahnemann as the diagnosis of chronic miasm); and the therapeutic or diagnosis of the remedy. Dr. Clarke brought forward cases from his experience, showing the value of these distinctions, and a comprehension of them in a consideration of the cases. A recognition of the diathetic diagnosis, for instance, suggests nosodes as remedies, and offers a much wider therapeutic field than when this aspect is overlooked. Dr. Clarke described the remedy chosen in the light of this diagnosis as the pathologic simillimum.

At the conclusion of his paper Dr. Clarke made some remarks on what has for a century been known as the homœopathic *materia medica*, but which he preferred to call "*implemента homœopathica*," and argued in favour of schematic symptom lists as the only thoroughly reliable guides for the selection of the remedy.

In a discussion which followed the reading of the paper, Dr. Hawkes, Dr. Murray Moore, Dr. Spiers Alexander, Dr. Byres Moir, Mr. Dudley Wright, Dr. Jagielski, Dr. Blackley, Dr. MacNish, Dr. Ord, Dr. Goldsbrough, Dr. Cronin, Dr. Deane, Dr. Miller Neatby, and Dr. Ashton took part, and Dr. Clarke replied.

#### ANNUAL ASSEMBLY—SECOND MEETING.

The Second Meeting of the Annual Assembly was held at the London Homœopathic Hospital, on Thursday, July 5th, at 3 p.m.

Dr. T. G. Stonham was elected a Fellow of the Society.

The Report of the Council was presented, and the Balance Sheet, both of which were adopted.

The Report of the Indexing Committee was also presented and adopted.

The following officers were elected for the session 1906-7: President, Dr. J. H. Clarke; Vice-Presidents, Dr. Cash Reed, Dr. MacNish; Treasurer, Dr. Blackley; Council (in addition to the above and the Ex-President)—*Fellows*: Dr. Burford, Dr. Byres Moir, Mr. Knox Shaw, Dr. Stonham; *Members*: Dr. R. M. Le H. Cooper, Dr. Searson.

At a meeting of Council held subsequently to the annual assembly, the following were elected Secretaries to the Sections: *Materia Medica and Therapeutics*, Dr. Stonham; *General Medicine and Pathology*, Dr. Spiers Alexander; *Surgery and Gynæcology*, Dr. Vincent Green.

## NOTABILIA.

## BRITISH HOMŒOPATHIC CONGRESS.

THE Annual British Homœopathic Congress was held on Friday, July 6th, at the London Homœopathic Hospital (by kind permission of the Board of Management). Dr. Edwin A. Neatby, the President of the Congress, was in the Chair, and there were present the Vice-President Dr. David MacNish, the Hon. Treasurer Dr. E. M. Madden, the Hon. Secretary Dr. Dyce Brown, the Hon. Local Secretary Mr. Dudley Wright, Drs. Burford, Knox Shaw, Goldsbrough, Stonham, Hawkes, Byres Moir, F. Nankivell, Norman, E. B. Roche, Storar, Ord, Johnstone, Granville Hey, Tindall, Frank Shaw, Ramsbotham, Gilbert, Beale, S. P. Alexander, Bennett, Blackley, Murray Moore, Eadie, Chapman, Gardiner Gould, Roberson Day, Jagielski, Washington Epps, Eugene Cronin, Gordon Smith, Purdom, Percy Capper, Walter Wolston, Le H. Cooper, Murray, Lambert, Hayle, F. H. Bodman, H. Bodman, Spiers Alexander, Ham, Fairlie, E. B. Roche, W. Roche, Claudius B. Kinyon and Howard Kinyon (University of Michigan), Klauber (Vienna).

The President then delivered his Address, the subject being "Modern Developments and Their Bearing on Homœopathy."

At the conclusion of the President's address:—

Dr. Ramsbotham: Ladies and Gentlemen,—I address myself directly to you rather than in the more formal manner through the Chairman, because in what I have to say I must refer personally to him, and it might have been repugnant to his innate modesty if I had addressed my remarks directly to him. We have listened to an eloquent and informing address, to which the charge of prolixity deprecated by the President in the very opening of his remarks could certainly not be applied. He has traced for us, historically, and in a very interesting way, the development of the various theories as to constitutional and local disease, and we know, and have recently had a very striking example, of the light which can be thrown upon the subject under observation by the use of this historical method. He has given in a very valuable summary on the power of the infinitely little, a commentary indeed upon the saying of an old writer in a book, which is, perhaps, the most widely known of all books: "Despise not the day of small things." If in his day small things were apt to be despised, in our day they are coming to the front: and that not only among ourselves, who have been accustomed for a long time to discuss, to enter into, and to realize the value of these small things, but by others upon whom the light is only just beginning to dawn, and is very dazzling

to their eyes. Thirdly, and lastly, we have had the tracing of these things, through therapeutic methods, which not only we use, but which our opponents—or friends—in the other camp are also beginning to use, although they do not know, or do not confess whence they have derived them. I have, indeed, much pleasure in proposing a hearty vote of thanks to the President for his able and interesting address.

Dr. Murray Moore: Ladies and gentlemen,—I have great pleasure in supporting this vote of thanks to the President for his excellent address. To me it has been one intellectual treat from first to last. I am delighted to see one of the most earnest workers in the direction of clinical and scientific homœopathy placed in the highest position that we can honour him with. (Hear, hear.) For many years I have attended almost every Congress, and I have never heard an address which was more interesting, more valuable, or more thoroughly up to date. Surely, none of “our friends the enemy”—as we are pleased to call them—can possibly sling at us the stone they have often slung—that we are *not* up to date in our subjects; that we know little of pathology; that we leave investigation and experiment to them; and that we are simply followers of a stereotyped formula. Our President’s address gives the negative to that. He has skillfully, with deep thought and profound study linked together the latest results of Physical Science with our grand old principle, “*Similia similibus curentur.*” I honour our President for his own work, and I have followed with great interest the development of the School of Homœopathy, the effects of which are reaching various parts of the world. Dr. Neatby, besides giving his services as secretary of the British Homœopathic Society, has taken a most active part in founding the School of Homœopathy. What appeals to me directly is, that Dr. Neatby has inaugurated a course of lectures to medical missionaries and nurses, the influence of which will not only spread north, south, east, and west, but will help the missionary cause to an extent we can scarcely realize. In the countries where the greatest opposition is shown to the missionary, it has been proved that the only way to get at the souls of the people is through their bodies. The most fanatical mob is restrained in its persecuting fury by their knowledge that the medical missionary has cured hundreds of cases of illness in their midst—as in Egypt and in Syria—that could not be reached by any means known to them. When we can leaven the missionary with our medical truth I think homœopathy will still further illustrate its curative work. (Hear, hear.) I do not know a more industrious man in the ranks of homœopathy than Dr.

Neatby. Judging from his productions he must work sixteen hours a day—(oh, oh)—and those who shared his graceful and musical hospitality last night learned that he is also one of the most genial of men. (Applause.) I have great pleasure in seconding the vote of thanks.

Dr. Dyce Brown: I presume that is carried with acclamation.

The President: Ladies and gentlemen,—I have to thank you very much for the very cordial way in which you have responded to the all too flattering remarks of Dr. Ramsbotham and Dr. Murray Moore. I am sorry we cannot have the pleasure of the company of all now present during the rest of the day, but we hope to meet them at dinner this evening. There will now be an interval, during which subscriptions will be taken by the Treasurer, Dr. Madden, from members of the Congress.

After this brief interval business was resumed.

Dr. Dyce Brown: I had a letter yesterday from our esteemed old friend Dr. Clifton of Northampton, which I think I must read:—

“Northampton, *July 5th*, 1906.

“Dear Dr. Dyce Brown,—Until yesterday I was quite hopeful that I would be well enough to meet you, and many of my colleagues and warm friends to-day and to-morrow, but to my great regret I find myself too unwell to leave home. I assure you it is no small disappointment to me, as our Congresses have always been red-letter days—saints’ days—with me; and as I am so seldom able to attend the meetings of the British Homœopathic Society, these occasions of fraternal intercourse are more precious than ever. Please convey to the brethren my kind regards and esteem, and how sorry I am not to be with them. I trust you will have a good meeting and time of refreshing.

“Believe me, yours truly,

“A. C. CLIFTON.”

A telegram has just come to hand from Dr. Herbert Nankivell, who is at Grindelwald. He wrote some time ago to say he hoped to get back in time for the dinner, but he wires from Grindelwald, where he is evidently detained, “All congratulations, good wishes.” (Applause.) I have also letters from Dr. Nicholson of Bristol, who expected to attend, but is detained by a serious case; and from Dr. Cash Reed, and Dr. Simpson of Liverpool, who had arranged to attend, but have been unfortunately detained at the last moment.

Dr. Stonham then read his paper on the “Serpent Poisons.”

The Discussion on this paper will be found at the end of the paper.



THE LUNCHEON.

At 1.15 the Congress adjourned for luncheon, which was served in the Venetian room at the Holborn Restaurant; the members of Congress being on this occasion the guests of their *confrères* in London and the neighbourhood. An excellent repast was well served and heartily discussed. At the close,

Dr. Wolston said: It is my pleasure as well as my duty—for I do it to voice the feeling of many friends—to ask you if you will join in according the homœopathic practitioners of London and neighbourhood our hearty thanks for their kindness in inviting us to lunch to-day. A more pleasant luncheon I think I never partook of at any of these Congresses, because, as a brother practitioner has said, these meetings give the opportunity to old friends of coming together, and I think this is one of the charms of the luncheon. After the exhausting labours of the morning it is a necessity that there should be some refreshment, and I am sure that we shall return to the work of the afternoon very much refreshed by what we have enjoyed. It is also wise when asking a favour to be sure it can be granted, and I am sure you will readily thank our *confrères* in London and neighbourhood for their kind hospitality.

Dr. E. B. Roche: Ladies and gentlemen,—It is a great pleasure—indeed, I regard it as a privilege—to second the resolution. I am sure those who come from the country on these occasions find great interest and pleasure in meeting, as we have heard, those whom we seldom have the opportunity of seeing. It is very kind of our friends to receive us so courteously, and give us their hospitality, and I am sure to-day is a red-letter day in most of our experiences. I wish all our country *confrères* would make a greater effort to embrace the opportunities of such a meeting. It would add greatly to the strength of homœopathy, and would tend to a better feeling in every way. As our President is himself one of the hosts, I desire, in seconding, to put the motion to our friends from the country, that we return our most hearty and grateful thanks to those of our friends in London who have shown such kindness in thus entertaining us. Personally, I may say how deeply indebted I am to the friends of the Homœopathic Hospital, not only for their hospitality but for the very kind and helpful assistance they are always willing to give to their country friends in their work, in any difficulty that they may have.

Dr. C. B. Kinyon: I consider it a privilege and an honour

to join in giving our sincere thanks to the practitioners of London and its neighbourhood, and to thank them, not only on behalf of myself and my son, but of all who are practising in America under the banner of "Similia."

Dr. Neatby: On behalf of my colleagues and myself I have to acknowledge the very kind way in which you have proposed the vote of thanks to the London men. I feel that we hardly deserve all the thanks you have lavished upon us. The hospitality which the London men as a whole receive in the country is not a whit less than what we are able to offer to-day—indeed, I think the country members always outdo us in their efforts to entertain the Congress, not only in the sumptuousness of the feast which they place before us, but in the efforts they make, after the Congress, to entertain those who are able to stay. So I think it is a very small act of reciprocity on our part. Then, again, we are a larger number of hosts, and the duties fall very lightly on us, but, on the other hand, the small amount we have to pay is not representative of the pleasure we have in the privilege of entertaining you. We offer you all a very hearty welcome, and we are very much obliged to you for being our guests at luncheon. (Applause.)

The Congress resumed its meeting at the London Homoeopathic Hospital, at 2.30 p.m., when the President called on Dr. Watkins to read his paper on the "Vaccine Treatment of Infective Disease." This was followed by a Discussion which will be found at the end of the paper in our present issue.

#### CONGRESS BUSINESS.

The formal business of the Congress was then transacted.

The minutes of the last Congress were read by the Secretary, and were approved.

The President: I want to make a suggestion which I hope will not be regarded as out of place, and which came to my mind as the secretary read the minutes. As it is therein stated, the Congress of last year was very kindly entertained to tea at the Buchanan Hospital by the members of the Board of Management, represented on that occasion by the matron. The hospital has since been deprived of the services of a valuable and competent matron by a motor-car accident in which she was killed, and I would like to say it would not be out of place at this, the present Congress, to express our sympathy with the hospital management and the relatives in the loss they have sustained.

The meeting signified agreement, and Dr. Neatby asked the Secretary to convey that expression of sympathy to the proper quarters.

The President: The next business will be to decide upon the place of meeting for the next Congress. It will be within your recollection that we usually hold the meetings alternately in London and the provinces. Last year it was suggested that it was high time we had a congress in the North—some in those parts had the feeling that we did not visit them often enough. Is not that so, Dr. Hawkes?

Dr. Hawkes: Always glad to see you, sir.

Dr. Hayle: What about Rochdale? It is not far from Manchester, only eleven miles, and there are some very good friends at Rochdale. You have not been to a manufacturing town lately.

Dr. Storar: Would it not be better to include Manchester, as it is not far away? If Manchester men were to arrange to join with Rochdale, it would be much more convenient to meet there.

Dr. Bodman: I do not know whether Dr. Ramsbotham is here or not, but Harrogate would be a good centre.

Dr. Madden: Has he asked us to go to Harrogate?

Dr. Bodman: No, I did not say so, but it would be a good centre.

Dr. Madden: I was going to propose Tunbridge Wells.

Dr. Grace: I was going to ask you to go there, except that the meeting commenced with the idea of going north. If you will come we shall be glad to see you.

Dr. Bodman: I suggest, with the permission of Dr. Ramsbotham, that it be Harrogate.

Dr. Johnstone: I suggest that it be left to the Council to arrange with the local practitioners as to where the meeting shall be. ("No, no.")

Dr. Madden: I can assure you it will be all right at Harrogate.

Dr. Johnstone: If you can assure us, all very well and good.

Dr. Hawkes: If not, we will work it from Liverpool. At Manchester we have some excellent friends, but they never come here to invite us there. We will gladly invite you to Liverpool.

Dr. Hayle intimated that he would withdraw his proposal of Rochdale. Harrogate was a much nicer place for the meeting.

The matter was put to the vote, and the meeting was unanimously in favour of the next Congress being held at Harrogate.

The President: The next business is to elect the President of the next Congress.

This was carried out by ballot, and when the votes had been counted,

The President announced that Dr. Walter Wolston, of Edinburgh, had been elected by a large majority, practically unanimously, for the post of President for the year 1907. (Applause.)

Dr. Wolston: Mr. President, and gentlemen,—You have selected the worst man possible. (“No, no,” and applause.) I am old and grey, and although I have seen a great deal of practice, I have not been much of a student, as you all know. Although I shall accept your kindness, and the post, so far as the general business is concerned, I will do my best, but I am quite sure that I shall make a very poor President.

The President: I am quite sure that those who have voted you to the chair will reserve the right to judge on that point. I should now like to propose that Dr. Ramsbotham, of Harrogate, be Vice-president; as we are to hold the Congress there, he will make an exceedingly good Vice-president, and be useful to us. (Applause.)

Dr. Madden: I should like to second that proposal, especially as I understand that Dr. Wolston does not care to preside at a social function like the dinner, and Dr. Ramsbotham will come in splendidly.

Dr. Dyce Brown: I beg to propose that this be carried unanimously.

Chorus: Agreed.

The President: The next point is the date of meeting.

Dr. Madden and the President suggested that the third Thursday in September was the usual date.

Dr. Dyce Brown: If I may make a slight correction, it is the Thursday in the third week in September.

Dr. Wolston: The Thursday in the third week will be the 21st. I was wondering whether a little later would be better: say the next week.

Dr. Bodman: It would make it better for some who would be returning from their holidays.

Dr. Dyce Brown: I think we have discussed the point before, and the third week was preferred to the fourth.

The President: Yes; when men have been away they do not like to start again, and leave their work. The proposal is that the meeting at Harrogate be on the Thursday in the third week of September.

This proposal was then put, and carried *nem. con.*

The next business was the election of Officers.

The President said the remaining Officers were the Hon. Secretary and Hon. Treasurer.

Dr. Blackley: I do not think we need lose time in voting on a question of this kind. Our interests have been so

wonderfully well served all these long years by the two gentlemen who hold these positions that I beg to propose we elect them again by acclamation. (Applause.)

Dr. Dyce Brown: I am very much obliged to you, and am glad to do all I can. It is my "silver wedding" to the Congress. I have been Hon. Secretary for 25 years, and I shall be happy to continue.

The President: We next require a Local Secretary for the Congress, and I suggest that Dr. Hayes, of Leeds, who is a young and active man, and has recently identified himself with us, be asked to take up the post. We have had him here as resident medical officer, and he is a reliable man.

Dr. Blackley seconded, and the proposition was carried.

The President said the next business was to elect the four members of the Congress, who, with the officers, should form the Council to make the necessary arrangements.

Dr. Dyce Brown suggested that as the President, Vice-President, and Local Secretary lived some distance away, if four London members were chosen it would be helpful.

The voting was done by ballot.

The President: The following gentlemen are elected to serve on the Council: Mr. Knox Shaw, Drs. Burford, Goldsbrough, and Blackley.

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

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## OBITUARY.

### GEORGE WYLD, M.D.

WE regret to have to announce to our readers that our colleague Dr. George Wyld has passed away from us. His health, which was always so good, began to fail about six months ago, and with a peaceful end he breathed his last at his residence, Somerville, Tunbridge Wells, on June 24th, at the ripe age of 85. The notice only appeared in the *Times* on the 27th of June, too late for the July issue of the *Review*.

Dr. Wyld was born on March 17th, 1821, and was the seventh son of Mr. James Wyld, of Gilston, Fifeshire. He was educated at the Edinburgh Academy, and while in Scotland, having read Boswell's inimitable *Life of Johnson*, he was fired with the idea of going to London, which he did as a young man. Before studying medicine his father put him into business, which George did not like, and on coming to London he decided on going into the Church. Having, however, read various books which unsettled his ecclesiastical views, he found that he could not conscientiously go on. He, therefore, threw up this career, and took to medicine.

He took his pre-graduate training, first at University College, London, and subsequently at the University of Edinburgh, where, in 1851, he took his degree of M.D. For many years Dr. Wyld had a large practice in London, and in 1876 was President of the British Homœopathic Society. In that year he wrote to the *Lancet* and the *Times* letters containing suggestions for union between the two opposing medical schools. There was a considerable difference of opinion in the ranks of homœopathy as to the advisability or feasibility of this scheme, and it came to nothing practically.

Dr. Wyld's practice was, after a time, considerably affected, as he himself was aware, by his actively taking up the cause of Spiritualism. We do not express any opinion on the subject, but merely state the fact. As years advanced, he gave up practice, and retired first to Courtfield Gardens, and afterwards to the country. He had built a house at Wimbledon, and took the greatest interest in its details, as he anticipated living there for the rest of his life; but having lost a large sum of money through a family solicitor whom he absolutely trusted, he had to give up this idea, and live elsewhere. He returned for a time to London, lived in Westbourne Street, but finally removed to Tunbridge Wells, where he passed the remainder of his long life, and where he peacefully passed away.

Dr. Wyld's conversion to homœopathy was due to Dr. Dudgeon, who cured him of a complaint he had had for some time, and in which all other doctors (of the old school) had failed. This result led him to study homœopathy by books, and by watching the practice at the London Homœopathic Hospital, and eventually to join the ranks of the homœopaths.

Dr. Wyld was a remarkable man, and one not fully appreciated or understood by his colleagues. For besides his professional gifts, he showed his wide range of thought and action in many other spheres. Perhaps this general estimate of his gifts was affected by his active support of Spiritualism, as has been already indicated, but, be this as it may, it put him in a position which he would not have otherwise occupied. His absolute honesty and straightforwardness in this course was, however, patent to all, and no one ever suggested anything other than his being mistaken in his views, which views he held unflinchingly all the rest of his life. He was a Director of the District Railway for 31 years, his seat having been due to a speech he made at the half-yearly meeting of shareholders in 1869, which excited much attention. He

made such practical suggestions to the Gaslight and Coke Co., in which he bought a large number of shares, when the electric scare in gas affairs took place about 1879, that, unexpectedly to him, the Gas Company adopted them, and the late manager expressed himself as indebted to Dr. Wyld for the suggestion, and the large profit which accrued thereon. He was the initial means of the founding and organization of the Liberal Unionist Party. This will hardly be believed, but the story, if we had space for its rehearsal, is very interesting. Having been a devotee of Mr. Gladstone, his idol was broken at the time of Parnell and the Home Rule Bill. He at once convened a meeting of influential men at his house; a Society called the National Patriotic Party was formed; it was brought before Mr. (now Lord) Goschen in the form of a deputation, was taken up by him, and soon developed into the Liberal Unionist movement. Vaccination from the calf direct was also initiated by him, and subsequently taken up by Government, and is now the only kind of lymph employed in vaccination. After this had been publicly taken up as the right course, Dr. Wyld retired from the laborious work, satisfied with having set the sanitary ball rolling.

Dr. Wyld was the author of numerous writings on non-medical subjects, some of them in periodicals, and others as separate publications. In 1896 he, after much study, published the *Life of Jesus Christ, as a Continuous Narrative of the Four Gospels*, which was very highly spoken of by religious periodicals. Before this, he brought out a book called, *Theosophy and the Higher Life*, which years afterwards, being out of print, was, in 1895, republished as *Christo-Theosophy*. He wrote also two novels, *Dr. Macgregor Roy* and *Robert Stevenson*. Lastly, in 1903, when having entered his 83rd year, Dr. Wyld produced an exceedingly interesting autobiography, entitled *Notes of My Life*, to which we are indebted, by the kindness of Mrs. Wyld and the family, for many of the facts already noticed. Altogether, it will be seen from the above, what a really remarkable man Dr. Wyld was, how varied his views, occupations, and pursuits were, while with it all there was a fearless honesty of aim and action, chastened by a lofty religious principle, endeavouring to follow the teachings and life of Christ in all his walk in this world.

It is not often that any one lives to his 86th year, and it is a consolation to his widow and family to look back on such a long life, characterized by such lofty ideals as Dr. Wyld had. To them we offer our warm sympathy in their bereavement.

## 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 Dr. DYCE BROWN, 29, Seymour Street, London, W. Telephone, 138 *Mayfair*.

Dr. POPE'S Address is 10, Approach Road, Margate.

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Contributors of papers who wish to have reprints are requested to communicate with Messrs. E. GOULD & SON, Ltd., 59, Moorgate Street, London, E.C., who will arrange with the printers. Should Messrs. GOULD & SON receive no such request by the date of the publication of the *Review*, the type will be taken down.

Communications have been received from Drs. STONHAM, WATKINS, NEATBY, GOLDSBROUGH, Mr. J. M. WYBORN (London); Dr. ANDREW NEATBY (Sutton); Rev. W. J. PINCKNEY, Mr. FRANK SHAW (St. Leonards); Mr. C. J. WILKINSON (Windsor); Mr. OSCAR E. HILL (Bromley); Dr. ARTHUR ROBERTS (Harrogate), Hon. Secretary Children's Sanatorium, Norfolk.

\*.\* DR. ANDREW NEATBY of Sutton, being about to go abroad, has disposed of his practice to DR. GARDINER GOULD, Northcot, Grange Road, Sutton, Surrey.

## BOOKS RECEIVED.

*The Medical Annual Synoptical Index to Remedies and Diseases.* 1899-1904, Bristol, John Wright and Co. *Report of the Buchanan Hospital. Action of Belladonna on the Ear, on the Head, on the right and left Sides of the Body, and its Urinary Symptoms,* by Howard P. Bellows, M.D.

*Homœopathic World*, July. *Vaccination Inquirer*, July. *Bromley District Times*, June 29; *Hastings and St. Leonards Observer*, June 30. *Indian Homœopathic Review*, May. *Calcutta Journal of Medicine*, May. *American Physician*, June and July. *Homœopathic Recorder*, June. *St. Louis Medical Review*, June 16, 23, 30, July 7. *Medical Brief*, July. *Journal of Mental Pathology*, Vol. 7, No. 3. *Medical Times* (N.Y.), July. *Chironian*, June. *Western British American*, June 30. *Homœopathic Envoy*, July. *Hahnemannian Monthly*, July. *Medical Century*, July. *North American Journal of Homœopathy*, July. *Revue Homœopathique Française*, May and June. *L'Art Médical*, June. *La Clinique*, July. *Homöopathische Monatsblätter*, July. *Allgemeine Homöopathische Zeitung*, June 28 and July 12. *Zeitschrift des Berliner, &c.*, June. *Homœopathische Maandblad*, July. *Revista Homœopathica Catalana*, Dec. and Feb. *Revista de Med. Homœopathica Porto Alegre*, Jan.-May. *Revista Homœopathica do Parana*, May and June.

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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### AMERICAN DRUG PROVINGS.

It is marvellous how perfect the Homœopathic materia medica is. And yet nothing in this world is perfect, but requires to be re-sifted, and brought up to date. And so with the Homœopathic materia medica. When the provings which we have were made, most of the modern appliances and aids were unknown, and consequently we find a prevailing feeling or desire at the present time that our drugs should be re-proved, in order that symptoms which are well known should be confirmed, while those, on whose reliability doubt has been cast, should be again affirmed, or excluded.

This feeling has given rise to one branch of the work of the British Homœopathic Association, namely, the re-proving of certain drugs to begin with. Colchicum has been selected, the work is well advanced, and we hope to see the results in a printed form soon. In America the same feeling has taken strong hold of the profession, and has already produced tangible results. We re-printed, some time ago, the excellent provings of *Stellaria Media*, and now we are promised the immediate publication of the Test Drug-Proving of *Belladonna*, by the O. O. & L. (the American Homœopathic Ophthalmological, Otological, and Laryngological) Society.

We do not, as a rule, notice books which are going to come out. We wait till they actually are published, and then we criticize them. But in the case of this Test Proving of Belladonna, we break our rule. The proving was conducted by DR. HOWARD P. BELLOWS, of Boston, Mass., whose energy and hard work in this sphere of labour are a guarantee for its value and success. The special reason we have for noticing the work in its pre-publication stage is that, first, it is a work of, evidently, prime importance, and ought to be in the possession of every homœopathic practitioner, and secondly, that it is to be published by subscription, and that *the price will be determined by the number of subscribers*. The aim and scope of the work is so well and shortly put in a letter received by us from DR. BELLOWS about the beginning of July, that we quote it entire :—

“DEAR DOCTOR,—The manuscript for the book upon *The Test Drug-Proving of the O. O. & L. Society* is ready for the printer. It will make a large octavo volume of about seven hundred pages, similar in size to one of the volumes of Hering’s *Guiding Symptoms*. It will contain complete narratives of the fifty-three individual provings which constitute the body of the work, together with a thorough digest and presentation of the results obtained in synoptic and schematic forms and in different degrees of condensation. It will be illustrated with sphygmographic tracings and with photomicrographs of changes induced by the drug in animal tissues. *It will be published by subscription, and the price will be determined by the number of subscribers*. It is designed to furnish the book to each subscriber as nearly as possible at cost price, and, by vote of the O. O. & L. Society, *should any profit chance to accrue from the sale of the work it will be devoted to the cause of drug-proving*.

“Your subscription is solicited upon the enclosed postal, and its prompt return is most essential, as it is desired to send the book to press immediately.

“Fraternally yours,

“HOWARD P. BELLOWS,

“June 23rd, 1906.

“*General Director of the Proving  
for the O. O. & L. Society.*”

In a further communication DR. BELLOWES adds the following, with the Table of Contents, and he likewise encloses a copy of the Introduction, which we wish we had space to re-print. Unfortunately we have not, but the Table of Contents will give an idea of the aims and scope of the work.

“For the information of any who may not be acquainted with the nature and scope of this work, it will be stated that it is a re-proving of Belladonna, under scientific conditions and by laboratory methods, which has been carried out under the auspices of the American Homœopathic Ophthalmological, Otological, and Laryngological Society, with the endorsement and co-operation of the American Institute of Homœopathy and various State and local societies, and by the aid of proving-boards of twelve or more physicians each, mostly specialists, which were organized for this purpose in eleven of our largest cities.”

#### “TABLE OF CONTENTS.

“Introduction. Chapter I.—The History of the Test Proving. Chapter II.—The Examiners’ Forms employed in the Proving. Chapter III.—Narratives and Synopses of the Provings. Chapter IV.—The Results in a New Schematic Form (Physiological or Systemic). Chapter V.—The Results in the Old Schematic Form (Anatomical). Chapter VI.—The Results Summarized in General Terms. Chapter VII.—Effects Produced upon Animal Organs and Tissues. Appendix.”

It will be observed that the proving was carried out by over fifty persons, under the most rigorous supervision, that the provings are recorded as a continuous narrative, thus giving the order of sequence of the various symptoms. This is followed by a synopsis of the provings, the results are arranged afterwards in schematic form, and then are summarized. Finally, as a “side-light” on the human provings, there is a chapter by DR. S. C. FULLER, the pathologist of the Westborough Insane Hospital, of “absolutely original work” on the effects produced by belladonna upon animal organs and tissues. These will be, no doubt, very interesting, not as provings in the same sense as those on the human subject, but as side-lights on them.

DR. BELLOWS expressly states that while in our ordinary provings poisoning symptoms are included with others, that of the new re-proving is with non-poisonous doses only.

Although we have not seen the complete work as yet, it has the warmest approval and commendation of three of the past Presidents of the American Institute of Homœopathy, DR. J. P. SUTHERLAND, DR. GREGG CUSTIS, and DR. GEORGE ROYAL. All these have seen the complete M.S., and speak in the very highest terms of its value. With such a sanction, and seeing, from what we have said, the manner in which the proving of belladonna has been conducted by DR. BELLOWS, we have no hesitation in strongly advising our colleagues to lose no time in sending their names as subscribers for the book to DR. HOWARD P. BELLOWS, The Guildford, corner of Clarendon and Newbury Streets, Boston, Mass., U.S.A. To do so will be of much value and importance to each subscriber, it will help largely the determination to re-prove our chief medicines, it will encourage similar work in England, and will greatly benefit the cause of homœopathy all over the world.

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## MODERN DEVELOPMENTS AND THEIR BEARING ON HOMŒOPATHY.\*

By EDWIN A. NEATBY, M.D.

Physician for Diseases of Women, London Homœopathic Hospital.

MY first duty to-day is to make acknowledgment of the honour that my medical brethren have done me in electing me to the proud position of President of this Congress. It is twenty-three years since I first attended one of these assemblies, at Matlock, under the presidency of a veteran not long after gathered to his fathers—Dr. Moore, of Liverpool. In thinking of the presidents of subsequent meetings, a long list of honourable names rises to one's mind, a few of whom, such as Charles Harrison Blackley, Henry Harris, and Eubulus Williams, we shall, alas, see no more.

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\* Being the Presidential address delivered at the British Homœopathic Congress, held in London, on July 6th.

but their memory is ever green. The rest are happily with us to this day.

As the years roll by, the traditions and history of these annual gatherings add dignity and lustre to this office, and the mantle of past occupants falls with an ever-increasing weight of responsibility on the shoulders of the new comer. Nevertheless, I thank you, ladies and gentlemen, for placing me here, and I shall do my best to occupy this Chair which others have so nobly filled. I shall not count in vain on the support of the officials and members of this Congress in endeavouring to make it worthy of the past, and of the important papers we shall have to discuss later in the day.

It is a pleasure to acknowledge at the outset of the day the courtesy and kindness of the Board of Management of the Hospital in inviting us once more to conduct our deliberations under this roof. I am sure I shall voice your feeling if I, on your behalf, here and now tender them our thanks. In doing so I cannot forbear referring to a familiar figure who was with us here on the last occasion we were thus met, I mean Mr. G. A. Cross, an ardent friend and faithful secretary to this hospital. For many years he was the representative of the Board of Management in welcoming us at these Congresses. We shall miss him to-day.

Among our own ranks the Reaper whose name is Death has been busy gathering in his sheaves. Just two years ago, on the first Friday in July, 1904, Robert Ellis Dudgeon sat on the front bench with us. Though he was ailing, yet eighty-three years had not dimmed his vision, and nought but the cold hand could quench the merry twinkle of his youthful eye. Alas, it was the last time he appeared in public, and, indeed, the last time he left his house, until carried out by his mourning friends. Our hearts are still sore as we think of him; we shall hear his voice no more, but his life work is still with us, and by it, "he being dead yet speaketh." At our Congress in September last year, we were cheered by the genial presence of our friend Dr. E. J. Hawkes. His musical talent, as often before, contributed to the enjoyment of our after-dinner entertainment. The silver cord which bound him to us has been loosed. He was cut off without warning, and the world has lost a good man, his patients an able

and sympathetic physician, and homœopathy a loyal supporter.

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A learned law Lord at a public meeting not long ago said that the duty of a chairman, like that of the small child of a past generation, is to be seen and not heard; such a position of *otium cum dignitate* would admirably suit my disposition, but it would perhaps hardly be respectful to the kind friends who have placed me here.

The inaugural meeting of this Congress, like that of many other similar bodies, is a joint or mixed gathering, consisting of professional and non-professional men and women. This fact must excuse the mixed and sometimes prolix nature of the remarks I have to offer.

It has been a custom at these Congresses to review our position, and to see how we stand with regard to prevalent thinking and teaching in the dominant school. Are the two schools—for unfortunately we must still speak of two—approximating in their views and practice, or diverging? If they are approximating, is it by a consensaneous movement of the two parties, or is it one only which is drawing nearer the other?

Let us, in approaching the subject, first consider a feature in general pathology, viz., the views which have prevailed as to the constitutional or local nature and origin of certain diseases. In the late seventies of the past century, when my own interest in medicine was dawning, the profession of the day was engaged in discussing the nature of cancer. Sir James Paget was the exponent of the doctrine of its constitutional origin. "Cancers," he wrote,\* "are manifestations of certain specific and morbid states of the blood, and in them are incorporated peculiar morbid materials which accumulate in the blood, and which their growth may tend to increase. . . . The morbid material is the essential constituent of the cancerous diathesis or constitution."

On the other side is the late John Eric Erichsen, of University College and Hospital. In the seventh edition (1877) of his excellent and charmingly-written *Science and Art of Surgery*, he sums up a lucid, critical survey

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\* *Lectures on Surgical Pathology*, 1876, pages 779, 780.

of the subject in the following words: "I think we may fairly conclude that (1) Cancer is primarily a disease of local origin; (2) It is often occasioned by the direct action of local causes; (3) It is predisposed to by various local conditions, physiological as well as anatomical; (4) Like all other local conditions it is under the influence of age, sex, habit of body, and hereditary constitution; (5) Although once originating locally, its development is favoured by constitutional conditions; (6) There is no evidence of the existence of any constitutional state that can primarily, *per se*, and independently of any local cause, functional or organic, develop a cancer." With the lapse of time the local theory has taken more strongly hold of the mind of the great body of the profession, and constitutional conditions have been made light of. This feeling is represented in the field of treatment by an increasing tendency to radical and extensive operation for the removal of the growth, with a pessimistic helplessness and hopelessness as regards constitutional therapeutics. It is only quite recently, with the spread of bacteriological knowledge, that here, as elsewhere, the part played by the constitutional or protective forces of the body is coming once more into prominence. This protective power was known to Hahnemann as "vital force." Had he lived to-day he would have used an expression in keeping with the attempts of the age to find a material basis for natural phenomena. His followers may not all use his old-time—indeed time-honoured—expression, "vital force," but the majority of them recognize that there is a something—call it dyscrasia, diathesis, constitutional predisposition, or what you will—lying behind most chronic diseases, with localized manifestations. In the time of Hahnemann the differentiation of tumours was but little advanced, and he does not distinguish between cancer and other new growths of chronic nature. A much more recent writer on the homœopathic side\* says, "The essential cause of cancer in any part of the body is not understood . . . heredity unquestionably constitutes a predisposing cause. . . . The appearance of the disease in successive generations

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\* *A Practice of Medicine*, by H. R. Arndt, page 794.

is not an assertion, but a fact, and the readiness with which, in some persons, slight local injuries assume all the features of malignancy, can only be explained upon the assumption of a hereditary predisposition." The late Dr. Compton Burnett voices the sentiment of a considerable number of Hahnemann's followers, when he states, "The organism grows tumours vitally, and anything that is to *cure*, really cure, must bring back the perverted vitality of the part to the normal." We see then in the space of less than fifty years the prevailing feeling of the great body of the medical profession with respect to cancer has varied from a strong belief in its constitutional cause to a firm conviction of its local origin, and is now turning again to its previous belief in the importance of the part played by the constitution.

In the case of pulmonary consumption the same thing has occurred. It is unnecessary to quote largely. Fifty years ago Laennec's teaching held the field, that tubercles were deposited in the lungs from the blood. How they got there was not evident, but it was assumed that they were there "formed from some constitutional vice or defect or impurity." Later came the view of Niemeyer of Tübingen, that tubercles resulted from unabsorbed inflammatory deposits entering the blood "by a sort of internal inoculation," and giving rise to a crop of miliary granulations—a step in the direction of a local source. Finally, for a short time, when the existence and etiological agency of the tubercle bacillus had been established, and the belief in the efficacy of the open-air treatment was at its zenith, it was denied that phthisis was in any sense originally a constitutional malady.

While accepting any reasonable hygienic measures growing out of pathological theories of this disease, the Homœopathic School has throughout held to the notion that consumption is a constitutional disease. For this disease, as for most others not of a mechanical or traumatic origin, it has held that the "constitution," the general health, or the resisting power of the tissues, was the predominant partner. During the last two years it has watched the pendulum swing back quite decidedly towards the old view, and is witnessing a new therapeutic appeal being made to the resisting protective



powers of the body. In the words of another, "the methods of treating tubercular disease by the internal administration of antiseptics have been practically everywhere laid aside in favour of methods which are, at least in intention, methods for building up the constitution, and for the increase of its defensive powers."

Permit me one other instance—that of diphtheria. Most of us are old enough to remember the discovery of the Klebs-Loeffler bacillus. Prior to that date, diphtheria was regarded as a blood disease with a local efflorescence. Immediately after that, its origin in the throat filled the field of the mental vision of the profession, and local disinfection (with brandy as a tissue stimulant) was the favourite treatment. Preventive measures became more and more stringent and precise.

Metchnikoff, the renowned discoverer of phagocytosis, and the director of the Pasteur Institute in Paris, is the most recent exponent of modern hygiene based on bacteriology. In a recent lecture in this country, he said, "For a long time the ideal of hygienists was to preserve man from all contact with the germs of infection, just as one was wont to preserve organic matter, by placing it out of the reach of microbes. It was not until later that it was recognized how exaggerated this view was." "Quite often," he says, "we meet with cases where the living body remains intact, in spite of its containing pathogenic microbes. Not very long ago quite the contrary was thought to be the case. When Loeffler first found diphtheria bacilli in the throat of a healthy child, doubts arose in his mind as to the etiologic rôle of his microbe. Latterly it has become generally acknowledged that a man may be the host of diphtheria bacilli, cholera vibriones, or other pathogenic bacteria, without necessarily developing the corresponding diseases."

Long before his death Pasteur showed that animals immune from a certain form of disease could be rendered sensitive to it by placing them in unfavourable surroundings. A fowl, ordinarily immune from anthrax, could be rendered susceptible by lowering its (naturally high) temperature. More recently, Vincent has shown that a guinea-pig rendered immune from tetanus could be infected after being placed in too high a temperature.

German investigators have proved that long after recovery from an illness, patients may be sources of infection, while themselves well and immune—such persons are styled *baccillenträger*—carriers of bacilli.

These facts are interesting enough in themselves and historically. It is, however, because taken together, they appear to me to tend to reinstate to its lawful place the importance of the constitution, or disease-resisting forces of the body, that I have placed them in the front of my remarks.

For a time, in the general body of the profession, as local anatomical changes became understood, and as local bacteriological influences were recognized, the counterbalancing body forces were either lost sight of or relegated to a very secondary place. It is striking that this has not been the case with those followers of Hahnemann who have written best and thought best during the last thirty or forty years. The rule of similars does not teach pathology, nor are believers in the principle tied to or bound down by any pathological dogmas. But there can be no doubt that the possession of an effective therapeutic rule has steadied, if not guided, the pathological thinking of homœotherapeutists. This salutary influence has justified the striking expression, first used, I believe, by Dr. Dyce Brown, "The *reign* of law in medicine"—in other words the existence of the law in therapeutics has demonstrated its reign or dominating influence even in a collateral branch of the medical sciences.

Turning now from general pathology, I invite your attention for a few moments to one of the main stumbling-blocks in the path of homœopathy—the question of the dose. Do not suppose that I am going to discuss what is the correct dose for any given medicines, or to plead in favour of high or low dilutions. In the mind of an enquirer who hears marvellous tales of the results of minute doses applied homœopathically, the question at once arises, "Can such things be?" If *that* enquiry be satisfactorily answered, there still remains the query for us all, "How can these things be?" and this is less easy to answer. The answer to the first is "*Fiat experimentum*"—test it and see.

Starting with the most elementary position possible.

we may lay it down that there is no *a priori* rule or probability why one quantity of a drug and not another should have a poisonous or a curative effect. We know by experience alone that an ounce (480 grains) of Epsom salts in water may be a harmless beverage to a man who would be poisoned by one-hundredth of a grain of aconitine, and that the same man might be cured of certain conditions by one-thousandth or one-millionth of a grain of the last named.

These are matters of common knowledge based on experience. Experience then—or in other words, fact—is what the scientific mind asks for, and not probabilities, reasonable or unreasonable. This experience any open-minded man can have for the asking as regards the curative effects of minute doses of drugs selected on the rule of similars. But for those who cannot, or will not, make the proof for themselves, are there any well-known facts whose analogy makes it easier to accept those less well known? From the early days when the perpetual scenting of a room by a grain of musk was a leading argument, facts have been accumulating to show the power of infinitely small forces or quantities in nature. Later on came such facts as those narrated by Dr. Moir in his presidential address in 1899, recalling some experiments of Darwin, who “distilled one litre of water in glass retorts, suspended four clean copper coins in this water during four days, and found that this solution killed his plants in a few minutes. When this water was poured away, the glass rinsed and washed carefully, and again refilled with neutral water, plants still died in a very short time. If, however, the glass was washed out with diluted nitric acid, and refilled with fresh neutral water, plants flourished and remained healthy. Again, he found that this oligodynamic water poured into a new clean glass transferred its poisonous properties to the walls of the glass, and in turn was again able to medicate neutral distilled water. Naegeli gave the name of oligodynamis, or ‘the power of the minute,’ to this poisonous property which exists long after all chemical trace of the metal has been lost.” Such action lies between a proportion of copper of one part in a hundred million parts of water and one in a thousand million parts of water.

If it be recognized that science has demonstrated that a proportion of one in a thousand million parts of water can have a tangible effect, it really is hardly a matter for surprise that an infinitely minute quantity of matter is required to influence portions of protoplasm so small as the biological unit of life—the organ-cells of the body. Dr. Robin, of Paris, an experimenter and orthodox physician, has “discovered” that “almost infinitesimal quantities are endowed with very great activity.” He has shown for instance that solutions of gold, corresponding to about the fifth decimal dilution of our system, produced such positive results as the following:—\*

1. An increase in urea, which may rise as much as 35 per cent.

2. An increase in the co-efficient of nitrogenous utilization.

3. An increase in uric acid which may reach high figures, as much as three times the initial quantity.

4. A positive flush of urinary indoxyl.

5. A decrease in the quantity of total oxygen consumed.

6. A temporary raising of arterial tension.

7. A profound modification of the blood globules. An injection is followed after several hours by manifest leucocytosis, slight in a healthy person, intense in infectious disorders habitually associated with leucocytosis; decrease in the number of leucocytes begins in an hour or two, and lasts for a period of time varying from one to two days. The red corpuscles do not seem to undergo any noticeable modifications.

Robin then goes on to say that these results show the possibility of assimilating metals in a condition of extremely diluted solution, their action being similar to organic diastases. “In the above-mentioned solutions,” he says, “the atoms of the metal, separated as widely as possible, are, as it were, liberated, autonomous in their activity, and susceptible in this way of developing greater energy. . . . It is not difficult to conceive that these simple bodies, even in the infinitesimal doses in which they are found, are capable of influencing the chemical reactions of elementary nutrition.”

After referring to the results obtained by the use of

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\* See Dr. Copeland, *Med. Century*, April, 1906.

gold in minute doses in pneumonia, which he claims in six cases out of ten produced a crisis in six days, he draws the following conclusions from his experiments:—

“ 1. That metals in extreme subdivision are capable of remarkable physiologic action out of all proportion to the amount of metal used.

“ 2. That such metals, acting in doses which therapeutics considered heretofore as ineffectual and useless, by making a profound impression on some of the chemical processes of life whose deviations are connected with many morbid conditions, are probably destined to take an important place among the remedies of functional therapeutics.”

As far as present knowledge goes the most marvellous evidence of the power of immeasurably small quantities of matter is obtained in connection with radio-active bodies. This was referred to two years ago from this chair by Dr. Burford; it will bear repetition. Becquerel, in 1896, found that uranium emitted rays capable of penetrating a wooden or paper envelope, and of affecting a photographic plate. On further investigation he discovered this effect was not the mere out-giving of rays absorbed from the sun-light, as is the case with calcium sulphide, but was inherent in the uranium itself, existing when the mineral had never been exposed to the sun's rays. Monsieur and Madame Curie isolated this substance from pitch-blende, and by fractional distillation obtained pure radium bromide. “ It was soon found that if a current of air were allowed to pass over radium it carried away something that could display the properties of radium itself, making willemite and other minerals luminescent, and ionizing the air in its neighbourhood so as to make it a conductor of electricity. This material can diffuse through gases and porous material, can be condensed by cold and re-evaporated by warmth; and can, moreover, be deposited upon the surface of any material object exposed to the air which contains it, and can afterwards be removed from that surface by friction or solution, and still display the properties and powers characteristic of radium.” It is clear, then, that *a portion* of the radium has been carried away by the current of air. “ A portion ”—but how minute a portion!—when, though it gives out

“ a constant stream of substantial material for years, the radium itself does not grow the smallest perceptible fraction of a gram lighter than it was before.”

If this emanation be heated, and a bubble of gas not larger than a pin's head be evolved and mixed with a million million times its bulk of air, the mixture still possesses the properties of radium. Even this diluted emanation yields a solid deposit, so little as to be invisible even under the most powerful microscope, but, nevertheless, capable of rendering surrounding bodies radio-active.

In the words of Professor Strutt of Cambridge, “ there lies latent in every atom of this emanation from radium a quantity of energy absolutely gigantic.”

We have reached a point where the scientific instruments of the most refined order refuse to take us further. Thus radium emanation\* breaks down, and its final product is said to be “ inactive.” The microscope, the spectroscope, and the electroscope, all fail to follow it. But is it destroyed? One day a still more sensitive “ scope ” will be discovered, and the power of still higher infinitesimals ocularly demonstrated. In the meantime who can deny that the cells of the human body may be electroscopes of a higher order than any manufactured by the scientific instrument maker, and capable of appreciating and reacting to those imponderable and immeasurably small substances, and the forces they represent? We need not seek further for evidences of the power of the infinitely small.

All science is recognizing their momentous importance, and one writer has gone so far as to say, “ the smallness of a thing is often an inverse measure of its importance.” (Duncan, *The New Knowledge*.)

We now come back to the question, “ *How* can these things be ? ” In endeavouring to *explain* the action of these infinitesimal quantities two features must be taken into consideration, viz., subdivision and movement.

First as to subdivision : the stock illustration of inert crude mercury and the smart action of a few grains of the same triturated with chalk or milk sugar, forming “ grey powder,” is familiar to every one. An equally rough and

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\* Dr. Hampson's, *Radium Explained*, page 15.

ready example is furnished by the yule log put on to a few dying embers with the effect of more rapidly extinguishing them. If the log be sub-divided and a few minute shavings with a penknife be scattered on to the fast disappearing fire, it will be saved. One of the effects of this subdivision is to increase the coast-line or surface of the wood (and the mercury). The number of molecules or atoms capable of acting upon or being acted upon by surrounding atoms is by this means enormously increased. Let us see what is the effect of such subdivision in another region. Nowhere is it more strikingly seen than in the investigations of Clerk Maxwell and Lebedew as to the mechanical pressure of light. "Suppose we divided a sphere, such as a cannon ball, into eight equal spheres. The sum of the surfaces of these eight spheres would be twice that of the original sphere, while the weight, and therefore the gravitation pull, would remain the same. If we continued the process of division until the spheres were the size of the smallest shot, the total sum of their surface would be enormous compared with the original sphere, while the weight would again be only equal to that of the cannon ball. If we continued the division on and on we should eventually come to a body so small that the ratio of its surface to its weight would be enormous—it would be almost all surface. Now the greater the surface, the greater the effect of the light-pressure, and hence, without going down by any means into infinitesimals, the process of division carries us to a particle so fine that the light pressure will exactly balance its weight. This is the case with a particle of earth one one-hundred-thousandth of an inch in diameter. Such a particle would neither be attracted to nor repelled from the sun, for the sun's pull upon it is exactly balanced by the repulsive force of the sun's light. If the particle is smaller still it is repelled from the sun, and, in fact, if the particle is exceedingly small the light push may enormously exceed its weight." In 1901 Peter Lebedew proved and measured the mechanical pressure of light, demonstrating that it equals a milligram on every square metre of the earth-surface. This discovery explains a phenomenon up till then veiled in obscurity, namely, why the tail of a comet usually points away from the sun, but occasionally

towards it. It would be anticipated that the tail would be drawn towards the sun by gravity. But the particles of the tail are so fine, and consequently the surface acted upon by the light-pressure is so great, that its effects exceed that of gravity, which acts in proportion to weight. When the particles are larger than can be repelled by the sunlight, they will form a tail pointing to the sun.

So much then for the effect of primary subdivision in another department of science. The particles thus far referred to measure from  $\frac{1}{16}$ th of a micro-millimetre to six micro-millimetres.

Let us now refer to subdivision carried further—what I may call secondary subdivision—that due to the breaking up of atoms into their component ions. As to their relative size, these bodies are a thousand times smaller than the smallest hydrogen atom. Actually their weight would be represented by a fraction of a gram in the twentieth place of decimals. These are actual fragments of the matter from which they fly. This leads us to the second principle referred to as common to matter viz., movement. These particles, as they fly off, are the basis of radio-activity. The speed of the particles formed by a disintegrating atom is variable, but the slowest of them is estimated to travel more than a thousand times faster than the swiftest cannon ball. In fact, their velocity varies from 10,000 to 90,000 miles per second—reaching nearly half the velocity of light. The  $\beta$ -rays of radium travel over 100,000 miles per second—a velocity enough to carry them five times round the earth in one second. This property of radio-activity is found most developed in radium. “The emanation from a gram or two of radium chloride *when liberated by solution* is capable of illuminating brightly a screen of zinc sulphide for days at a time; and yet this rapid emission of energy arises from a quantity of gaseous matter, hundreds of thousands of times beyond the power of the most delicate balance to detect. Professor Rutherford has calculated that if a thimbleful of this active gas could be collected, the bombardment of its powerful rays would heat to a red heat, if it would not melt down, the walls of the glass tube containing it.”

Not only does radium give off the active bodies or particles, but so do glowing metals, and incandescent carbon



gas flames. Moreover, many ordinary substances, *e.g.*, glass, tinfoil, zinc, copper, silver, lead, aluminium, and platinum, are to some slight extent radio-active. Finally, it is held that radio-activity exists everywhere over the earth's surface, though in a minute degree, and the heavier the element, the more likely is it to be radio-active.

The generalization is arrived at that: "These little bodies are invariably associated with matter and arise from matter—from *any form of matter under special conditions, and from special forms of matter under any conditions.*"

Now what have all these facts to do with the giving of small doses of drugs? Let us see: (1) The universe is full of facts showing the power of infinitesimal quantities of matter. (2) Subdivision has been seen to render the log of wood capable of yielding up its latent energy in the presence of slight heat—the dying embers. These dying embers act the part of a liberator of energy. Heat does this in the steam-engine. A clock transforms the power we put into it in winding up the weight or spring; in a steam-engine the power is not the result of the shovelling and mining of the fuel, but of the liberating of the combining energy of the coal and oxygen. Similarly, the grinding up or dissolving of a medicinal substance subdivides it—like the penknife or adze does the log. The finely divided particles are brought into contact with living cells which act the part of liberators of the latent intra-atomic energy. Such liberation of energy goes on everywhere, under all circumstances. How much more favourably when subdivision renders possible ionization by the tissues. Steam molecules can be shattered by heat. Why should not the body cells decompose the atoms of finely divided matter, and liberate its intra-atomic forces? When liberated, why should not each of these particles, moving, as we have seen, with an infinite velocity, be capable of modifying the life and health of cell protoplasm—itsself in a state of constant regular movement or vibration? A gram of hydrogen has "within it energy sufficient to lift a million tons through a height considerably over a hundred yards," and the energy of heavier "elements, such as sulphur, iron, or lead, must enormously exceed this amount." A very infinitesimal part of this will suffice, therefore, to modify the life-processes and reciprocal vibration

of our body-cells. As regards the preparation of homœopathic medicines by trituration and solution, it is not contended that the drugs are ionized, but that their minute subdivision renders them capable of ionization by the tissues. Nor is it necessary to suppose that before administration drugs are ionized. For the molecules of any substance are constantly being disintegrated into their atoms, the atoms re-uniting to form new molecules with fellow atoms. There is thus a moment of time when the atoms are free from molecular association. It is here that the opportunity of living cells of the body may be supposed to come in, and that they may seize upon these small atoms (or possibly ions) for their own purpose. The opportunity of free molecular vibration also comes in here. The blows they can strike vary with their speed, and the increase in forcibility varies, not in proportion to their velocity, but to the square of their velocity. In simple language: suppose three boys are throwing stones, and the second throws twice as quickly as the first, and the third three times as quickly as the first. The stone of the second will strike, not twice, but four times as forcibly as the first; the third, not three, but nine times as hard as the first. If one compares the speed of a flying bullet—say at the rate of a mile per second—with radium particles travelling and striking thirty thousand times as quickly and forcibly, the unthinkable fact is arrived at that radium particles strike weight for weight nine-hundred-million times as forcibly as the bullet.

Our knowledge of cellular physiology and cellular pathology demands a cellular therapeutics, and in this domain bulk gives place to speed. Herein lies the scientific justification of the clinical use (long verified by experience) of minute doses of finely subdivided substances.

The concluding section of my address will deal with therapeutics, and I shall endeavour to answer the enquiry, how far the most striking developments in the last two or three years in "orthodox medicine" fall into line with the teachings of Hahnemann. The preface to the Review of Therapeutic Progress, in 1905, in the *Medical Annual*, says: "The past year has been a singularly uneventful one from a therapeutic point of view. . . . A

new drug has been introduced which *may possibly* prove of value." How different is this language from the authoritative pronouncement of Hahnemann, when from his retreat in Coethen he prescribed for cholera, guided by the rule of similars, without having seen a case.

Of the "newer" remedies in the *Medical Annual*, I may mention barium chloride—our baryta mur.—used in valvular heart disease and acting especially on the muscular wall of the arteries; *Cactus grandiflorus*—"in every way superior to digitalis"; *Echinacea angustifolia* for "blood poisoning in all its forms"; *hydrastis can.* for catarrhal dyspepsias, catarrhs of various mucous membranes and for menorrhagia. These are samples of unacknowledged homœopathy. Another instance of a more interesting kind is the use of certain lime salts for urticaria and various skin œdemas, and for deficient coagulability of the blood, with or without hæmorrhages. These are cases in which homœopathy has long been prescribing calcarea. The possibility of estimating by methods of precision the effects of the drug is a distinct advantage and advance which we gladly acknowledge.

Here I may be permitted a digression on a subject familiar to all medical men, but less so to the non-medical world. One of the hindrances in the way of enquirers into homœopathy is the difficulty of offering an *explanation* of the *action* of drugs prescribed homœopathically. Homœopathy furnishes a rule of drug selection, not an explanation of drug action. Whatever changes of views may take place as to the explanation of the mode of action of a drug, they will not vitiate the rule of selection. Perchloride of mercury, advocated by Ringer in dysentery, is *selected* by followers of Hahnemann because in poisonous doses it causes enteritis resembling dysentery. When this drug was struggling for recognition in old-school hands, it was denied that its use had anything to do with homœopathy, because, as was asserted, it was an antiseptic or bactericidal agent. If it were true that it cured by killing bacteria, it would in no way invalidate the reliability of the law used in guiding the seeker to it. As a fact, it was proved that the benefit of merc. corr. in dysentery was not due to its bactericidal properties, for it cured in doses far too small to kill bacteria, and other bactericidal

drugs do not have the same result. To-day it may be said that the drugs act by stimulating the serum to develop an antidotal substance, or the leucocytes to greater phagocytic action. This may or may not be a correct explanation, but in either case the rule of selection remains valid. Is it strictly correct to speak of homœopathic action at all? I think not. If a drug is bringing about the cure of a disease, it is obviously acting as an antidote. The *choice* may be homœopathic, but the action is an "anti"-action. So, in the celebrated parallel drawn at a recent Congress, by Dr. Johnstone, between the treatment of eczema and diphtheria; in each case an agent capable of causing a similar condition is *chosen*; arsenic in the one case, a bacterial toxin in the other—a selection on the principle of similars. In each case an *opposing* action takes place, generating in the one instance an antidotal effect or substance (so far unnamed), and in the other an antitoxin. That the antibody is in one case developed in the body of the sufferer, and in the other in the body of a horse, and injected into the human victim, is of no consequence.

Calcium salts cured cases of urticaria, œdema, and hæmorrhages if selected according to the rule of similars before physiological chemistry ascertained that they increased the coagulability of the blood, and will continue to do so if this explanation be abandoned for a newer. Moreover, the rule will guide to a far wider group of cases than can be explained in this way, and the dose used with the homœopathic principle of selection in view will result in a far more permanent cure. Moreover, it will be much easier to attain to the conditions necessary for success demanded by Professor Wright in his article in the *Lancet* of Oct. 14, 1905. "Success," he says, "in maintaining the blood coagulability at a high level involves adjusting successive doses of calcium salts in such a manner as to avoid introducing into the blood such excess of these salts as would effect a retardation of blood coagulation time." In other words, a drug is used which, when given in excess, produces the very conditions you are seeking to cure. So that, however often the advance of knowledge necessitates a change of explanation of the action of a drug, the rule of its selection—the homœopathic rule—will hold good.

The last and the greatest development in the domain of therapeutics in the dominant school is the treatment by products of the disease from which the patient is suffering. Now perhaps, at first hearing, this sounds an unpleasant, unclean method of treatment. A few words will suffice to show that it is not so. The disease products referred to are the poisons manufactured by certain very low forms of vegetable life, which grow in a variety of suitable media, of which some parts of the human body, under certain conditions, form one. Although the site of their growth and development is our own body instead of the bosom of mother earth, bacteria are vegetable substances, as are aconite and belladonna. The poisons produced by the latter are preserved in spirits of wine, the former in glycerin or salt and water. The latter are more often given by the mouth, though atropine is very frequently given subcutaneously. The former usually by the hypodermic method. The one is termed a tincture, and the other is called (for no etymological reason) a vaccine, though it has little in common with vaccination, and nothing to do with a cow.

The use of disease products as therapeutic agents is no new thing. I should trespass on the ground of the reader of a paper later in our programme if I entered into details as to its history and development. Suffice it to say it was known to Hahnemann; it has been brought forward and allowed to drop again by some of his disciples, from Constantine Hering to Compton Burnett.

During the lifetime of Hering it was utilized by Lux, a veterinary surgeon of Leipzig, in the year 1833, and regarded by him as isopathy. He said: "All infectious diseases contain in their infectious matters the remedies capable of curing themselves." "The principle upon which these remedial agents act he contends to be *æqualia æqualibus*"\* This principle is referred to with approval by Bulloch in the *Practitioner*, November, 1905, page 598, who states that the use of tuberculin in tuberculous conditions, and staphylococin (to coin a term) for boils, are typical examples of the isopathic doctrine of "*æqualia æqualibus*." The diseases for which this principle of

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\* Dudgeon's *Lectures on Homœopathy*, lecture vi. p. 150, 1854.

treatment has been recently used by Professor A. E. Wright and others, are lupus, tuberculous disease of the joints, bones, glands, kidneys, bladder, lungs, etc., acne, crops of boils, leprosy, plague, and finally even cancer. Indeed, provided you can catch and cultivate the micro-organisms present in the disease, it seems as if it were hardly necessary to know the name of the disease or of the microbe ! Hering and his immediate successors knew nothing of bacteriology. They diluted the virus, poison, or secretion of the diseased surface or organ with alcohol to such an extent that all idea of want of cleanliness is excluded, whatever the source. Indeed, the employment of bacterial emulsion, even if sterilized, is less appetizing than a few drops or grains of a high dilution of a nosode. Modern authors cultivate, sterilize, and count their bacteria, and measure the resisting power of the body, by estimating the degree of phagocytosis of which the leucocytes are capable. Had Hahnemann and Hering been alive in the days of culture-media and microscopes they would have done the same. All honour to the genius of Professor Wright, who has placed on a new foundation the old use of nosodes. He has shown that the blood fluids produce protecting substances which favour phagocytosis—substances called opsonins, and he has found that these opsonins may be increased by the injection of some of the toxins of the various diseases. He has enabled us to measure the opsonic power. We gladly accord him the credit which is his due, and will follow in his steps and perfect his methods. His discoveries *explain* much that was obscure, but the *principle* of his treatment is older than this generation. Even if Hahnemann did not advocate this so-called isopathy, many of his followers have supported the doctrine. In all probability every isopathic remedy so-called is a homœopathic remedy. Two isopathic agents must be of identical chemical composition and physical properties ; indeed, must be two portions of the same substance, such as arsenic or atropine. A mere equality of the number of molecules of certain elements is not enough to form identity. There are a dozen well defined hydrocarbons all having ten molecules of carbon, and sixteen of hydrogen, and known as the terpenes. Some are liquid, one is solid, and most are unstable and volatile, but they

have different physical properties and different names. Though the same in number, the arrangement of the molecules is different. I have, therefore, intentionally stated that both chemical and physical identity must exist in the case of isopathic agents. Any modification of such composition and properties alters the substance from an idem to a simile. The effect of the additional dose of an idem, however small, given during the attack produced by the first, can only be to increase the effects of the original dose. A real idem *must* have this effect. But it seems to me not to require much effort to show that this so-called isopathy is really and truly homœopathy. Let us take as our example tubercle bacilli and tuberculinum. The former are living organisms, capable of multiplying and of secreting or excreting poisons varying in their effects with the host or organ in which they are found. In the case we are supposing, their home is the human tissues, from which they derive their nourishment, and in which they are facultative as regards oxygen. To form tuberculinum these same bacilli are taken from their home, or growing ground, and are cultivated in a strange medium—say on glycerin-agar or potato—and are always exposed to the air. The bacilli are next sterilized—rendered incapable of multiplying or of forming in the tissues fresh toxins than those already formed in the artificial culture media. The bodies are either broken up, as in the case of Koch's new tuberculin, by thorough trituration, or, as in the case of Jacob's tuberculin, are filtered out through a Pasteur's filter. Moreover, the bacilli, before being heated, are mixed with salt and water, and after being heated they are usually diluted with weak lysol or other similar agent. I submit that these processes are sufficiently considerable to modify the original substance and to cause it to have a different, non-identical but similar action. The dictum of Metchnikoff on a kindred subject supports this view. In a lecture recently delivered at King's College, he said, "Phagocytes do not behave in quite the same manner outside the body as they do in their normal surroundings and under natural conditions." It is a fair assumption that this is true of bacteria also, and it appears a work of supererogation to endeavour to prove that living organisms differ from dead ones.

Indeed, Klein has shown that a much greater quantity of dead bacilli from cultures possess smaller toxic effects. The question is raised by Professor Wright in his work on anti-typhoid inoculation (page 6), as to whether it is necessary, in order to ensure a supply of anti-tropic substances in the blood, that "the chemical basis of the formed element (*e.g.*, bacteria) should be introduced into the organism in an absolutely *unaltered*\* condition." (This would be isopathy proper.) "Upon the answer which this question receives, will depend the scientific justification for the employment as vaccines of bacterial cultures which have been chemically *altered* by heating or by other agency." His answer is that it is not necessary that the tropines be "absolutely unaltered"—that the identity be preserved. A modification is permissible, for example, by heating the cultures, but it is "manifest that a *departure* from . . . the original culture is admissible only so far as it proves itself to be a modification which leaves unaffected that chemical element in the vaccine which evokes the elaboration of destructive antitropic substances." A modification then, so far as to produce a similarly acting agent, is permissible; we should say more, *viz.*, that it is essential. That an increased dose of an unchanged tropine is harmful scarcely requires proof. This is evidenced by the constitutional disturbances produced when an auto-inoculation has taken place in tuberculosis of the lungs. When, moreover, the toxin of one disease is administered to combat another disease, on the ground that the two diseases are so similar, all question of identity or isopathy is absent. Of this practice the use of tuberculin for leprosy is an illustration, a procedure quite recently re-instituted with good promise. The same principle of similarity governs the administration of diphtheria antitoxin in scarlatina. A writer in the *British Medical Journal* (February 17th, 1906) says: "I have also administered diphtheria antitoxin to nearly all severe cases of scarlet fever that have been in charge during the past two years, with results that surprised me by their excellence." There is no need to recapitulate the points of similarity in a severe case of scarlet fever and one of diphtheria.

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\* Italics are mine.



I hope I have succeeded in showing that, at least as regards bacterial vaccines, the principle is one of similarity and not identity; in other words, of homœopathy, and not isopathy.

Can we show any points of resemblance between the dosage of a bacterial vaccine and the dosage of an acknowledged homœopathic remedy or between the behaviour of the two?

1. The dose must be small; from one six-hundred-thousandth to one-millionth of a gram is mentioned by Professor Wright, in the *Lancet* of December 2nd, 1905, and in the *British Medical Journal* a dose as low as one ten-millionth of a gram is advocated by Denys, of Louvain. Larger doses than those of Professor Wright are stated by him not to give such good results. "It seems that the machinery of immunization can be brought into action by very small stimuli, and that it can be very easily overtaxed."

2. The smallest dose that will elicit response must be used.

3. The dose should be repeated only when the effects of the previous inoculation are passing off.

4. The dose should be increased "only when it becomes clear that the dose previously employed is ceasing to evoke a sufficient immunizing response."

5. An increasing negative phase—"an aggravation," in homœopathic parlance—means too large a dose.

6. The heightened sensitiveness of the organism to similar stimuli during disease is shown by the fact that "small quantities of killed suspensions of tubercle bacilli can produce death in animals already tuberculous" (Bulloch, *Lancet*, December 2nd, 1905), whereas such a dose would have no perceptible effect on the healthy. This explains by analogy how a minute dose of a drug can affect a diseased body (rendered by the disease oversensitive), and how the bottle of homœopathic pilules can be eaten with impunity when picked up by a healthy child, and yet can be efficient therapeutically. "By reducing the dose to very minute proportions, he (Koch) found in a certain number of cases that the disease can be brought to a standstill."

Having once accepted the principle of treating by products

of the same disease—the principle of “inoculation, mostly in attenuated forms, of the etiological agents themselves, or products derived from them” (Bulloch, *ibid.*)—the application of the principle need not be limited to one or two diseases, or to the use of bacterial toxins. Already the principle is widely applied; in addition to the diseases already named, it may be mentioned that animals can be rendered immune from plague by small doses of killed plague bacilli, demonstrated by Klein; typhoid is warded off by antityphoid inoculations, by Wright; cholecystitis treated by emulsions of *Bacillus coli* (raised from discharge from the gall-bladder of the very patient); empyema treated by pneumococcus vaccine.

Not only may antibodies be formed by bacterial vaccines to neutralize the effects of bacterial tropines, but others act against the poisons of highly organized plants, or even those of animal origin, such as snake poison. Moreover, it has been shown that a drug like iodide of potassium has an influence on the resistance of the blood serum to *Staphylococcus albus*. Ehrlich showed that ricin, a substance derived from castor-oil seeds, agglutinated and disintegrated the red cells, but where progressive doses are cautiously given, an immunizing effect takes place: the red corpuscles are unaffected, the corpuscles of normal blood were unaffected when mixed with a serum of the immunized animal, and it was deprived of all its poisonous properties by digestion with the serum of an immunized animal.

Snake venom similarly induces a venenotropic substance.

Moreover, a non-bacterial poison, in the shape of the snake venom, has been used with good results to neutralize the somewhat similarly acting toxin of the plague bacillus, a use carried out, if not also originated, by our distinguished colleague, Colonel Deane, late of the Indian Medical Service.

May I not venture to say that I have sufficiently proved that the scientific teaching of the present day confirms that of Hahnemann seventy or eighty years ago? This proof is furnished by the best workers in the dominant branch of our profession, though they are slow to confess the homœopathicity of their work. We welcome their proof of our own principles as Hahnemann himself would have welcomed it. Indeed, had he lived in recent years, he

would have been the first to furnish the proof. What was his attitude towards the science now known as bacteriology—then non-existent? In 1831, he wrote (page 851 of the *Lesser Writings*, Dudgeon's translation): "On board ships, in whose confined spaces, filled with mouldy, watery vapours, the cholera-miasm finds a favourable element for its multiplication, it 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." And again (page 853), "The miasm . . . the invisible (probably animated) and perpetually reproductive contagious matter. . . ."

Had Hahnemann possessed Pasteur's microscope and laboratory, the latter would have been a disciple instead of a master in bacteriology. For Hahnemann was as keen an observer, and was hot on the trail without any of the facilities of Pasteur.

Lest my thesis be obscured by a multitude of words. let me sum up: I set out with the hope of showing that modern developments in medicine and science are not at variance with the teachings of Hahnemann three-quarters of a century ago, or with the chief beliefs and practices of his followers of to-day.

I pointed out to you that during the last thirty years or so, fluctuations in the views of the general body of the medical profession as to the relative importance of the constitutional and local element in some diseases have taken place, which fluctuations had been avoided by Hahnemann's disciples. I suggested that the rule of similars, though not a pathological law, was nevertheless a steady-ing factor in our speculative thinking, and that the most advanced teaching of to-day has now come abreast of us.

I next endeavoured to emphasize before this mixed audience, what has been better shown in this room by Dr. Percy Wilde and others before a medical audience, that the discovery of the ionization of atoms renders comprehensible the activity of our finely subdivided remedies; that the rate of vibratory motion of the atoms, or ions, is vastly more important than their bulk; that all physical science is demonstrating the power of minute amounts of matter and forces. It thus becomes evident

that it is only a mark of ignorance to scoff at the use of infinitesimal doses. Thirdly, I tried to show that recent remedies, and still more recent principles in treatment, are truly homœopathic. In doing this, while recording first honours to Hahnemann, I do not make the claim boastfully, for I cannot but realize that the new homœopathy of our allopathic brethren, embodies a vast amount of painstaking research and deductive thinking, such as any school may be proud of. Moreover, though it is excellent homœopathy, it is original work for these observers, as such it is of course, the more welcome and valuable to us as corroborative evidence.

Has not such work a moral for us as patients and doctors of the reformed faith? At one of the May meetings this year, the Bishop of Winchester is reported to have said: "The time has come when Christian apologists should cease merely to defend their faith . . . it is the moment of definite constructive work."

May we not say the same of our own department of thought and action? It is how best to pursue this constructive policy which is occupying the thoughts of our most earnest leaders. It is with this object that this Institution, under whose hospitable roof we meet, is at work in its clinical and its research departments; it is even more markedly the aim of the British Homœopathic Association, of which this room was practically the birth-place. The extension of hospitals flying the flag of therapeutic freedom; the improvement of our materia medica—already excellent and invaluable—on lines of modern precision; the investigation of many problems of disease, and its treatment with the aid of twentieth-century science; these are the constructive measures we are all bound to keep united in supporting, unless our own good name, and the fair fame of Hahnemann, are to suffer. At the present day the clinician, the pathologist, and the therapist must pull together and work shoulder to shoulder. None can say to the other, "I have no need of thee:" least of all can the medical profession do without the practical sympathy of the non-medical public in the matter of scientific medical education. It is to them that our teaching bodies and our laboratories look for encouragement and support. Truth is greater than any party,

and it is no respecter of persons. If we are not faithful and zealous in the defence and advancement of the truth committed to us, the truth will still prevail.

Not in my own name, but with the authority of this Chair in which you have placed me, I invite you all to be taking some active personal part in the fight for freedom in a therapeutic sense, and the advancement of those departments of knowledge entrusted to us.

Ladies and gentlemen, I thank you for the patient hearing you have given to me. While I recognize that many of yourselves could have dwelt upon these topics with more skill and eloquence than myself, I yield to none in the enthusiasm and, I hope, large-mindedness, with which I enter into the work and progress of our great profession. To those of you who remain with us through the rest of the meetings, I wish a pleasant and inspiring day.

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## REVIEWS.

*The Medical Annual Synoptical Index to Remedies and Diseases. For the six years 1899 to 1904.* Bristol: John Wright & Co.

This Synoptical Index to the *Medical Annual* for these years will be a boon to all who possess the volumes above indicated. It is, however, more than a mere index, as it frequently gives facts in the volumes which may be useful even without referring to the original articles. Of course, where detail renders this impossible, the articles are carefully indexed for reference.

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## NOTABILIA.

### BRITISH HOMŒOPATHIC CONGRESS.

(Continued from page 509.)

The President then stated that a proposal was to be made that the transactions of the Congress be published in a separate volume.

Dr. Goldsborough: If you will give me attention on this point just a minute, I shall be obliged. I know you are all anxious to get away to tea, but my reason for bringing forward this matter, after consultation with the Council—

and that reason has been emphasized to-day—is that the papers represent a certain body of opinion, and result in medical work which ought to be presented fully to the medical profession in the form of a separate publication. The effort to bring the transactions together is to show that as a separate body of men we do medical work which is not done by others, but which deserves recognition, and we ought not to do anything individually or separately, or allow our transactions simply to be published in periodicals. That is very desirable, however, and it is not suggested that it should cease. I made an attempt to do that last year, and it was done as an introduction to to-day, and I do think we should each pay our share towards printing them, and issue them to the members, and a certain number could be sent to the public libraries and the usual channels of literature. I do not know of any other body which does not put forward its transactions in this way. We allow ours simply to be published in the *Monthly Homœopathic Review*, and I think it is a mistake to allow them to remain there. We ought to take steps to make our work known. It is scientific work, and it represents the opinion of a certain body of men, and that is the reason why I propose that the transactions of the Congress be published annually at the expense of the members of the Congress.

Dr. Dyce Brown: I beg to oppose the motion altogether. and as Secretary of the Congress I think that is the general feeling of many of those who come to the meetings. They have to come a considerable distance wherever it is held, and they have to pay their railway and other expenses, and while they come with an amount of pleasure, they have to consider the expense. If we add to that expense the cost of publishing this volume, I think it will prevent many men coming to the Congress. When Dr. Goldsbrough brought the matter before the Council, we were bound to ask him what the expense had been to him. It was, of course, very kind of him to give so charming a remembrance of his Presidential year, and it was accepted as such, but it is quite a different thing to ask the members of Congress to bear the expense of publishing the transactions year after year. My view is directly and distinctly—and the more I think of it the stronger it is—that it will not be desirable to go on with the scheme, considering the expense which is involved. We were obliged to ask Dr. Goldsbrough what it cost him, and if the Congress resolved to take the responsibility of the expense, the amount was so much that I think it would be a stumbling-block to many attending the Congress. It is not merely the 10s. 6d. of

subscription, but the time and expense of being away from home. It is too much to expect, and if we do publish separately, it would be even more expense. I would ask those who have volumes of proceedings of other bodies what they do with them. They put them away, and they are not looked at again unless wanted for reference; whereas, if it is in the *Monthly Homœopathic Review*, it is there for reference at any time, and it is often referred to. I am sorry to have to oppose a proposal of this kind, but I felt it to be my duty, and I beg to move that the Congress do not approve of the proposal.

Dr. Goldsbrough: I have no seconder yet, and I have not provided one; until my proposition is seconded, I do not think it is in order to move an amendment.

Mr. Knox Shaw: I shall be pleased to second it, and I do not take so low an estimate of the members of the Congress as does the Secretary. I do not think many do not come here because of the expense, but because they cannot get away from their work. Simply because I am more methodical than some men, I do not lose my papers. I have them bound up, and I can always find them. I think the idea might be carried out so that we may have a permanent record of what is done at the Congress. We bury them away in the pages of the *Review*, and when we want to refer to them we have to look through several pages before we find them. I think such papers as we have heard to-day are very valuable, and as a means of educating our friends, are powerful. If we had the transactions published in such a form that we could send them to others, it would be very much more valuable than now, for you cannot send round the pages of the *Review*. You would like to send to some men a collection of papers like what we have had to-day. I think such papers speak well for the Council who guided them; the papers are the outcome of deliberation and thought on the part of the Council, as to how best to present to the world what is going on now in the homœopathic body. I should like to see the papers published in book form, and I do not think the cost would be very great. Dr. Goldsbrough's idea is that it would be half-a-crown each.

A member: I hope they are not so "stony-broke" as to mind that.

Dr. E. B. Roche: Is it for this Congress only, or permanently?

Dr. Dyce Brown: Permanently.

Dr. Roche: Of course there are papers at some Congresses that we should not care about having published. To-day

we have had specially important papers, and with the object of passing them on to our colleagues we think we should like to have them reproduced. But sometimes the papers are not of that character. I would not like to propose that we make it a rule that every year we should publish them, but certainly I should like to see a reprint of the papers we have had to-day. I should be glad to have twenty or thirty copies to distribute as a representation or presentation of what we are doing. I may not feel so at all Congresses.

Dr. Dyce Brown: The proposal is that the transactions be published annually.

Dr. Roche: Ah, that is not quite my view.

The President: There is no reason to bind ourselves down to the phraseology of the circular, and perhaps it is a little difficult to decide to print the papers annually, but if we approve of the principle, it could be left for another Congress to decide whether or not it should be carried out. With regard to Dr. Dyce Brown's objection, it would be quite easy to meet it by a little compromise, that is to say, the papers could appear as usual in the *Review* simultaneously with the separate publication. If Dr. Brown could see his way to withdraw his opposition on that understanding, I think it would facilitate the question.

Dr. Dyce Brown: I think there is some misunderstanding about the question of permanency as it was brought before the Council. If that is withdrawn, my opposition would be modified. If it is to be arranged year by year it takes the pith out of the thing. If the proposal be thus altered, I should be prepared to withdraw my active opposition, as it would be an excellent idea to have the papers of this year published separately.

Dr. Goldsbrough: I had hoped it would be adopted by the Congress every year, but I do not see how one Congress can bind another, and it is for the present year one endeavours to pass it. I was in hopes the Congress would see the advisability of issuing this annually, and that the Council would take into account the fact that the transactions would be published. I quite agree that the Congress must decide as to any regulations passed another year, but I thought it would be establishing a precedent. I shall be glad to hear it is passed any way.

Dr. Roche asked whether the word annually could not be dropped out.

Dr. Madden: As your Treasurer, I should like to point out that it would be simpler and easier to make it a regular thing. If it is done this year we shall have to send a circular to dun



each member for 2s. 6d. If it was a regular thing we could collect the half-crown with the subscription. If it is done at all it should be done as a regular thing. I shall certainly vote for the original wording.

Dr. Dyce Brown : As Secretary my opinion is, that if you put on half-crown we shall not get so many members.

The President : Anyone could decline if they did not care to subscribe the amount.

Dr. Madden : The Congress will have to pay for the printing whether the individual members do or not.

The President : It is simply an experiment this year, and I think we might vote on it. The proposal is that the transactions of the Congress be reprinted annually.

Dr. Murray : I understand that Dr. Madden supports that, and that Dr. Goldsbrough is willing to withdraw the word "annually."

Dr. Goldsbrough : I think this year it might be an experiment. That won't bind the Congress another year. I propose that it be for this year.

The President : Do you second that ?

Mr. Knox Shaw : I do ; I would not like to publish every paper read here. I have heard papers I should be very sorry indeed to see in print if sent from the Congress. But I should like to establish a precedent which the Council could adopt if they thought fit.

Dr. Dyce Brown : I withdraw my opposition entirely then.

The proposition that the transactions be published this year at the expense of the Congress was carried *nem. con.*

Dr. Madden : How do you propose to raise the funds to do it ?

Dr. Goldsbrough : I should suggest that the Council undertake the publication, and collect the money from the members of the Congress this year *pro rata*. If the thing is worth doing it is worth paying for.

This concluded the formal business.

The members of Congress were afterwards entertained at afternoon tea at the Hospital by the kindness of the Board of Management, for which the President expressed to Mr. J. P. Stilwell (the Chairman of the Board) his warm thanks.

#### THE DINNER.

The members of the Congress, with their friends, met at the Holborn Restaurant at seven o'clock, where the dinner was served in the Venetian Room. Dr. Edwin A. Neatby presided over a large attendance, a number of ladies honouring the proceedings with their presence. A generous repast was

placed upon the tables, grace before and after meat being said by the Rev. Mr. Burford.

The President: Before I proceed to the toast list, I have to mention that we have some letters here from friends who are unable to be with us. Lord Cawdor writes: "I am sorry that Lady Cawdor and I are unable to accept the kind invitation of the President and Council of the British Homœopathic Congress to dinner in consequence of a previous engagement." Then Sir George and Lady Truscott "greatly regret that owing to a holiday trip to the north, they are unable to accept the kind invitation of the President and Council of the British Homœopathic Congress for July 6th." Mr. Wm. Willett writes: "It is very kind of the President and Council of the British Homœopathic Congress to ask me to dine with them, and I very much regret that with my thanks for the honour I have to express my great regret that I cannot be present." Others have also expressed their regret. Dr. H. Nankivell has telegraphed from Grindelwald, and there are messages from Dr. Cash Reed and Dr. Simpson, of Liverpool. I would make a more lengthy allusion to our venerable friend Dr. Clifton, of Northampton, who is one of the pioneers of present-day homœopathy in this country. He has borne the burden and heat of the day for many years, and it is very seldom in the history of this Congress for well over thirty years that he has been absent. It is greatly to his regret and to our loss that he is not here to-night. I propose to ask the Secretary to send him our cordial and fraternal greetings and our hopes that he may be restored speedily to stronger health, and be able to be with us at our next meeting. (Applause.)

The President: Ladies and gentlemen,—The first toast that naturally comes to our lips is, as you know, the toast of loyalty to the King. If we were subjects of the Japanese Emperor instead of his Britannic Majesty, on all occasions whenever good fortune arrived to us, whether on battle-field or in commerce or private life, we should put it down to the resplendent virtues of his Majesty. Well, we have not, on such an occasion, to search for fanciful or supernatural virtues with which to embellish our sovereign. Happily we know the virtues of our King, our most gracious sovereign, and conspicuous amongst these is his tact, known all the world over, so much so that we may say of him as it was said of a Stuart King, "He never said a foolish thing," though we certainly cannot go on with the quotation and say, "He never did a wise one," for he always does and says the right thing at the right time. Besides this we know something of his largemindedness. We have learned that, if rumour

be true, he has come to the rescue when homœopathy was pressed ; he has stood up for homœopathy and has spoken for the cause of the Homœopathic Hospital when it has met with opposition in high quarters from our colleagues of the dominant school. It is unnecessary for me to commend his Majesty to you in any way, for our loyal hearts will rise with enthusiasm to the toast of the King. (Applause.)

The toast was loyally honoured.

The President : Ladies and gentlemen—The toast I now present to you is that of the Queen, the Prince and Princess of Wales, and the Royal family. The Queen is very near to the hearts of us all. We knew her as an ideal woman and mother before she was a Queen, and year by year our hearts go out to her with increasing affection. Of the rest of the Royal family I have only to say that they partake of the virtues of their parents, and we wish them all long life and good health. I give you the toast of the Queen, the Prince and Princess of Wales, and the Royal family. (Applause.)

This toast was also given due honour.

Dr. Hawkes : Mr. President, ladies and gentlemen,—It will be difficult for some of you to determine on what grounds I am called upon to ask you to accept this toast : “The memory of Hahnemann.” It can only be known to a certain number of you, that I, for a brief period, represent another society, a body distinct from this Congress, and I expect it is for this reason that I am asked to perform this duty. It affords me great pleasure to be chosen to undertake this very solemn task. In view of the admirable addresses some of you have listened to during the last year or two, relating to the life and, I may almost say, the wanderings of Hahnemann, it is unnecessary for me to refer to him in this regard. As well might I recount to readers of Dickens the attractions of Rochester ; to the readers of Crockett the landmarks of the Old Mortality Country ; or, to these interested in Hardy’s writings, the delights of the Wessex uplands. But in one respect I can claim to be entitled to speak upon the theme allotted to me. In the capacity to which I referred a few moments ago, under the guidance of our friend Dr. Johnstone I visited Paris, and with certain members of my family went to see Hahnemann’s tomb. We journeyed to the celebrated cemetery, Père-Lachaise, and saw how the adherents of the form of Christian faith chiefly in evidence there, had adopted measures for keeping the memory green of those whom they have lost. For a moment the thought came that it was a thing to be desired, thus to be had in remembrance. These sentiments were soon brushed aside, and the search continued.

Some workmen readily took us to the tomb of the "Founder of Homœopathy," as they described him, and we were left to our own reflections. A change had come over the scene since my last visit. On the former occasion there stood our friends from St. Petersburg, with whose eloquence in our own tongue you are familiar; there also was our good friend, Dr. McLelland, of Pittsburg, and there, too, standing in that attitude of attention so many of you remember, was Dr. Richard Hughes, now himself called away. There were many others whom I need not mention, but on this occasion they had all vanished; only the granite, fit emblem of the fiery trials through which Hahnemann and his system had passed, and the excellent likeness in the form of a bust after that of the celebrated artist, David, now in l'Hôpital Saint-Jacques, remained. Was there no one then to keep the light burning, no one to keep green the memory of Hahnemann? Not there; but in the evening we were privileged to join with many friends, and among others Drs. Jousset, Léon Simon, and Cartier, in keeping alive the reverence for Hahnemann, and his work. I come here, and I find in London, men and women working in the same cause, and to the same end as their provincial brethren, viz., the maintenance of the homœopathic doctrine. Presently some of you, a diminishing number, I regret to say—the survival of the fittest—will sail across the Atlantic to meet, not the small numbers you have been accustomed to see assemble here, but the representatives of many thousands who will speak of Hahnemann and his work, and who will tell you what they are doing to keep his memory fresh. Just as their own Niagara flows on with all its force, showing no sign of abatement, so they will demonstrate that the flood-tide is with them, and that on it they are being carried to still further therapeutic successes. Standing as I do in the midst of this company, I am led to wonder whom, were Hahnemann to appear amongst us in the flesh, and to be in need of medical advice, he would consult. Whom would he choose as the one most nearly representing, what I should like to call, the resultant of his life's work? I do not think anyone can say, but I fancy he would seek out one of our aseptic surgeons, as the one best fitted to make his medicine up. In conclusion I desire to say how I think at this time of those of my own immediate friends and relatives, who through the goodness of Providence, and the skill of those who ministered to their requirements according to the methods of Hahnemann, lived to an advanced age; of my own family circle, which remains unbroken after many years, through the same beneficent influences, and of my own personal indebtedness in other

ways, to him whose memory I ask you to honour. As these sentiments rise up and assert themselves, I have some difficulty in maintaining myself, whilst honouring the toast, that which custom impresses upon us all, viz., the solemnity of silence.

Dr. Burford next proposed the toast of "Homœopathic Institutions and Literature." He said: Mr. President, ladies and gentlemen,—Upon this occasion I find myself in somewhat of a quandary. When it was intimated to me that I was expected to say something interesting to you about Homœopathic Institutions and Literature, it was difficult to know which of these I should present first, for it requires some little diplomacy. But I have a satisfactory criterion. Thought always precedes the deed, the idea always goes before the manifestation. Therefore we must take literature first, and just for the moment we deal with periodical literature. We have the *Homœopathic Review*, which has this year attained a very well merited Jubilee under the skilful care of Dr. Dyce Brown and Dr. Pope—the latter, I am sorry to say, is not with us to-night; that is, in the body, though I am sure he is in the spirit, and under the guidance of its editors the *Review* has weathered fifty years, and is receiving now the congratulations it deserves. (Applause.) Then we have the *Homœopathic World* which, within the last few years, has attained its majority, and no doubt will in due time receive its own jubilee congratulations. Younger, but achieving a continuous reputation for worth and weight, is the Journal of the British Homœopathic Society, edited thoroughly and well by Dr. Goldsbrough. We know the *Homœopathic World* and its editor well. These are the journals which keep alive the perpetual flame of homœopathy in England. But there is the literature of the future, the literature in prospective. If we go into a homœopathic library and look at its thousands of books we feel we want an effective key to unlock the treasures which lie hidden there. During the last few years the British Homœopathic Society has been trying to forge a key, and that is now almost within visible distance of the lock. For brevity's sake it is called an index; actually it is a skilful digest of the periodic homœopathic literature in England up to 1896. Now the work of past masters, and the products of the best brains in homœopathic literature will henceforth be at our disposal. That is one of the most important works issued from the homœopathic press for a long time. There is another prospective issue of a wider range which is intended to cope with the abysmal ignorance of the public at large with regard to homœopathy. It seems to us that the people should have

placed in their hands some reasonable grounds for regarding homœopathy as a life-saving system, and the British Homœopathic Association is preparing and will issue a waistcoat-pocket guide for the use of all and sundry the country over, setting forth reasons why homœopathy should enter into the life of the family and the individual. I daresay that publication will not be very popular among some of our allopathic brethren. (Laughter.) I am never afraid of knowledge, but I am afraid of ignorance. I am not afraid of well-seasoned judgment, but I am afraid of prejudice and passion; and knowing the amount of prejudice and passion and ignorance we have had to meet, it seems only a self-preservative measure to provide this means of showing our position. And let it be as good a means as possible. (Applause.) The public will have doctrines of some kind to be cured by, and if they cannot find a sound and scientific system provided for them, they devise a foolish one of their own make and call it Christian science. (Laughter.) There has been accumulating during the last ten years a large amount of homœopathic literature which is destined to play an important part in the homœopathic future. The gentlemen who have figured chiefly in this are Sir Alfred Wright, Dr. Bullock, and other pioneers of opsonic methods. We no longer have contumely cast on our "nosode" practice; it is taken up and sublimated by these distinguished authorities. Indeed, I hear that in some high places it is acknowledged to be homœopathy, but the statement is qualified by the further one that it is the only really scientific work in homœopathy hitherto done. At any rate, it is all pure homœopathic literature from beginning to end, and we wish more success to their homœopathic elbow. (Applause.) The second part of my toast deals with Homœopathic Institutions, and it is customary to place hospitals first. I think on this occasion we may go one better and deal with the institution that brings us together to-night—the British Homœopathic Congress. (Applause.) When, Mr. President, I had the privilege and pleasure of filling the chair you occupy, it seemed to me to be a desirable thing to call attention to the fact of how much we gain by meeting together: we all obtain that moral strength that comes by the association of personality, and I think any man that comes here and does not go away inspired for work and with enthusiasm for his work from contact with his fellows, has missed a great thing. Therefore, let us place this Congress first in the list of Institutions which we toast to-night. The second is the British Homœopathic Society. (Hear, hear.) Probably my lay friends may not know much of this Society—

it is a very important institution indeed. We owe its importance in a large measure to the efforts of Mr. Knox Shaw and of his successor, the present President of the Congress. Then there is what I would call the orthodox element of the toast, hospitals and dispensaries, and these bulk largely in British Homœopathic Institutions. There is no one present but is familiar with these institutions and their indoor and outdoor spheres of usefulness, and the majority knows the splendid work that is being carried on at the London Homœopathic Hospital. After some experience of hospital work in this country and abroad, I am proud to belong to it. It is an institution that has a great past, a fine present, and a glorious future. If we all pull together and let the one object dominating us be the welfare of the cause, I am certain that Sir Henry Tyler will have, in the course of a short time, the £30,000 he desires to extend the Hospital, indeed, no doubt, more will be forthcoming if necessary. He himself has promised £10,000 and Lord Dysart £2000, and this bears out what I have said before, that the homœopathic pocket is quite big enough, and the homœopathic interest quite keen enough, to meet any demand which may be made, providing the object can be shown to be a good and a sound one. I have no fear of competition between homœopathic bodies: the public will take care of these if it is satisfied of their *bona fides*, and I believe the more rational demands we make on the homœopathic pocket the greater will be the willing additions to our exchequer. Next to the London Homœopathic Hospital come the kindred hospitals scattered up and down the country. We have a hospital at Liverpool which is a very fine one and constantly adding to its usefulness as time goes on. Then we have the Phillips Memorial Hospital at Bromley, and if you want to see a model of what a limited hospital should be, Bromley Hospital will be unmistakably interesting to you. We have an excellent one in point of equipment and results at Tunbridge Wells, and we have other hospitals at Eastbourne, at Bournemouth, at Plymouth, at Hastings, at Bristol, at Bath, and Leicester; all these are extending their usefulness and are doing well. I have heard people say that homœopathy is dying. Well, if it is to die in that way I am not at all concerned about its dissolution. (Laughter, and applause.) Last, but not least, I may include in this toast the youngest and latest born, yet virile already, the British Homœopathic Association. Those who have taken an interest in the founding of the Association have met with the usual criticism, but I have never known yet of a man or a corporate body worth its salt which did not

find before long some unsympathetic critics, and the Association has not suffered from the lack of criticism. I am so certain as to the inherent power of the Association and its future that I regard it as one of the most potent forces of homœopathy. (Applause.) I hope on the next occasion that this toast is proposed it will be possible to include a British College of Homœopathy. (Applause.) Some of us have worked for this consummation for a number of years, and I hope the time is soon coming when it will be a *fait accompli*. There is some reason to think that in the course of a few months the matter will materialize; and whoever takes my place at the next Congress, will, I hope, be able to include the British College of Homœopathy in his toast. I couple with these few remarks the names of Dr. Madden and Dr. Dyce Brown. It is unnecessary to say more of these gentlemen. Dr. Madden is not only a member of the Congress, but also of the British Homœopathic Society and of the Association, and the senior physician of the Bromley Homœopathic Hospital, and he is particularly well fitted to take up the task of responding for institutions. Dr. Dyce Brown follows him—for literature—Dr. Dyce Brown is a host in himself. (Applause.)

Dr. Madden: Mr. President, ladies and gentlemen,—I am exceedingly sorry that owing to the poor acoustic properties of this room I have been unable to hear all that Dr. Burford has said. However, I gather one thing, that literature ought to come before institutions, and I am rather at a loss to know why I am called upon first. At any rate, I shall be the sooner out of my misery, and you out of yours. (Laughter.) Now, it always seems to me that homœopathy is to many of us much like a religious faith—our institutions, our hospitals, our dispensaries and societies are like the churches and Sunday schools, and they are our only means of proclaiming our faith to the public and of showing our life and activities. In fact, there are similarities between medicine and religion in many ways, and even the *Odium Theologicum* and *Odium Medicum* are equally perfervid. In our own body we have our high and our low and broad schools, and the extremists at either end love one another very much—(laughter)—like the High and Low Church, and it has been even known for one school to apply nicknames to members of another. Those at one extreme have been dubbed “esoteric high delusionists,” and these reply by calling those at the other extreme “mongrels,” while the broad school party are regarded from both extremes as being neither fish, flesh, nor good red herring. (Renewed laughter.) However, I think there is



room for all in our work, and we each try to show what we can do in our hospitals and dispensaries, and when we have, as I hope we shall have some day, a fully equipped medical school, I, for one, certainly hope every shade of opinion will be represented among the staff of professors. (Hear, hear.) The British Homœopathic Association, which has been referred to, is our best hope of arriving at that school of homœopathy, and I feel quite certain we shall never do much good as missionaries of homœopathy until we have it, until we can educate students from the beginning and give them their degrees or diplomas. That is what we have to aim at, and without which our life's work will be incomplete. At present we have students who belong almost entirely to our own body, and who are not chiefly those we wish to attract. We hope some day we shall be able to draw in pupils from the outside, but I do not think we shall be able to do that until we have scholars of our own from the very beginning to the end. It is chiefly because this is the idea to which the Association is craving that I am so exceedingly anxious to encourage and support it in every way. (Applause.)

Dr. Dyce Brown: Mr. President, ladies and gentlemen,—I feel proud indeed at having the honour to respond to this toast which you have so kindly drunk to-night, and I thank you very much indeed. It is a two-fold toast, and the first part has been so admirably responded to by my friend and colleague the Hon. Treasurer, Dr. Madden, that the second part only is left to me—that is, Homœopathic Literature; and I feel very gratified at having the honour of responding. There may be a special reason for selecting me, this year, as it is my “silver wedding” to the Congress, that is to say, I have been twenty-five years its Honorary Secretary, a length of time on which I pride myself. (Applause.) As I have the honour of having been again chosen your Secretary, I hope I may be able to do full justice to the prosperity of the Congress at all its meetings and at the dinner. Also in responding to the toast of Homœopathic Literature I may mention, for the information of those who are guests and have so kindly honoured us with their company, that this is the fiftieth year, the Jubilee year, of the *Monthly Homœopathic Review*, of which I have the honour of being one of the editors. (Applause.) I think homœopathic literature is a very important thing indeed in the profession. Every cult that is worth mentioning has an organ of its own—some cults which are hardly worth naming have their organ or papers to bring forward their views, and it is doubly important for homœopathy to have the literature we now possess. It is

greatly to the good of homœopathy and also of the public. It lets the public know what is going on, and it lets our own colleagues know also. It does a great deal of good also because it not only brings to notice things that our colleagues and the public might otherwise pass over, but because it disseminates the principles of homœopathy, and shows that homœopathy is being steadily absorbed by the old school. We see this fact in the notices that appear from time to time in our journals, all of which show how largely the advance of homœopathy is really and essentially going on. I find the interest in homœopathy is progressing, and largely so because, although we do not have the strong contrast between the practice of homœopathy and that of the old school at the present day, compared with what it was twenty or thirty years ago, we find now that the old school is steadily and continuously absorbing the doctrines and beliefs of homœopathy. It is this, for one thing, that makes homœopathic literature so valuable. Not only are Hahnemann's doctrines being absorbed steadily by the old school, but the publication of the fact must have a great effect upon their mental view of homœopathy. I know perfectly well that many of the old school would be glad to admit the principle of homœopathy as the right one if they dared. Our literature, therefore, does a great deal of good not only in bringing notices of these facts to the front, but also in showing our brethren how our views and practice are progressing, which otherwise they might not observe. Therefore, I consider that homœopathic literature is a very important part of the homœopathic teaching, and what we endeavour to do in the *Review* is to assist homœopathy in every possible way, by bringing forward these matters, and by publishing papers interesting in themselves. And we always live in the hope that these articles will come to the knowledge and sight of men of the old school, and thus influence them in a way we cannot estimate. Therefore, I am very proud indeed to have any connection with homœopathic literature, and thus to be able to help the cause. I thank you very much for the kind manner in which you have drunk this toast. I assure you we appreciate it very much indeed. (Applause.)

Dr. Searson: Mr. President, ladies and gentlemen. — I have the honour to submit to you the toast of the Guests of this evening, and I ought to make an excellent speech in support of the sentiment, seeing that I have had a full fortnight to prepare it. No doubt the general opinion is that it is an advantage to have a long time in which to prepare for a toast, but my experience of the last fortnight leads me

to recommend the method as a system of refined torture to anyone who wants to use it. (Laughter.) The fact is, that instead of making one ready to speak on this point it has proved to me how much more easily I could have spoken upon any other. (Laughter.) For example, if I had been asked to propose the toast of the President, what an excellent speech I should have been able to make. I should have extolled his virtues—(applause)—and deplored his vices. (Laughter.) I should have reminded him of the pleasure with which we watch his progress in the profession, and have congratulated him on the successful evening in which many of us participated last night. (Hear, hear.) If I had been given The Congress to propose, I could have done it with more surprising eloquence because it is known to me that we are to-night celebrating the silver anniversary of Dr. Dyce Brown's connection as its secretary, and I am sure we all know the affairs of the Congress could not be in more trustworthy or capable hands. (Applause.) He has shown a consistent urbanity, ability, and a needful spirit of economy which is beyond all praise—(Hear, hear, and laughter)—and we all wish him many years of continued service. If I had had to toast the immediate past-president of the British Homœopathic Society, Dr. Hawkes, whose voice we have heard to-night, I believe I could have grown even more eloquent still. We were all much concerned for Dr. Hawkes and his family in his unfortunate accident, and we congratulate him and his relatives on his restoration to health, and it is a pleasure and pride to see him amongst us again looking as well and as young as ever. (Applause.) But I am debarred from saying all these things—(Laughter)—because I have this other toast to submit, and on thinking it over I am not sure that I do not prefer the sentiment which has been entrusted to me. The toast of the guests is bound to be most popular in a British assembly, popular because it is probably the only avenue we can traverse to testify to the ladies who grace our proceedings our great appreciation, and acknowledge the debt we owe to them for the help they give by their presence. I make the allusion to the ladies in fear and trembling, because this is the day of suffrage and suffragettes, of Cavendish Square and Chancellors of Exchequer, broken windows, and Mr. Plowden, and one has to move with circumspection. (Laughter.) Another reason why I think the toast of the guests is an important one is because we have in our midst to-night guests who are for the most part our patients—(laughter)—and it is just conceivable that some of the doctors—I trust but few of them—are indulging in dietetic and other

temptations which surround you and may lead to gastric indiscretions and may make it necessary to come to us for cure, to our material advantage. (Laughter.) For, after all, the proud prerogatives of the profession must at all cost be upheld. (Laughter.) One of the difficulties of this toast on the part of the speaker introducing the sentiment is usually to differentiate between the guests and the hosts; but I do not think you will find much difficulty to-night. If you look round the room it is obvious that the most distinguished-looking people are the guests. (Laughter.) We have amongst us a lady doctor from America, and we are glad to see her. (Applause.) I hope when she returns to her native shores she will carry away as kindly a feeling for the British people as some of us have for their American friends. (Hear, hear.) We have a doctor from Vienna whose name I have found it impossible to pronounce—(laughter)—also we have two distinguished medical gentlemen from Michigan University, and I am glad to think that I am to be followed by one of them, and I am expecting from him an eloquent response. (Applause.) I have not much more to say—already I fear I have been too long on the subject of guests. I like to feel that we have honoured guests with us, not in the material sense only, but that we have with us—as our President implied—the spirits of our dear old friends who have passed away. It would be nice to feel that the spirits of Dudgeon, Hughes, Burnett, and many others were with us to-night. May we emulate their example and follow in their steps.

Mr. J. P. Stilwell: Mr. President, and gentlemen,—I rise to thank you all most heartily and sincerely for the toast of the guests. I represent here many gentlemen and, I believe, all the ladies in this room, and it gives me great pleasure to have that honour. I am pleased to be able to say how I have watched the progress of homœopathy during the last twenty months since we last assembled in this room, and to see the Hospital improved in its financial position and rapidly rising from the continuous state of impecuniosity to a time when our income and expenditure will balance one another. I hope to see the Hospital progress even beyond this state of equilibrium before long, and then we shall be able not merely to carry on as heretofore, but to come forward into Queen's Square. (Applause.) It may be some years before that happens, but I look forward to it in the not-distant future. (Applause.) Of the British Homœopathic Association I have no doubt that it is doing good work. I am not so intimately in touch with the Congress as I am with the Hospital and the Association, as you all know, but I think that the Congress

is doing excellent work. I can give my own view of the good that this social gathering does to those who take part in it, and I believe that it is like a three-fold cord that is not easily broken when men combine and work shoulder to shoulder in the way the homœopaths of the present day are doing. I believe there is a great future for homœopathy. (Applause.) The Homœopathic Association has been mentioned. It is certainly a new thing, and it did not come before it was wanted, for I believe had it not been for the Association, homœopathy would have been on the wane by this time at a very rapid rate. I think we are indebted to those who have worked for that Association as the preservers of homœopathy in England, and I may mention Dr. Burford, who has addressed us this evening, as one of the most efficient and hard-working men who have had to do with it. (Applause.) I have for some time seen that there must be an effort made to put homœopathy on a level with the other wing of the medical profession; that we should have a school and a charter, that we should have the power of teaching and the power of giving diplomas to those we teach. I know that this opinion has not been thoroughly adopted by many of our brethren, but at the same time it is not the first time I have had to advocate an unpopular cause, and it will not be the last. It seems to me only fair that a great society like the Homœopathic Society should be recognized by law, and that those who follow it should have the same legal power as the other school of medicine. I shall always advocate the going forward upon these lines by all homœopaths, not only in England, but throughout the whole of the United Kingdom. We may find that men on the other side of the Trent may take up our opinion if efficiently advocated. If we have the missionary spirit. It is the spirit of the missionary that converts the man; and without preaching and teaching how shall we spread our doctrines? I think Dr. Searson mentioned that many of the guests were patients. I am glad to hear it, for this reason, that all the guests around this table are in rude health, and it shows the treatment meted out to them has been eminently successful. I thank you for the toast. (Applause.)

Dr. Kinyon: Mr. President, ladies and gentlemen, members of the British Homœopathic Congress,—If there is any one thing that it is impossible for me to do, and do well, it is to speak after partaking of such bountiful hospitality as I have this evening. I am not a public speaker any way at any time. I brought my son—I call him my little boy—to keep track of me and see that I keep out of mischief, and you would have suited me much better if you had called on Dr.

Klauber of Vienna, or Dr. Bieler, of Colorado Springs, U.S.A. But as my name is down I will do my best. My embarrassment is turned to pleasure because of the fact that I find my brethren here possess to an eminent degree the true spirit of hospitality, inasmuch as they make their guests feel at home. Pardon a single personal reference, to me it means a good deal. Just thirty years ago to-day (on July 6th, 1876) I entered my preceptor's office to begin the study of medicine in accordance with the methods laid down by Samuel Hahnemann. Little did I think then that I should be in the presence of so many distinguished gentlemen on the other side of the Atlantic, partaking of your hospitality on an occasion like this. I cannot forbear mentioning the names of a few of those eminent in your ranks. I have met in former years on the other side, Dr. Drysdale, Dr. Pope, Dr. Hughes: all these I recollect meeting; also Dr. Searson, who so well and felicitously introduced this toast. There are a few impressions that come to me by way of comparison as I go through your cities. You have not quite such tall buildings as we have. You will better appreciate how tall ours are if I mention a case. One day a boy came into the office somewhat hurriedly and said: "Doctor, I want you to come quick, because I think someone is badly hurt round the corner." "Why do you think," I said; "don't you know?" "I know he started falling from the building when I left," he replied, "and I presume he will be down when we get there." (Laughter.) On the other side we hear a good deal of the word "specialization," of dividing the work of the medical profession among specialists. Perhaps many of you know the genial secretary of the American Institute, he for a long time was a medical practitioner but has now joined the ranks of the specialists. One day I was riding with Dr. Gatchell, and he was lamenting the fact there that was little or nothing left for the general practitioner to do, as the specialists had divided all the work and were doing the whole thing—there were specialists for the eye, the throat, the ear, the nose, the chest, the lungs, and so on. I tried to console the doctor but he clenched the argument by pointing out of the window, and he said: "Don't you see that sign?" Yes, I did see the sign: "The United States Naval Hospital." Good Lord," he said, "they have taken everything; where is there anything left for us to do?" (Laughter.) Thirty years ago it was true with us that homœopathy developed much more rapidly than is now the case. The fact that our friends of the old school gave such enormous doses of medicine had much to do with it. That reminds me of an experience I once had. An Irishman

called on me and said it was the first time he had taken homœopathic medicine, but he had heard such good things about it that he thought he would try it. I gave him some pills, and a few days later he came back, and I said: "Well, Pat, what about the pills?" "Oh," he said, "the pills are all right, but my, that box!" His idea was that he had to take an allopathic dose, so he had tried to swallow the box. (Laughter.) But speaking seriously, a few points may be of interest to you regarding homœopathy and its development in the United States. We have not accomplished very much in comparison with what we ought to do, but we hope to accomplish more in the future. We have at the present time over 15,000 practitioners in homœopathy, and this enables us to call our own school in council to a very large extent. We have twenty-three journals—such as they are. If I was the Editor of any of them I should, of course, say there was one good journal; as I am not, I can, of course, say they are all good. (Hear, hear, and laughter.) There are also some popular magazines which propagate the truth of homœopathy among the people. I can tell you it is the people that support homœopathy wherever we are. I was impressed with that fact when Dr. Searson took me through your beautiful hospital and showed me in one room 200 people waiting to be treated by the staff of the hospital, and I said to myself: "It is too bad you cannot utilize these people as clinical material to teach the truth of homœopathy." Of course, these people do spread broadcast the work you are doing, but that work, great as it is in itself, will not bring you a College. Something else is required—as to what is required you know far better than it is possible for me to know. We have four national societies, eight inter-State societies, thirty-seven State societies, over 150 county and local societies, and seventy-five or eighty large public homœopathic hospitals, and in fourteen of these the two schools are working side by side, and thus far the banner of similia has never been lowered when we have had the chance of side by side trying our work with the others. (Applause.) Situated as I am, you naturally may expect me to say something with regard to the teaching of homœopathy in our State Universities. It is a subject dear to my heart. I entered a State University as a student in the fall of 1876. I am doing the best I can at the present time to instruct the boys and girls who go there to acquire a medical education. But first of all, in each and every State, before we make any attempt to introduce homœopathy, we have a law passed by the State legislature giving us the right to teach homœopathy in the

State University, then we are on the same footing as our old-school brethren, and they are absolutely powerless to "disturb or make us afraid." (Applause.) In three States we have homœopathic departments as an organic part of the Universities. In three States, Michigan, Iowa, Minnesota, and we expect soon to have one in Illinois. The first two years' teaching is identical; the students of our department listen to the same teachers, on the same subjects, as the old school, and in that there is no small danger, for it brings into play the same element of human nature that you have to deal with here. For instance, in the University with which I am connected there are 400 students in the medical department in the old school, and we have 100. If we had one-seventh as many as they have we would have as many in proportion to practitioners as they have, and therefore we are doing exceedingly well. But before the two years are up the boys and girls form acquaintances and associations with their old-school classmates, and there is great danger that at the end of the two years they will say: "I have become so well acquainted with So-and-so, I will not cut loose and go into the homœopathic department to have to form new associations." But we have the boys and girls with us at our social functions as much as possible; but even then if they have class acquaintances for two years it is no easy matter for them to break away unless, before they go to the University, they have their convictions upon the subject, then there is no fear. We are doing all we can to offset this, by insisting that when they first enter the University they shall register with us. We then keep in touch with them, give them lectures on homœopathy during the first two years, and invite them to our houses and provide entertainment for them that will hold them for the whole four years of their course. We think we succeed very well. If we can overcome this danger, we virtually overcome about all that we have to fear in our country, because we have the same money endowment from the State and we can teach the same scientific branches that they can. We have some excellent colleges that are not connected with State Universities, and from these hundreds of boys and girls come who never enter the old school Colleges, and their status is on an equal footing with any of the old school. (Applause.) They go before the State Boards and pass the examination, and in many of the States the graduates from our schools pass with higher works—in some cases a good deal higher—than the graduates from other schools. (Applause.) Just a word of a general character. It matters not where we are, whether we are in the British



Isles or on the continent of Europe, or in the United States, or Canada, or South America, the great bond that unites us, the great cause that enables us to accomplish what we do, the great moving power is the law of similars. Let us one and all nail to the masthead the banner of similia and keep it there until the old school throughout the length and breadth of this and every land will recognize that *similia*—(applause)—*is the law of cure if not the only law of cure. Then, and not till then, will the necessity for our existence as a separate and distinct school of medicine cease to exist.*

Mr. Knox Shaw proposed the toast of the President in the following original style :

Who charmed us though the morn was hot ?

Whose paper taught us quite a lot  
Of things that should not be forgot ?

Our Chairman.

What brought the ladies gay and fair,  
Intelligent and debonair ?

Scarcely the paper, though so rare—

Our Chairman.

Who traces our *development*,  
Showing its *bearings* prominent,  
Until he waxed quite eloquent ?

Our Chairman.

Who wants to find the opsonin,  
That he may use tuberculin,  
Or try some other vaccinin ?

Our Chairman.

Who helps to train the missionaries,  
Has been the best of secretaries ?  
Whose tact dispels all our vagaries ?

Our Chairman.

We all, I'm sure, wish him good health.

We know he does good deeds by stealth.

We hope his fame may lead to wealth.

Ladies and gentlemen :

Our Chairman.

(Loud Applause.)

The President: Ladies and gentlemen,—I am sorry that I am not a poet to respond in suitable terms to Mr. Knox Shaw's kind proposal of my health. His most interesting and recent development is a very pleasing one to listen to, even though it be myself of whom he was speaking. I thank you for the kind way in which you have responded to the toast,

and I will confess to you that these two days—yesterday and to-day—for some ten months have been hanging over my head like a pall. But when the days arrived, and I have been surrounded by kind friends and supported by members of the Congress, what seemed a nightmare turned from a bad dream into a beautiful realization. I have had two of the pleasantest days I remember to have spent for a long time. (Applause.) The responsibilities of the office have seemed to vanish as the duties presented themselves, and I have to thank you for making the Congress a success in every way, for the loyalty and cordiality and friendly support given to the chair, and still more for the very kind personal allusions made to me during the day. I only need wish to you all the health and happiness wished to myself. I hope we shall all meet another year, under the presidency of another whom we have chosen, and that we shall have an equally happy and prosperous Congress. I thank you all very heartily for the kind way in which you have drunk the toast, and I thank Mr. Knox Shaw for the kind and felicitous terms in which he has proposed it. (Loud Applause.)

This concluded the toast list.

The company then left the table, all agreeing that the Dinner had been very enjoyable, and that the whole day had been a most successful one from every point of view.

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## BUCHANAN HOSPITAL, ST. LEONARDS-ON-SEA.

### TWENTY-FIFTH ANNUAL REPORT FOR 1905.

THE Board of Management have the pleasure of presenting the Twenty-fifth Annual Report to the subscribers and friends of the Buchanan Hospital.

A summary of the Medical work, of which details may be found in the Official Report, is given in the following tables : Remaining in Hospital, January 1st, 1905, 16 ; admitted during the year, 215 ; total, 231. Discharged as cured, 158 ; much improved, 36 ; relieved, 8 ; unrelieved, 4 ; discharged at own request, 2 ; died, 4 ; remaining in Hospital, 19 ; total, 231.

Of these in-patients, 116 were males, 115 females ; 215 of these were general, 16 were ophthalmic cases, and 25 were accidents ; average number resident daily, 18·94 ; average number in the general wards, 17·21 ; average number in the private wards, 1·73 ; mean residence of each patient in days, 29·93 ; average cost per in-patient, cost of out-patient department included, £6 5s. 11d. ; average cost per in-patient

per week, cost of out-patient department included, £1 9s. 6d. ; 23 patients were admitted to the private wards ; total number of patients admitted to the hospital since its foundation, 3634.

#### OUT-PATIENTS' DEPARTMENT.

Number of separate cases, 1246 ; renewals, 957 ; number of attendances, 8118 ; the cost of the in-patients' departments was £1343 3s. 3d. ; the cost of the out-patients' department was £111 7s. 3d. ; the total cost for the year being £1454 10s. 6d.

The year 1905 has been a most encouraging one for the Hospital, more work having been done than in any previous year of its existence.

The average number of patients resident daily has very nearly reached the utmost capacity of the Hospital. In the general wards 17·21 out of 18 possible beds, and in the private wards 1·73 out of 3 possible beds, have been continuously occupied throughout the year : and 404 operations have been performed, an increase of 40 over the year before.

In the out-patients' department the steady advance to which allusion was made in the last report has been well maintained, there having been 233 more new cases, and 930 more attendances. This constitutes a large increase in the devotion of the medical officers to the Hospital, and a considerable increase in the work of the nursing and domestic staffs, requiring the employment of a matron, six nurses, and five servants.

It appearing that the nursing staff was inadequate to cope with these additional calls upon their services, the Board of Management decided, after very careful consideration, to employ a sixth nurse.

In view of this additional work it is very essential for the continued prosperity of the Hospital that new annual subscribers should be found to take the place of those who in the natural course of events are lost year by year.

The expenses of the year have been heavy, but may be seen to bear a very fair comparison with the increase of the work.

On the other hand, there has been a decided increase in nearly every item of income ; and in particular—a matter for sincere congratulation—in subscriptions, which have amounted to £646, a higher figure than ever before, and an advance of £86 on last year's—fifty pounds of which were subscribed by the Trustees of the Elizabeth Mirrlees Charity to found an Elizabeth Mirrlees bed.

The Trustees of the will of the late Miss Marianne Frances Hasker have apportioned the sum of £1000 to the Hospital

from the residue of her estate on condition that the money be invested and retained as capital, the income only being applied to the purposes of the Hospital; and also that a bed be named in perpetuity after the testatrix.

A legacy of £100 was received under the will of the late Commander J. F. Beckett, R.N., and another of £100 under the will of the late Miss Caroline Mary King.

It has been found necessary to install an entirely new hot-water service at the cost of £200, so that these two legacies will be at once absorbed unless a sale of work, which it is proposed to hold early in the year, enables us, as we hope, to pay off the bulk of this exceptional expense, and so to add somewhat to the small capital possessed by the Hospital.

The Trustees of the Elizabeth Mirrlees Charity, in addition to their other liberal benefactions to the Hospital have given £100 towards the improvement of the mortuary on the lines of a sketch kindly submitted by Mr. G. E. S. Streatfeild.

By the generosity of a "Grateful Patient" the operating room has been supplied with new fittings and furniture of the most approved modern pattern.

On June 6th and 7th a bazaar and fancy fair was held in the Hospital grounds, with the view of raising a sufficient sum to pay off the debt on the operating room. In spite of very unfavourable weather £356 16s. 6d. was taken, while the expenses only amounted to £38 19s. 10d. The Board of Management desire to express their most hearty thanks to the numerous helpers who did so much to bring about this most satisfactory result. Many articles having been left unsold, they will be available for the sale of work alluded to above.

The Board of Management again record their high appreciation of the services of the medical staff, which are gratuitously and ungrudgingly rendered, and for which the heartiest thanks are due from all who have the interests of the Hospital at heart.

All friends of the Hospital will share in the great regret felt at the retirement of Nurse Minnie Cannon after nearly fourteen years of faithful service; and the Board of Management cannot allow her to leave the Hospital without expressing their recognition of the fact that she has formed a considerable element in the success and good name that it has obtained.

The valuable services of the Medical Officers, the Chaplain, and the Rev. A. T. S. Talbot, the Treasurer, the House Visitors, and the Secretary are again gratefully acknowledged.

Our thanks are also tendered to the Matron and Nurses for their gentle and efficient care of the patients in their charge;

and to those friends who came forward to assist at the New Year's entertainment.

#### THE ANNUAL MEETING.

The Annual General Meeting of the subscribers and friends of the Hospital was held on Tuesday, February 27th, at 3.30 ; R. W. Mitchell, Esq., Mayor of Hastings, being in the Chair.

The following resolutions were passed unanimously : (i) Proposed by the Chairman, and seconded by the Rev. W. C. E. Soughton, " That the Report and Financial Statement just read be adopted and circulated." (ii) Proposed by Major-General Finch, and seconded by the Rev. E. Clowes, " That the members of the Board of Management be re-elected to serve for the ensuing year." (iii) Proposed by the Rev. W. C. Streatfeild, and seconded by H. Samson, Esq., " That a sincere vote of thanks be tendered to the Medical Officers of the Hospital for their gratuitous services and unremitting kindness and attention to the patients." (iv) Proposed by R. K. W. Owen, Esq., and carried with acclamation, " That the hearty thanks of this meeting be accorded to the Mayor for his kindness in presiding on the occasion."

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The above report was, through a mistake, only sent to us quite lately, too late for an earlier issue. Its delay in publication is, therefore, not due to us.

Since we received it, we much regret to hear of the sad motor-car accident, which occurred on June 28th, and which resulted in the instantaneous death of Miss Ransford, the highly-esteemed matron of the Buchanan Hospital, an office which she held for many years. The admirable and kind performance of her duties in this important position endeared her to all who knew her personally, and by the officials of the Hospital she was looked upon as an essential part of the existence of the Institution. Throughout the town of St. Leonards Miss Ransford was most highly respected and beloved. The loss is a very grievous one to the Hospital, and we offer our sympathy to all the officials connected with it, and to her own relatives. We are glad to notice that the President of the British Homœopathic Congress of this year, Dr. Edwin A. Neatby, spoke at its meeting feelingly and sympathetically of this sad loss, and requested the Hon. Secretary to convey to the Hospital and to Miss Ransford's relatives their sympathy.

In the *Hastings and St. Leonards Observer* of June 30th the Editor thus speaks of Miss Ransford, showing the manner in which she was appreciated in the town. " This reflection,

however, does not go far towards assuaging the grief universally felt at the death of Miss Ransford, one of the most popular ladies of the town, a friend of the suffering poor, whose loss will be felt by thousands of people of all classes, by whom she was beloved."

## PHILLIPS MEMORIAL HOSPITAL, BROMLEY, KENT.

### A MIDSUMMER FETE.

THE charming Midsummer fête, so kindly organized by the Ladies' Guild, in aid of some needed developments in connection with the Children's Ward at the Phillips Memorial Homœopathic Hospital, was held in the extensive and very pretty grounds at Harleyford, Upper Park Road, Bromley, by the kind permission of Mr. and Mrs. F. H. D. Man. The members of the Guild had spared no pains in making the many arrangements for it. They all devoted themselves to making the fête a great success, and they may all be warmly congratulated that what was so pleasingly designed was, with the exception of a slightly overcast sky in the afternoon, favoured with Midsummer weather. Mrs. Madden was the president of the executive committee of the Ladies' Guild; Mrs. Ledger, the hon. secretary, and Mrs. H. Wynne Thomas, the hon. treasurer, and great services were rendered by them, as well as by the other members.

The whole of the grounds looked very charming, and were brightened here and there by many colours in flags and bunting. The stalls had been arranged for the most part under the spreading trees, which, adorned with Chinese lanterns and other coloured ornaments, provided pleasing and agreeable canopies. There was a considerable array of articles of an ornamental, but also of a very useful character, and all these were displayed with much taste.

### THE OPENING.

The opening ceremony took place at three o'clock, on a slightly raised platform near the house, on the beautiful lawn, which was begirt with many plants and flowers of great beauty. His Worship the Mayor, Alderman R. W. James, wearing his chain and robes, was accompanied by the Town Clerk (Mr. F. H. Norman), and also by the mace-bearer. The Mayoress was present, and many others interested in the Hospital.

Mr. John Churchill, Chairman of the Hospital Committee,

received the Mayor and Mayoress, and introduced them to the members of the committee and of the Ladies' Guild, and conducted them to the platform. He then said that he wished to say a few words of welcome on behalf of the Ladies' Guild to his Worship the Mayor and to the Mayoress, who had so kindly consented to come and grace that fête by their presence. (Applause.) He might say that ever since the establishment of the Hospital the authorities of Bromley, whether in the old days of the Urban District Council, or now that they were a full-blown Corporation, had always been most assiduous and most kind in their support of their Institution. (Applause.)

A very beautiful bouquet of flowers was then presented to the Mayoress by Miss Olive Man.

Dr. Madden said it was his most pleasing duty to move a very hearty vote of thanks to the Mayor and Mayoress for coming there that day. But before he did so they would, he hoped, allow him the opportunity of saying a few words as to the special object of that fête. As they had seen upon their cards and notices, it was announced that their object was, in the first place, to enable them to extend the children's ward. Most of them knew that they had already a children's ward. It was constructed when the Hospital was originally built, and they would remember that some years ago their energetic chairman and his good wife, Mr. and Mrs. Churchill, gave an entertainment in their grounds similar to that one, with a view to provide funds for the furnishing of the ward, and that they succeeded in raising between £60 and £70, and that money they were ready to spend upon the furnishing; and they might say what more did they want? Well, the real fact was that they required accommodation for the nurses, who would take care of the children. The original sleeping accommodation provided for the staff was not sufficient, and they found that they would have to spend a considerable sum in providing it, namely, some £400, and it was that they might do something towards raising that money that the Ladies' Guild were making that effort. (Applause.)

Mrs. Ledger, who has rendered most useful service as honorary secretary, said that by desire of the executive committee of the Ladies' Guild of the Phillips Memorial Hospital, she begged to be allowed to read a short report of the progress of the work and the objects of the guild. She then made a statement of the circumstances which led to the formation of the guild, and stated that its first object was to collect money to establish and support a children's

ward in the Phillips Memorial Hospital; the second, to provide clothes and linen for use in the Hospital; the third, to arrange for ladies to visit the patients at the Hospital; and the fourth, to take up any other work in connection with the Hospital that might commend itself to a general meeting of the guild. The members consisted of three classes, namely, honorary, working, and associates. The number at present on the books was 62, and the secretary would be glad to receive the names of those who wished to enroll themselves in this good work for the relief of the suffering children. The object of the guild was also to extend the interest in homœopathy generally.

Mrs. Lindsay Bell having seconded the proposal, the motion was carried with applause.

Dr. Wynne Thomas then proposed a hearty vote of thanks to Mr. and Mrs. Man for their great kindness in allowing them the use of those grounds. When the matter was first mentioned Mrs. Churchill kindly offered her gardens to the Ladies' Guild, but the ladies of the guild thought that it would be better to hold the fête within the borough, as the Hospital was within its borders, and that if it were so held the people of Bromley would take more interest in it. (Applause.)

Miss Simpson seconded the motion, which was carried with applause.

The Mayor, in acknowledging the vote of thanks which had been passed to him, said that it required no strong appeal in the case of any man who had lived in Bromley as long as he had to lead him to make some effort to come there that afternoon and take part in those proceedings. Those who had watched the initiation and progress of the Hospital could not but be struck by the enthusiasm which had been displayed by those who had made it their duty to conduct the affairs of the Phillips Memorial Hospital. (Applause.) He felt sure, too, that their friends would not fail that afternoon to display a like enthusiasm and an equal readiness to further the object which the committee had in view, namely, to obtain the means for providing the further accommodation, and that all the efforts which were being made would meet with that response that the utility of the accommodation needed absolutely demanded. The institution they had met to support—and he hoped generously—was initiated by Dr. Madden, who was Dr. Phillips' successor, and he trusted that he, in looking back upon the work of the institution, would be able to feel satisfaction at what had been done. (Applause.) He could only say, as a burgess of Bromley, that he felt that very great thanks were due to



Dr. Madden and those associated with him for bringing the institution to its present state of efficiency and progress. (Applause.)

The Mayoress said that she wished to thank those who had so kindly given her that beautiful bouquet. She had been delighted to receive it, and wished them every possible success in their work that afternoon.

The Mayor said that he now came to his final duty, and that was to declare that sale of work open. He sincerely hoped that their efforts would bring a rich harvest to the committee of the Phillips Memorial Hospital.

A ladies' orchestra, under the direction of Mrs. Arthur Measor, played in an exceedingly pleasing manner various selections during the afternoon. There were also half-hour concerts.

During the afternoon there was an open tennis tournament, which was arranged by Mrs. Wyborn, for which prizes were offered.

There was also a putting competition.

When the evening shades prevailed the whole of the grounds were very beautifully illuminated, and the scene was a most delightful one.

A popular and successful entertainment was given under the direction of Mr. Norman Marples.—*Bromley District Times*.

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## BRITISH HOMŒOPATHIC ASSOCIATION.

REPORT BY DR. HAYES,

Dudgeon Scholar of the British Homœopathic Association.\*

*To the President, Committee, and Members of the British Homœopathic Association.*

Having spent the three months October to December, 1905, at the Hahnemann Homœopathic Medical College, Philadelphia, U.S.A., under the auspices of your Association, as holder of the Dudgeon Scholarship, I have much pleasure in presenting this report of the impressions left after a residence in this home of homœopathy.

As to the College and Hospital themselves, they were the first to be erected for the systematic teaching of the principles and practice of homœopathy, and owed their origin in a great degree to the efforts of Constantine Hering.

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\* Dr. Hayes has now settled at Leeds.

The College is situated in Broad Street, one of the main streets of Philadelphia, near the City Hall. Built about sixty years ago, the buildings readily accommodate themselves to modern requirements, the equipment of the laboratories being quite up to date. The college contains four large lecture rooms, a library, several laboratories, and a museum, in which a considerable amount of pardonable pride is felt, as it contains, besides anatomical and pathological specimens, Dr. Rufus B. Weaver's unique dissection of the cerebro-spinal nervous system. This is a dissection of all the named nerves of the body, and is a monument to the untiring zeal and patience of Dr. Weaver, the professor of anatomy.

The present hospital buildings cannot be spoken of in so favourable a manner. They are not adapted to modern teaching requirements. The out-patient rooms are small and oppressively hot, as they are situated above and around the engine room. As it is here that most of the actual clinical work is done by the students, the discomfort is very marked. In the near future this will be altered, as buildings are now in the course of erection which will make the hospital one of the most suitable for clinical teaching. The new amphitheatre, in which operations are performed and clinical lectures delivered, is one of the finest in existence. It is lined with marble and has seating capacity for over 200 persons. It is well lighted, well ventilated, well heated, and can readily be flushed from top to bottom when required.

As to the actual work there, I naturally confined myself to such lectures and classes as would be most helpful to a right study of the practice of medicine on homœopathic lines, attending lectures on diagnosis, medicine, materia medica, and therapeutics, and diseases of children. To the latter I paid special attention, as it is a subject to which I have a special leaning. The time not given to lectures was given to clinical work in the out-patient department. In this way the hours of each day were fully occupied.

The professors are men of high standing in the homœopathic school. The lectures in materia medica are not so helpful as one could wish, as the lecturer finds considerable difficulty in sticking to his subject and not wandering off into unnecessary digressions. The lectures on therapeutics are extremely good and of the utmost benefit to all students.

I am sorry to have to say that the support given to pure homœopathy from the chair of medicine is meagre. This may be believed when it is stated that the professor of medicine in a recent paper made the assertion that "the homœopathic school of medicine has yet to prove the superior

efficacy of its peculiar method of therapeutics in the treatment of collections of cases of recognized forms of disease."

The place to learn homœopathy and to see results is undoubtedly in the out-patient department of the hospital. Here there is an earnest band of workers, young men for the most part, who believe with all sincerity in the truth of the doctrine expressed in the words, "*Similia similibus curentur.*" These men know their materia medica in a way remarkable to one coming from an English school, and the way in which they gradually narrow down the choice of a remedy to each case is an education in itself.

*State of Homœopathy.*—It is of course unnecessary to say that our branch of therapeutics is much more flourishing in America than at home. In Philadelphia alone, a city of over two million inhabitants, there are 150,000 homœopaths, with between 500 and 600 homœopathic physicians in actual practice. The number of students at the Hahnemann College is about 200. They are drawn from all parts of the States. One thing very noticeable is the number of small medical societies. These exist in addition to the regular State and City societies. They are generally composed of about a dozen members. I had the opportunity of visiting many of their meetings, and was struck with their usefulness. There is a freedom from all restraint, and the discussions are entered into without the diffidence often found in large assemblies. I found attendance at these meetings most useful and helpful.

In conclusion may I thank the British Homœopathic Association most warmly for placing in the way of young English practitioners the means of visiting this stronghold of homœopathy, and studying there in a way which is quite impossible in England? I have already found the knowledge I gained in Philadelphia of great use to me, and have no doubt that it will be of increasing benefit as the means of using it multiply. My stay in Philadelphia will always be one of the most pleasant recollections of my life, and if the opportunity occurs I shall be only too pleased at some future time to renew my acquaintance with the teachers and students there.

I have not stated as yet anything of the social side of my visit. I can only say that professors and students alike did all in their power to make my stay pleasant and profitable. As a mark of the students' generosity I may perhaps be allowed to state that at the close of my visit they presented me with a silver loving cup, which will always be one of my most cherished possessions. To those who intend to visit Atlantic City for the Congress, I have to extend a hearty welcome in the name of the homœopaths of Philadelphia,

and I can assure them that nothing will be spared to make their visit an enjoyable one.

May I make one or two suggestions with regard to future scholars to Philadelphia ?

If, as in my own case, economy is necessary, the scholar cannot do better than do as I did, that is, take a room at the Students' Club House. The rooms are plain, but comfortable, and the students are a splendid set of fellows to live amongst.

Attend as much work in the out-patient department as possible. There the actual prescribing is done, and there the benefits of homœopathic therapeutics are most clearly demonstrated.

If possible, I would suggest that the time of the year for the holding of the Scholarship be altered. During the summer months post-graduate work is carried on, and it may be that this would afford a better opportunity for covering more ground in three months than the ordinary lectures to students. The great drawback would be the excessive heat of the American summer. Should this not be feasible, the three months October to December could not be improved upon.

Again expressing my deepest gratitude for the privilege of having been appointed Dudgeon Scholar for the months October to December, 1905, allow me to subscribe myself,

Yours most respectfully,

F. W. HAYES,

M.B., Ch.B. (Vict. and Leeds).

### HOMŒOPATHIC HOSPITAL IN UTRECHT.

OUR Dutch colleagues are certainly to be congratulated upon the success which has so far attended their efforts to collect funds for the building of a Homœopathic Hospital in Utrecht. Within a very few months a sum of no less than 100,000 florins (£8000) has been collected. There is little doubt that, with the powerful help of the Society for the Propagation of Homœopathy in the Netherlands, which has from the first taken the warmest interest in the project, the necessary funds will soon be forthcoming. In the meantime, instead of waiting until the Hospital can be built and equipped, a most sensible though modest beginning is to be made. A contract (for five years) has just been entered into with the authorities of the Deaconesses' House in Utrecht by which one wing of their Hospital (containing about thirty-five beds) is to be handed over to the care of a homœopathic physician. For this purpose the Society has selected Dr. J. J. A. B. van Roijen,

son and successor of Dr. J. B. van Roijen, and until recently practising in Rotterdam. The scheme is to come into effect on May 1st, 1907. We offer our most hearty congratulations to our young colleague, who will be able, we feel sure, to give a very good account of himself and of homœopathy when the results of treatment in the two divisions of the Hospital come to stand side by side for purposes of comparison.

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### THE CHILDREN'S SANATORIUM FOR THE TREATMENT OF PHTHISIS, HOLT, NORFOLK.

WE regret that, owing to our space being so fully taken up of late, we have not had an opportunity of sooner noticing the Children's Sanatorium, at Holt, Norfolk, under the personal management of Sisters Olive and Marion, formerly Sisters of the London Homœopathic Hospital. Sister Olive is well known to all friends of the Hospital, having been Miss Brew's "second in command" for so many years, while Sister Marion was for many years also the active and energetic Sister of the Children's Ward in the Hospital, and her name and presence were, as all interested in that uniquely beautiful ward know, part of the ward itself, and identified with all its interests. The Children's Sanatorium, being now their special care, since they left the London Homœopathic Hospital in the early part of this year, is sure of being managed in the most perfect manner possible, and the devotion of the little patients to their Heads is a foregone conclusion.

The present condition of matters is so concisely and well put in the following statement of the Committee of Management that we here quote it:—

"Since their appeal in the Public Press in August last the Committee of the Children's Sanatorium for the Treatment of Phthisis have received some £1400 in furtherance of their scheme, including donations from the Vintners' and the Ironmongers' Companies; of £500 from 'Talitha Cumi' for endowment; of £100 from Lady Durning-Lawrence; £100 from Harcourt Gold, Esq., and many other generous gifts. Until the funds are considerably increased they are, however, unable to commence the erection of a permanent building, but as an earnest of the work they have arranged for the accommodation in July of about ten children in a house adjoining the site at Holt, Norfolk (already acquired), under charge of their own Matron and a local Medical Officer. The Invalid

Children's Aid Association are kindly co-operating in the matter, and particulars as to admissions can, for the present, be addressed to the Secretary of that Association at Denison House, Vauxhall Bridge Road, S.W.

"Meanwhile, in addition to donations for the Building Fund, the Committee appeal earnestly for Annual Subscriptions, which are absolutely essential to provide for the maintenance of children about to be received. Such donations or subscriptions may be paid to the Bankers, Messrs. Hoare & Co., 37, Fleet Street, E.C., or the Hon. Secretary, Children's Sanatorium, 68, Denison House, Vauxhall Bridge Road, Victoria, S.W."

It will be seen from the above that additional funds are much needed, as well as annual subscriptions.

We wish the Sanatorium all success, and our best wishes to Sisters Olive and Marion in their philanthropic work.

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#### SUPRARENAL DIABETES.

BARON (*Russische Medicinische Rundschau*, No. ii., 1906) reports the results of his investigations into the glycosuria resulting from hypodermic injections of extracts of suprarenal glands. He has experimented on rabbits, guinea-pigs, dogs, and other animals, and has come to the following conclusions: (1) Glycosuria invariably results from the hypodermic injection of suprarenal extracts. After a second injection the amount of sugar passed is less than after a first, but it is no less certain to appear. The intensity of the glycosuria largely depends on the state of the nutrition of the animal; (2) When a first injection is followed after some hours by a second, the sugar contents of the urine soon becomes diminished; (3) The glycosuria is always accompanied by glychæmia, and by increase of white and red blood corpuscles; (4) Suprarenal extracts diminish the general oxidation processes of the body, and in this fact lies the probable explanation of the glycosuria produced; (5) Suprarenal extracts given by the mouth do not produce glycosuria; (6) Extracts of the suprarenal glands of such animals as have been previously treated by hypodermic injections of adrenalin lose the property of producing glycosuria after injection into other animals.—*Medical Press and Circular*, May 16.

CORRESPONDENCE.

POLYURIA.

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

GENTLEMEN,—I have read Dr. S. P. Alexander's paper on "Polyuria" with great interest, and am sorry to point out any mistake. He says that static electricity is now, he supposes, entirely superseded by the high-frequency current.

I have both the high-frequency apparatus and the static electricity, and every day I am prescribing both for my patients. I think the static electricity is the best, though I give my patients either, according to the condition of the constitution and particular disease from which they are suffering. When I was at the *Salpêtrière* at Paris, Dr. Vigouroux kindly gave me a long time to show the advantages of the static electricity, and how he administered it to his patient. I have never regretted getting a static machine. It is the oldest form of electricity used in the cure of disease, and only fell into disuse because the English climate is so damp, and, therefore, it is so very difficult to generate the static electricity. With the new machines, and care, and patience, we are always able to get our machine to generate electricity on the dampest days.

Any one interested in static electricity should read Dr. Snow's books, and also Dr. Monell's, both of New York. There is nothing, as pointed out by Dr. Snow, in electrical treatment to equal the "Morton Wave" current, generated by the static machine. Its action is on the whole system, and its influence in digestion and metabolism have often been proved.

I have seen the sugar disappear from the urine under diet and electricity, with marked improvement of the general health, and diminution of the amount of urine passed. Other similar cases have been reported to me.

Apologizing for troubling you, and thanking you in anticipation of your allowing me this opportunity of drawing attention to the fact that static electricity is still in full use as a therapeutic agent in England,

I am, Gentlemen,

Your obedient servant,

ARTHUR ROBERTS, M.D.

Harrogate, July.

## 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 Dr. DYCE BROWN, 29, Seymour Street, London, W. *Telephone, 138 Mayfair.*

Dr. POPE'S Address is 10, Approach Road, Margate.

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Contributors of papers who wish to have reprints are requested to communicate with Messrs. E. GOULD & SON, Ltd., 59, Moorgate Street, London, E.C., who will arrange with the printers. Should Messrs. GOULD & SON receive no such request by the date of the publication of the *Review*, the type will be taken down.

Communications have been received from Dr. E. A. NEATBY, Mr. J. M. WYBORN (London), Dr. MURRAY MOORE (Liverpool), Messrs. BOERICKE & RUNYON (New York).

\*.\* DR. MURRAY MOORE of Liverpool is removing to Leamington. On and after September 8th his address will be, Priory House, Church Street.

## BOOKS RECEIVED.

*The Value of Humanities as a Preparation for the Study of Medicine*, by W. B. Hinsdale, M.D., Michigan University. *Pocket Manual of Homœopathic Materia Medica*, by Wm. Boericke, M.D. 3rd Edition. New York, Boericke & Runyon, 1906.

*Journal of the Brit. Hom. Soc.*, July. *Homœopathic World*, August. *Vaccination Inquirer*, August. *Calcutta Journal of Medicine*, June. *Indian Homœopathic Review*, June. *St. Louis Medical Review*, July 14, 21, 28, August 4, 11. *Homœopathic Recorder*, July. *Medical Brief*, August. *The Doctor*, July. *Bulletin University of Michigan*. *Medical Times* (N.Y.), August. *Hahnemannian Monthly*, August. *Medical Century*, August. *University Homœopathic Observer*, July. *Homœopathic Envoy*, August. *North American Journal of Homœopathy*, August. *American Physician*, August. *Chironian*, July. *L'Art Médical*, July. *Homöopathische Monatsblätter*, August. *Allgemeine Homöopathische Zeitung*, July 26, August 9. *Zeitschrift des Berliner*, August. *Homœopathische Maandblad*, August. *Buletin de Med. Hom.* San Paulo, May. *Annaes de Med. Hom.* Rio de Janeiro, Feb. *Revista Homœopathica do Parana*, July. *Revista de Med. Homœopathica Porto Alegre*, June.

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THE MONTHLY  
HOMŒOPATHIC REVIEW.

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TO OUR READERS.

WE offer an apology for the fact that the issue of the *Review* for this month is a little late in appearing. But this is unavoidable owing to the date of the meeting of the International Homœopathic Congress in America. It only concluded its meetings on the 15th of September, and consequently DR. BURFORD'S able, graphic, and most interesting paper could not reach the Editors' hands till the night of the 26th. We think that our Readers will consider us fully justified in delaying for a few days our present issue rather than defer the publication of DR. BURFORD'S paper till November, and pardon us. We only add that we are much indebted to DR. BURFORD, and we are sure that his paper will be read by all with extreme interest and profit.

We also this month put DR. BURFORD'S paper in the forefront of our pages, as is only its due, following it, instead of preceding it, by our usual Leader, on "Progress."

SEVENTH QUINQUENNIAL INTERNATIONAL  
HOMŒOPATHIC CONGRESS.

HELD AT ATLANTIC CITY, N.J., SEPTEMBER 10-15, 1906.

## "HOW IT STRIKES A STRANGER."

By GEORGE BURFORD, M.B.,

Senior Physician for Diseases of Women to the London  
Homœopathic Hospital,One of the Delegates from the British Homœopathic Association  
to the International Congress.

ATLANTIC CITY,

September, 1906.

WHEN the place of meeting of this present International Congress was on the knees of the gods, it was a beneficent divinity that placed uppermost the claims of the Republic of the West. It was a similar favouring afflatus that, descending on Atlantic City, chose this as the *locus in quo*. No Congress can have been more fateful in issues for homœopathy than this one now concluding. Others there may have been as informing; others, probably, as effectively arranged. But to none can have been vouchsafed in greater measure the unmistakable fire springing from meeting in one place with one accord; none can have had a fuller, clearer vision of ultimate victory. From first to last, from East, West, North, and South, the dominant note in this Congress was that of confidence and the enthusiasm born of advance. Verily this meeting of many men with one mind has blazed its mark deeply into the growing tree of the homœopathic body!

The *personnel* of this Congress is in every way befitting its mandate. First among its leading spirits is Dr. J. H. McClelland, whom the Congress unanimously elected President, and in so doing honoured itself. President McClelland's public work in Homœopathy emphatically calls for world-wide recognition. Among the multifarious successes he has achieved, is the successful piloting through Congress of the Bill for the Hahnemann monument at Washington, and the no less important complement of securing one of the very best sites for its erection. After dinner, the President, with a suggestive twinkle in his eye, still tells of the astuteness and diplomacy, which with

unflagging zeal, carried this legislative measure through. A genial and gracious personality is that of the President. Then comes Dr. J. B. Gregg Custis, who is Jonathan to the President's David. Dr. Custis' personal equation is that of one of the *patres conscripti*. But a very little acquaintance soon reveals the buoyancy of perennial youth, and the faculty of "putting things through" in this distinguished physician. He looms large in the homœopathic forces of the world.

Who is this with a strong personal likeness to our revered Dudgeon, carrying, like him, the note of distinction and the "grand air"? He is Hamilton Fisk Biggar, M.D., LL.D., the Grand Old Man of American Homœopathy. On this occasion the leaders in American Homœopathy unite to do honour to Dr. Biggar, in the form of a complimentary dinner, and the presentation of a handsome loving cup. With Dr. Biggar age does not wither nor custom stale his infinite variety. Here comes, bearing in his port the note of power, Dr. John Preston Sutherland, Dean of the Boston University School of Medicine. To wide culture and the academic atmosphere Dr. Sutherland adds the crowning qualification of a successful man of affairs. Always saying and doing the right thing at the right time, with sweetness of manner and an imperturbable temper, Dr. Sutherland has added another leaf to his many laurels in the present successful combination of the work of the American Institute of Homœopathy with the meetings of the Congress. Men think a great deal of Dr. Sutherland down at Boston, and elsewhere. Now with a kindly smile of recognition and a cordial handshake comes Dr. H. C. Allen, of Chicago. Dr. Allen's is a notable personality—one indeed which would convey to most that a Man was passing this way. A grave and reverend seignior, his face is a powerful face with a dash of melancholy, like that of the Celt. Dr. Allen looks, and is, a man with a mission. He has been for long *vox clamantis in deserto*; and Time, which often justifies the pioneer work of such spirits, is on the side of Dr. Allen. At this Congress our colleague is an unflagging force.

No stronger type of Carlyle's "Able Man" does this Congress present than the Hon. J. W. Ward, M.D., of San Francisco. Whether presiding over a section of many

men with many opinions, or felicitously rendering a post-prandial speech, or giving his colleagues the outcome of his abounding experience, Dr. Ward is pre-eminently a strong man. None other than a strong man could have successfully controlled forces as bad as fire and earthquake that waited to be let loose after the San Francisco disaster. In taking measures for a restored water supply and the enforcement of sanitary detail, Dr. Ward saved the citizens from calamities as dire as those that had befallen their buildings. For a week after the earthquake, as Chief Health Commissioner, Dr. Ward tells us he lived and slept in his automobile.\* There is the attractive personality and genial smile of Prof. J. C. Wood, and as we renew an acquaintance commenced fifteen years ago, we note the visible indications of the "Sturm und Drang," through which Dr. Wood has passed in the making of American homœopathic history. To know Dr. Wood is to admire and love him.

Eye and pen fail in seizing and portraying all the leading personalities in this intensely living assemblage. Between five and six hundred members are gathered together, and the intenseness of their mental atmosphere grows upon one. There is the renowned Dr. E. H. Pratt, more attenuated than of yore, and whose studies have of late taken a psychological trend. There are the Hon. Eugene Porter, jovial and portly, Health Commissioner and Homœopathic Editor, and in all phases a man of power; Professor Bellows of Boston, a scholar and a man of culture, known to us so honourably and so well in connection with his provings of *belladonna*; Dr. W. J. Hawkes of Los Angeles, keen as ever in his insistence that homœopathy is in medicine "the truth, the whole truth, and nothing but the truth"; Dr. John Black McClelland, brother of the President, known to intimates as "J. B.," and whose shrewdness, kindness, and mother wit make him a man of note against his wishes; Prof.

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\* A new Homœopathic Hospital, costing 150,000 dollars, was to have been moved into on the very day of the disaster. The new building was cracked and crumpled by the earthquake; but with native energy Dr. Ward has set to work to restore at once the building. It would be a graceful and kindly act on the part of British Homœopaths to hold out the hand of practical sympathy to our indomitable colleague.

Horace Packard of Boston, the brilliant homœopathic surgeon of a brilliant homœopathic school; Prof. George Royal, mentally and bodily a man of weight, whose utterances are listened to with the respect that experience and sound judgment deserve; Dr. Richey Horner, a many-sided and much-travelled man, in the conduct of his secretarial duties charming and ubiquitous; Dr. H. B. Hooker, from whose every square inch breathes genial good-fellowship—the President-Elect also of the Institute; Dr. de Witt Wilcox of Buffalo, versatile, able, and genial withal; these and many others of the *Dii Majores* are here gathered together, infusing light and leading into the general assembly.

If of the foreign delegates, the more the merrier, let us hope that with the fewer came the better fare. From Great Britain there are Dr. John H. Clarke, Dr. Searson, Mr. Knox Shaw, Dr. E. A. Neatby, and Dr. Burford. These are the only European delegates present. Australia sends Dr. W. R. Bouton, of Melbourne. Dr. Bouton is surgeon to the Homœopathic Hospital at Melbourne, and one of those untiring personalities to whom his Hospital owes much. Mainly through his exertions, a new and splendidly equipped operating theatre has been added to the Melbourne Homœopathic Hospital. Brazil delegated Dr. Garcia Leao, who is attached to the Brazilian Legation in New York. Dr. Garcia Leao is also an enthusiastic homœopathic physician, as well as an accomplished linguist. We were privileged to make Dr. Garcia Leao's acquaintance, and were charmed with his personality.

So much for the *personnel* of the Congress. While the scant leavening of foreign delegates is much to be regretted, those present took a high place in the assembly, and the honours of the Congress were freely bestowed on them. Their American hosts readily made them feel that their names and reputations were quite familiar, and the welcome was as cordial and strong as friendship could make it.

Atlantic City—who but an American can do justice to Atlantic City? It is the Brighton of Philadelphia, but also the playground of America; the chosen home of conferences and conventions, yet the city of perpetual delight, whose season is all seasons, the Lotus-land of the perpetual motioners of New York and the cities of the

East. Beautiful for situation, nature and civilization have combined to concentrate here great and unique attractions. The long Atlantic rollers, approaching in immense parallel sweeps, make the institution called surf-bathing popular and safe. As many as forty thousand bathers may disport themselves here during a summer day, and bathing costume is quite *en règle* for Atlantic City streets.

Atlantic City is pre-eminently a place of magnificent buildings and magnificent distances. An almost endless succession of hotels, apparently stretching into the *Ewigkeit*, and of most palatial dimensions and equipment, is sufficiently striking to the stranger. Then the "Boardwalk," a raised Marine Parade *seven miles long*, some seventy feet wide, built of wood throughout, and where Vanity Fair is to be seen in full blast. Here is concentrated the life and "go" of Atlantic City; from hence five enormous piers run far out to sea. On one of these, well furnished with halls and smaller rooms, the Congress meetings were held. The idea was excellent, and the circumambient expanse was fitting as an environment for the great occasion.

To make it a great occasion the American Institute of Homœopathy had decided to merge their Annual Session with the meetings of the International Congress. Business meetings of course were separate and apart, but the fusion of medical sessions has worked remarkably well, and unified the dichotomy of these independent homœopathic bodies for the time present.

*MONDAY, September 10th.*

At five o'clock, a preliminary meeting of Congress, with Dr. J. P. Sutherland as Chairman, considered and adopted rules for the better working of the International Congress, and also elected the official body. The organization is now admirably adapted for continuity in Congress work, and does away with the useless hibernation between meeting and meeting. First, an officiate was elected to serve for present sessional purposes. The high office of President was bestowed with acclamation on Dr. J. H. McClelland of Pittsburg. To the Honorary Presidency was inducted Dr. J. H. Clarke of London. As Vice-Presidents there were chosen Dr. Eugene Porter of New York, Professor Bellows

of Boston, Dr. P. C. Majumdar of Calcutta, Dr. J. T. Wouters of Holland, Dr. Bouton of Melbourne, Dr. W. E. Green of Arkansas, and Dr. George Burford of London. Dr. J. Richey Horner of Cleveland officiated as Sessional Secretary. Certain of the Vice-Presidents already enumerated serve as interim officers until the next Congress meeting, and Dr. J. H. Clarke was appointed Permanent Secretary in succession to the late Dr. Richard Hughes. A Committee on Resolutions and Public Business was nominated by the President, and consisted of Dr. J. P. Sutherland of Boston, Dr. E. A. Neatby of London, Dr. Carmichael of Philadelphia, and Dr. Arnulphy of Nice.

The formal opening meeting was held in the evening at 8 o'clock in the Marine Hall, a large and airy building, resplendent with bunting and draped with the flags of all nations. Here gathered a brilliant and enthusiastic assemblage. Dr. McClelland, as President, introduced Dr. John R. Fleming, the Chairman of the local Committee of Arrangements, who extended to the members and delegates a warm welcome. Then followed the Hon. F. P. Stooey, Mayor of Atlantic City, in an excellent speech, giving the freedom of the city to the foreign delegates during their stay. He apologized for the absence of the Hon. Edward C. Stokes, Governor of New Jersey, who had engaged to deliver an address of welcome to the State, but was detained by illness. Then Dr. W. E. Green of Arkansas, as President of the American Institute of Homœopathy, in cordial and well-chosen words continued and amplified the note of welcome to the visitors. Now President McClelland voiced the thanks of the Congress for the many-toned and enthusiastic reception given to the body of which he was the official head and front, and called upon Dr. J. H. Clarke to respond for the foreign delegates. Dr. Clarke's speech received an ovation. "We have come from distant lands on joyful pilgrimage to pay our duty at this Mecca of Homœopathy, the great Republic of the West. Germany evolved it. Paris gave it European vogue; a Frenchman of Sicily, the impetuous Mure, lighted the flame of Homœopathy in the Americas of the South; but it is here that our science and our art have found their Fatherland."

Dr. C. E. Walton of Cincinnati followed with what was virtually the Presidential Address. Dr. Walton has the gifts and graces of the born orator, with humour and humanity, and the prophetic insight of the poet. "When one says with carping criticism that medicine is not an exact science, he does not state the complete truth. He should say that it is not a completed science." . . . "Among the varied duties of our profession, the shaping of public opinion is by no means the least of its obligations." . . . "Could we inspire a more extended belief in the benefit of a simple life, we should have less need for overcrowded insane asylums, and more money for underpaid teachers." Dr. Walton's prelection evoked repeated and again renewed applause.

The meeting was enlivened by musical interludes, well rendered by the orchestra, and the Boys' Choir of Ascension Church.

A public reception followed, given by the Local Committee, the Officers of the Congress, and the officiate of the American Institute of Homœopathy. Many interesting personalities, both ladies and gentlemen, were present, and the animated and crowded assemblage, a brilliant spectacle in colour and movement, remained until a late hour. Among the pleasant acquaintanceships made was that of Dr. E. B. Hooker of Hartford, a descendant of the famous Beecher family. Mrs. Harriet Beecher-Stowe, we learned, was herself saved to the world by homœopathic treatment, she being the victim of an acute seizure of cholera, which was cured by homœopathic remedies.

After the reception a grand ball was given by the Local Committee; and our admiration was stimulated to the full by the energy and life which found pleasure in the mazy circles of the dance after a prolonged evening's enjoyment. In due and decorous time all separated in high spirits, and like Mr. Secretary Pepys under similar circumstances, "so home to bed."

### *TUESDAY, September 11th.*

This day saw the commencement of the Congress and Institute work. How these Yankees hustle! Day by day, from early morn till dewy eve—to be precise, from 10 a.m. to 10 p.m., with intervals for meals—the reading of papers



and the discussions were put through with a spirit that spoke of a lust for work. This morning was given to the reading of reports on the status and progress of homœopathy in the various countries of the world. This, conceivably formal and a trifle dull, was on this occasion a moving account of progress all over the world. The tension of the audience increased as they warmed to the recital. Report after report was forthcoming to the same effect—the extending and developing influence of homœopathy in both hemispheres. It was a moving account, and stirred the spirit of the auditors. As report succeeded report, and each recounted success seemed followed by one more unexpected, the President could contain himself no longer, and turning round to the Vice-Presidents on the platform, said, “It is marvellous! truly marvellous!” And so we all thought.

Leading the way was the Report on the Status and Progress of Homœopathy in Great Britain since 1900, written by Dr. Dyce Brown, who was specially commissioned to undertake this duty. Rarely has the Editor of the *Review* been in better form than when he penned the pages of this British report. It was a masterly presentation of the events in the cycle of progress into which England has recently entered. The foundation and the ensuing work of the British Homœopathic Association, its sphere of operations, its function of co-ordination of the scattered parts of British homœopathy into a progressive whole, and the hopes attached to its future, were set forth in a lucid style and with a sympathetic touch that evoked the greatest interest and the closest attention.

The continued progress and prospective enlargement of the London Homœopathic Hospital was discussed in detail, and due and necessary account was given of the Hospital work in other Homœopathic centres. The work of the British Homœopathic Society was delineated, and also that of the Annual British Congress, and the whole paper was a historic production of which the British delegates were proud. The local press the following morning, after a flattering description of the writer as “head physician to the London Homœopathic Hospital,” made a selection from the report as of marked interest to American readers.

Then followed Dr. Burford, who, as one of the delegates

from the British Homœopathic Association, presented a fully detailed report of the Association's propaganda, etc. He alluded to the concise and excellent account by Dr. Dyce Brown, and after adding some supplementary remarks amplifying and emphasizing what already had been said, concluded by presenting the special report. But this was not enough for the meeting. Cheer after cheer rang out as the President, rising from his seat, presented the delegates as among the men who had taken a leading part in the events narrated in the report. It was a psychological moment for the Britishers.

Dr. Bouton of Melbourne next presented his Report on the Status and Progress of Homœopathy in Australia since 1900. Again the story of extension and development—chiefly in the cities—and again the cry for more men was heard. Dr. Bouton actually came with a commission for three salaried medical men to proceed to Australia at once from American Colleges, and produced a cable received within a day or two, specifying urgency in the matter. This greatly impressed the House, and invested status and progress with peculiar interest.

After this came an interesting Report on the Status and Progress of Homœopathy in Tasmania since 1900, by our well-known and respected colleague, Mr. Gerard Smith. This was listened to with much interest; and next the Report from India, sent by Dr. Majumdar, was, in the absence of the reporter, read by Dr. Sutherland. The account was received with marked attention, especially where it recited that allopathic remedies for plague in India had been practically abandoned, and further stated that plans were under consideration for a Homœopathic Hospital in Calcutta.

The Report from France, prepared by Dr. V. Leon Simon, was next taken. Among other interesting detail was the mention of a new homœopathic journal, edited by Dr. Gallavardin of Lyons, and entitled *Le Propagateur de l'Homœopathie*.

The German Report, written by Dr. B. Kranz, of Hornburg, contained some most important facts, including the building of the new Berlin Hospital, and the foundation of the *League*.

The Italian Report was written by Dr. G. Bonino of

Turin, and translated by his son, Dr. Bonino of San Francisco. The latter gentleman, though travelling to America, was unfortunately unable to be present at the Congress meeting, and had given the Report to Dr. Clarke to publicly read. It was another encouraging account of progress, and told of the erection of a homœopathic hospital in Turin.

Following was an able *résumé* of the present condition of homœopathy in the United States, prepared at the instance of the Inter-State Committee of the American Institute, and presented by Dr. J. B. Gregg Custis of Washington. Dr. Gregg Custis told that there were some 15,000 practitioners of homœopathy in the United States, though many of these were not affiliated with the Societies. These Reports and their consideration occupied the Congress up to the hour of adjournment.

Two pleasing announcements were made to Congress by the President during the morning. One was the receipt of a special message from Dr. Dyce Brown of London, sending congratulations and good wishes to the Congress assembled; and the other was the despatch of a message of regard and good wishes to Dr. Alfred C. Pope of England, a former President of the International Congress.

Afternoon saw the recommencement of business in this section, by the presentation of a Report on the Work done by the Cooper Club of London, through Dr. J. H. Clarke, one of the delegates. Dr. Clarke also handed in a detailed copy of the notes of each meeting, prepared by the secretary, Dr. Le Hunte Cooper. The Report was received with satisfaction and appreciation by the Congress. Then Dr. George Royal of Des Moines, Iowa, gave an excellent paper on "Homœopathy, Theoretical and Practical." Dr. Royal, as Professor of *Materia Medica*, naturally carried considerable weight with his presentment. He said that homœopathy as a natural law had nothing to fear from the collateral sciences, and that this law will in time be universal in its application.

To him followed Dr. Eaton, also of Des Moines, with an address entitled, "A Look toward the Future." This was a paper of great practical importance. Dr. Eaton at once seized the controlling element by saying, "Give us more medical men and women"; and also said that a campaign for the education of the people should be inaugurated

forthwith. The final paper on the afternoon's list, and also closing the section, was one by the Chairman, Dr. J. W. Ward of San Francisco, on "Homœopathy as applied to Surgery." Dr. Ward's wide experience was in favour of the ample and material aid given by homœopathic remedies to the homœopathic surgeon; advocated their use before, during, and after operation; and declared he would not be without the assistance and backing of these remedies in his surgical work. The paper was discussed by various members, including Dr. Burford, who, after asserting the unison of his own practical experience with that of the essayist, strongly advocated the post-convalescent continuance of remedies by the physician in order to eradicate taints, and as far as possible guard against recurrences. No better time could be seized on than after pathological developments had been removed. He also strongly advocated the use of silica in post-operative residues, e.g., deposit round buried sutures, the cheloid in scars, etc. With this the meeting and the sectional work concluded—a marked evidence of the power of "putting things through" possessed in such ample measure by our Transatlantic brethren.

Meantime other departments were busy during the afternoon. The Sanitary Science Section met, and read and discussed a paper by Lt.-Col. H. E. Deane, entitled, "Practical Notes on Plague and Methods of Dealing with it." Dr. Deane's paper attracted great attention, in particular his antagonism to the current views of "rat-propagation," and was quoted at some length by the local Press. Dr. Beckwith, Surgeon-in-Chief of the City Service of Atlantic City, opened the discussion. Dr. Edwin H. Wolcott of Rochester, N.Y., Director of the Division of Contagious Diseases of the New York State Board of Health, read a communication on "The Public School as a Factor in the Spread of Contagious Disease." Dr. Wolcott made a point of importance when he remarked that "schools are especially likely to become centres of contagion in communities where the percentage of degraded population forces children of the lower classes into the schools under the compulsory educational laws."

The Obstetrical Section also commenced their Session in the afternoon, under the Presidency of Dr. Ogden of St.

Paul, Minnesota, Dr. Fitzpatrick of Chicago being Secretary. The President's address on "Ultimate Health" led the way; and next the meeting listened to Dr. Burford on "A Rare Form of Extra-Uterine Gestation," with a specimen exhibited. Discussion followed, and thereafter Dr. L. L. Danforth of New York read a detailed paper on "Artificial Dilatation of the Gravid Uterus, with a Comparison of Manual and Instrumental Methods." This was an excellent review, and we anticipate with much pleasure its publication. It was discussed by Surgeon-General M. A. Terry of Utica. "Pruritus Vulvæ" was treated at some length in a paper by Dr. Collins of Chicago, in which some excellent therapeutic indications were given.

The Ophthalmological, Otological, and Laryngological Section also commenced their Session with a goodly list of papers, under the Presidency of Dr. John B. Garrison of New York City, the Secretary being Dr. David W. Wells of Boston.

In the evening the first of the numerous private social functions took place. A dinner was given by Dr. and Mrs. Youngman at their beautiful house in Atlantic City, there being present the President and Mrs. McClelland, Dr. and Mrs. Sutherland of Boston, Dr. and Mrs. Gregg Custis of Washington, Dr. Wilcox of New York, together with a sister of the charming hostess, to meet the delegates of the British Homœopathic Association, Drs. J. H. Clarke and Burford. The dinner was a brilliant function in every sense, the personalities of the host and hostess, with those of the guests, making the occasion a memorable one. Dr. and Mrs. Youngman's hospitality was shown in a royal way again and again during the Congress week, and many of the visitors to Atlantic City owe much of their comfort to the personal care of Dr. Youngman.

Congress business recommenced in the evening, when the Surgical and Gynæcological Section held their first Session. The President, Dr. de Witt Wilcox of Buffalo, gave a masterly Presidential address, surveying the progress of surgery during recent times. Dr. de Witt Wilcox is a man with a future, and America is to be congratulated on having rising surgeons of this able type.

After the Presidential address came a paper by Dr. Hassler, the Secretary, on "Shock and Collapse," followed

by one by Dr. Buchanan of New York on "Anæsthesia." Dr. Hassler, whose personal acquaintance we had the pleasure of making, is an extraordinary man. Capable to his very finger tips, he gave the results of an experience of some 17,000 anæsthetized cases, during which he incidentally has had a greater experience in saline infusion than many surgeons. Dr. Hassler is emphatic in favour of Ether as *the* anæsthetic, and of its administration by an open method. A lively discussion followed, but the weight of opinion was evidently with Drs. Hassler and Buchanan in their strong recommendation of ether.

Close by the Congress Rooms a practical and educational exhibit was arranged, of great interest and variety. The authorities had brought together specimens of the work done by various homœopathic institutions all over the world, as well as a collection of photographs, drawings, models, etc. The most striking in this list was certainly the great series of specimens, magnificently put up, contributed by Prof. Rufus B. Weaver from the Philadelphia School. Until one had seen these specimens it was difficult to believe what a fine art specimen-mounting may become. Next in importance came the extensive exhibit of Dr. Sawyer of Maryon, Ohio. Here the specimens of Dr. Sawyer's work at his Sanatorium, including representations of cases of old railway injuries, etc., were clearly shown in a room set apart for the purpose. The exhibits from England included a series of photographs from the principal homœopathic hospitals, in which the parent Hospital in London, the Phillips Memorial Hospital at Bromley, and the Buchanan Hospital at Hastings figured prominently. Dr. Burford showed his specimen of double simultaneous extra-uterine gestation, which attracted especial interest. Dr. Neatby's series of coloured drawings did not arrive in time for inclusion in the public exhibit, but was shown at a meeting of the Surgical and Gynæcological Section.

#### *WEDNESDAY, September 12th.*

Wednesday brought no cessation in the strenuous life. At 10 o'clock we arrived to find the prior business meeting of the American Institute still sitting. If the curtain may be lifted, a protracted and warm discussion was proceeding, on the establishment of a Journal of the Institute, similar

to our own Transactions. But the potent arguments of other able editors prevailed, and the Bill was ordered to "lie on the table."

Now began the Congress work of the day. Dr. Carmichael of Philadelphia read the initial paper on an "International Pharmacopœia," pointing out the dangers inherent in the existing diversity. Among other practical suggestions was one to denominate all crude substances  $\phi$  and the next decimal preparation, whether solid or fluid, as 1x. Dr. Searson, by invitation, opened the discussion, which was continued by Dr. Clarke, who stated that such a pharmacopœia, to be of use, must be mandatory on all homœopaths. Next followed Dr. Clarke, with an important paper on "The Essentials of a Homœopathic Materia Medica." Dr. Clarke insisted on the necessity for the retention of the Schema form, pointing out that a working digest of the symptom-list of the prover's day-books was absolutely necessary, and that this was Hahnemann's own method. "It must not be forgotten that the distinctive feature of homœopathy—the very reason for our existence as a distinct school—lies in the means whereby we find our remedies. The fact that we use remedies prepared differently from those of allopathy is not the essential point of our difference. That difference lies in the selection of the remedy and the means whereby we make the selection—the symptom list and the repertory." Dr. H. C. Allen opened the discussion in a lively manner, and was followed by Dr. W. J. Hawkes of Los Angeles in an interesting speech, the debate being continued by Dr. George Royal, and concluded by the President. Prof. Bellows of Boston then read a paper on "A New Physiological or Systematic Scheme for the Classification of Drug Effects." This, a very able paper, was discussed by Dr. Sutherland, and thus concluded the morning sitting.

An important social function now took place in the form of a luncheon, given at the Hotel Dennis to the lady members of the Congress, the hostess being Dr. Julia Strawn.

Afternoon found an untiring audience for the further consideration of papers on Materia Medica and General Therapeutics. The list was a full one. Dr. H. C. Allen of Chicago began with a paper on "The Dynamic Element of

Remedy." Then came Dr. Dewey, Editor of the *Medical Century*, with a communication on "The Consideration of Modalities in Prescribing Homœopathically." An excellent paper was that of Dr. W. J. Hawkes of Los Angeles, on "My Convictions Regarding Materia Medica and Therapeutics after Thirty Years' Practice." Dr. Hawkes said that at first he had been sceptical, but after studying the practice of both schools he was a convert to homœopathy. "Always," said Dr. Hawkes, "treat the patient and not the disease, for every man, woman, and child has individual peculiarities." "Students should study—study—study—even after they are regular practitioners." "Above all, don't be cut and dried in either opinion or practice." Dr. Geohegan of Cincinnati presented "A Critical Study of the Provings of Bryonia," discussed by Dr. George Royal and Dr. Walter Wesselhoeft. A paper by Dr. A. L. Blackwood of Chicago, the Chairman of the Section, was submitted to the meeting. But a paper on "Tabacum," by Dr. Charles Mohr of Philadelphia, was sufficiently emphatic in its statements. "Boys who smoke cigarettes much are prodigious liars and thieves; have been found unmanageable at home and at school." "The use of tobacco in any form should be absolutely prohibited for those who have not attained full growth and strength." "It is incumbent on the medical profession to wield its great power among the people to lessen the evils of the tobacco habit." Dr. Mohr's warnings were immediately taken up by the local Press, and reported in emphatic form.

Other departments also had been busily occupied. The Obstetrical Section continued its consideration of original papers, some of which were of particular interest.

Prof. H. C. Aldrich of Minneapolis read a paper on "Aids and Hindrances to Involution," in which he insisted on the necessity for prolonged rest in bed after delivery, and the use of the lateral as against the dorsal posture. Dr. Aldrich pleasantly revived an old acquaintance made in England several years ago. "Puerperal Eclampsia," by Dr. Newton of Boston, was treated at some length. Dr. Newton held that eclampsia is in essence a neuropathic condition, secondary to uterine irritation, and dismissed the theories of toxæmia as "not proven." A paper on



“Pelvic Peritonitis,” written by our colleague, Dr. James Johnstone, was also included in the printed list of proceedings.

The “Physical Therapeutics” Section, in which Dr. Searson had a paper on “The Effects of Light and other Baths on Metabolism,” met during the afternoon, as did also the “O., O., and L.”—the Ophthalmological, the Otological, and the Laryngological Section.

Evening resumed a post-prandial attack on the intellectual bill of fare. The Surgical and Gynæcological Section on account of the great heat adjourned to a larger hall. Here, under the Presidency of Dr. de Witt Wilcox, the time was spent in solid work. *Imprimis*, a paper by Prof. Betts of Philadelphia, on “The Pathology and Treatment of the Unusual Forms of Metrorrhagia.” This was a most interesting contribution dealing with, *inter alia*, that ill-understood subject, the hæmorrhages of young girls. The paper deserves careful reading by all practitioners.

Followed a paper by Prof. James of Philadelphia on “Uterine Hæmorrhage,” in which the Professor insisted, as was right, on the criminality of considering climacteric bleedings as innocent or normal phenomena, and the very great risk of allowing malignant disease thus to steal on unperceived. Next, a communication by Dr. D. B. James, also of Philadelphia (and nephew of the Professor), on “Gonorrhœa in the Female.” The clinical side of this disease was well given. Other papers followed. The Surgical and Gynæcological Section, throughout all its sittings, maintained a very high grade of work. Many most important and valuable contributions were made by the surgeons of both hemispheres.

#### THURSDAY, September 13th.

The weather, which hitherto had cheerfully lived up to full semi-tropical style, became somewhat disconnected during the night, and rectified the discord by a heavy thunderstorm. Morning came, bright and smiling, and the mosquitoes of Atlantic City, hitherto in their very best form, resumed operations.

At 10 o'clock the members of the Institute were still hard at it, discussing how best to practically aid their San Francisco brethren to resume public homœopathic

work. The New Hospital, erected at a cost of 150,000 dollars, had been practically wrecked. Moreover, a mortgage of 50,000 dollars had been obtained on the intact building. Further, the financial springs from which the homœopathic exchequer in San Francisco was customarily replenished had, from the circumstances of the case, run dry. A Committee had been appointed under the presidency of Professor Wood, and now reported progress. A feeling ran through the British visitors that Great Britain might also like to prove its sense of the solidarity of homœopathy in some practical way. A private and prior conversation with Dr. Ward of San Francisco had evolved the fact that the public sympathy quite as much as the private support of British homœopaths would much encourage our Californian brethren. Dr. Burford accordingly proposed that communications on the subject be opened up between the Institute's Committee and the British Homœopathic Society. This was assented to by the members present.

Congress business commenced with the work of a fresh Section, that of Clinical Medicine and Pathology. First on the list stood a paper by Dr. E. A. Neatby on "The Treatment of Cancer by a Neoformans Vaccine, with demonstrations of the method of determining the frequency of the dose." This paper, actually given somewhat later in the day, was warmly welcomed by our American brethren. Various papers on tuberculosis were down for consideration, leading off with one by Dr. J. E. White, of Colorado Springs, on "The Pathology of Tuberculosis and its Treatment in High Altitudes." Dr. H. C. Clapp, of Boston, followed with a communication on "The Home and Sanatorium Treatment of Tuberculosis in the Climate of New England," and another paper on the homœopathic treatment of tuberculosis was given by Dr. Walter Wesselhoeft of Cambridge, Mass.

One of the most pleasing amenities of the Congress Session was a luncheon given to-day by American colleagues to the foreign delegates, at the Marlborough-Blenheim Hotel. As hosts, there were present President McClelland and Dr. J. B. McClelland, Dr. H. F. Biggar, Dr. J. C. Wood, Dr. Sutherland, Dr. Bukk Carleton, Dr. L. L. Danforth, Dr. Horace Packard, Dr. Bellows,

Dr. de Witt Wilcox, Dr. J. B. Gregg Custis, and others.

The guests present were Dr. J. H. Clarke, Dr. Searson, Dr. Bouton, Dr. Garcia Leao, and Dr. Burford. The luncheon was excellently served, and the natural instinct for hospitality which our American brethren possess was exercised to the full. A short speech of congratulation and welcome was made by the President, Dr. H. F. Biggar following in the same strain; and on behalf of the guests an appreciative acknowledgment was made by Dr. Burford. During the course of the luncheon, it was announced that Dr. E. B. Hooker of Hartford had been made President-elect of the American Institute, and Dr. Hooker on entering was received with cheers and congratulations. This most enjoyable function still further cemented the *rapprochement* between the leaders in American homœopathy and the foreign delegates.

In the afternoon we returned to our muttoms, of which there were *embarras de richesses*. The Surgical and Gynæcological Section had an excellent meeting, in particular a paper presented by Prof. Horace Packard, of Boston, on "The Technique of Prostatectomy and its After-treatment," attracting special notice. The Clinical Medicine and Pathology Section continued their deliberations, papers being presented, *inter alia*, "On the Treatment of the Cardiac Complications of Rheumatism," by Dr. Haines of Philadelphia, and "On Arthritic Diseases other than Rheumatism," by Dr. Hinsdale, of Ann Arbor, Michigan. Dr. Burford then formally presented to this Section the first Report of the Department for Original Research of the British Homœopathic Association.\* This was received with acclamation, the speaker drawing attention to the essentially practical bearing of this original work, and expressed the willingness of the Association to send a copy to any colleague on the receipt of name and address. Then followed a paper by Dr. Maurice Turner, of Brookline, Mass., on the "Therapeutics of Gastric Ulcer," which was warmly commended by Dr. H. C. Allen.

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\* For much of the research in this Report, and for the preparation of the subject matter for the press, Mr. Dudley Wright has the credit.

During the afternoon the Section on Physical Therapeutics again sat in session, as did also the O., O., and L., the full mystery of whose denomination has been already explained.

“ Later in the day occurred one of the historic events during the Congress week, and destined to have a marked influence on the future. At the Marlborough-Blenheim Hotel the delegates of the British Homœopathic Association, Dr. J. H. Clarke and Dr. Burford, gave a dinner on Thursday evening to several of their leading homœopathic American colleagues in attendance at the Congress. There were present President McClelland, Dr. Hamilton Fisk Biggar, Dr. James Ward, Dr. Horace Packard, Dr. James C. Wood, Dr. Bukk Carleton, Dr. Sutherland, Dr. Howard P. Bellows, Dr. H. C. Allen, Dr. J. B. Gregg Custis, Dr. J. B. McClelland, Dr. W. J. Hawkes, Dr. Walter Wesselhoeft, Dr. A. E. Austin, Dr. W. E. Dewey, Dr. George Royal, Dr. B. G. Clark, Dr. A. L. Blackwood, and Dr. Garcia Leao. Various homœopathic questions of more than local importance came on the *tapis*, and *inter alia* the work of the British Homœopathic Association was canvassed. The interest manifested in the Association and its work was noteworthy, and when it was suggested that the distinguished company should individually allow itself to be nominated as Honorary Members of the Association, the guests, each and all, assented with acclamation. Dr. Van Lennep, of Philadelphia, who from a previous engagement was unable to be present at the dinner, privately signified his cordial assent a day or two later. The importance of this solidarity between Old and New World in matters homœopathic cannot be overestimated, and our Transatlantic colleagues have justified their position in the van of progress by thus allying themselves with the work of their brethren beyond the seas.

Dinner concluded, we returned to the work of the Congress. At the sitting of the Surgical and Gynæcological Section, a paper was presented by Dr. Florence Ward on “ A Case of Banti’s Disease.” Dr. H. F. Biggar read a most interesting personal experience, formally entitled “ A Medico-Legal Case ” This was a *résumé* of a case where a sheriff’s officer had been shot while effecting

capture of a criminal, the shot penetrating the thorax. After a long illness of a septic character Estlander's operation was performed, and the patient died from collapse. An inquest was held, and Dr. Biggar was called as an expert witness. The chief medico-legal questions raised were, Was the operation a proper one in view of the condition of the patient? and, Did the patient die as the result of the operation? To the former question Dr. Biggar as scientific expert replied, No; and to the latter, Yes. The prisoner, a negro, was accordingly acquitted of the capital charge. Dr. Burford then followed with a paper on "Saline Infusion, with an Illustrative Record of Thirty Cases." This paper, specially written for the Congress, included several critical cases not hitherto published, and was received with favour. Prof. J. C. Wood opened the discussion, by request, and there further took part President McClelland, Dr. H. F. Biggar, Dr. O. S. Runnels, Dr. Hassler, Dr. E. H. Pratt, and Dr. de Witt Wilcox. Dr. Burford replied, and the meeting adjourned about 10.30 o'clock.

It might have been supposed that the engagements of the day were over; but not thus lightly do our American colleagues construe the duties of hospitality. An important private club with a professional membership—The Unanimous Club—extended the hand of fellowship on this occasion to the foreign delegates, and invited these to one of their meetings. Proceedings were commenced with a *recherché* supper, and after this had received full justice, the important business of the evening began. Dr. de Witt Wilcox was the master of ceremonies, and both by precept and example made things hum. After contributing personally to the gaiety of nations—and various nationalities were represented there—he began the visitors' list by calling on Dr. Burford, then Dr. Clark, and thereafter Dr. Searson, for suitable speeches. The British Islands did themselves full justice at the hands of the two latter gentlemen, and then came the talent of the Stars and Stripes, led off by Dr. Walton, and kept up by Dr. Hooker, Dr. Ward, Dr. Eugene Porter, and other gentlemen. Dr. Ward's speech was a perfect gem of eloquence, and its spontaneity and feeling will long abide with his entranced auditory. Catholicity was the note

of the evening. What time in the wee sma' hours the club broke up, this deponent sayeth not; suffice it that he left the gathering at the same time as certain grave and reverend seigniors whose names stand for all that is intensely respectable.

*FRIDAY, September 14th.*

This morning Pediatrics occupied the place of honour, and in this section a paper was presented by our colleague, Dr. Roberson Day (who unfortunately was prevented by family illness from being present) on "Two Nosodes in Pediatric Practice." This paper was confided to the care of the Chairman, Dr. J. P. Cobb of Chicago, for introduction to the meeting. The Sanitary Science and Public Health Section also met, and, later in the morning, again under the superintendence of Dr. Beckwith, the U.S. Coast Service gave a demonstration of rescue work in case of wreck. The proceedings were dramatic, and excited the liveliest interest among the crowds of spectators.

Afternoon saw the Pediatric Section again in Session, also the votaries of Sanitary Science, while the Surgical and Gynæcological Section held their concluding meeting.

In the evening, at 8 o'clock, a banquet was given by the members of the Local Committee to the International Congress and American Institute Members and their friends. The Hotel Rudolf was the scene of this brilliant gathering, and covers were laid for nearly six hundred guests. Among the fair women and skilled men who were there, the whole galaxy of names honoured in Transatlantic Homœopathy was seemingly represented. The gladiators who had taken part in the academic contests of the week, the *patres conscripti* who had given light and leading to the consultative proceedings, were there in the flesh. The dinner with its accompanying menu of conversation stretched on until half-past eleven, and then the intellectual *pièces de résistance* were ushered in. This was effected through the offices of Dr. H. L. Northrop, of Philadelphia, who acted as an untiring and discriminative toastmaster. Leading the way came the Rev. H. C. Gesner with an invocation. Thereafter Dr. Aug. Kœrндorfer of Philadelphia followed with a eulogium on Samuel Hahnemann and his work. Dr. E. H. Pratt

came next with the toast "Homœopathy for ever, and why?" Dr. Pratt's incisive style is known to all men, and now was fully to the fore. Dr. J. H. Clarke was now called on to speak for European Homœopathy.

Dr. Clarke said, "It is a heavy task that has been laid on me this evening—to answer for a whole Continent—almost for a hemisphere. I regret very much that the Continent has not sent more representatives to this World's gathering, especially as you have put yourselves to the inconvenience of meeting at a time of the year ill-suited to yourselves, solely to meet our necessities. However, you may be sure that the countries that are unrepresented personally to-night are with us heart and soul.

"Homœopathy, sir, is a mighty big thing, and it takes the whole world to give it the scope it needs. Germany produced it, and I do not think that any other country but Germany could have produced it. Like Hans Breitmann, Hahnemann 'dinkt, and dinkt, and dinkt, as only Deutschers kann,' and it seems to me that only a German, with all a German's capacity for attention to minute detail, and at the same time the greatest philosopher, the greatest scholar, the greatest practical pharmacist of his time, could have given us the *Organon*, the *Materia Medica*, and the work on Chronic Diseases. But Germany was not big enough for homœopathy or Hahnemann, and the scene was changed to Paris, where the last eight years of Hahnemann's life were passed. But neither Germany, France, nor Great Britain, nor the rest of Europe thrown in, were big enough to hold homœopathy. Westward the star of similia sped its way, and America opened her arms to receive it. To-day homœopathy is the brightest star in the Star-spangled Banner. But, after all, America is not big enough to hold homœopathy either. Nothing less than the whole world will suffice for its sphere of action; nothing less than a whole World's power will suffice to make it prevail.

"Sir, the royal welcome you have given us has lighted a flame which death itself cannot quench. We shall carry the brightness and the warmth of it home to kindle the hearts of those who sent us. Great Britain at last is arousing from her long sleep. We have had our Dudgeon, who has given us Hahnemann's works in purest

English. We have had our Burnett and our Cooper, two of the brightest geniuses in the firmament of homœopathy, during the last two generations. Great Britain is now shaking off her lethargy, and British homœopathy is putting forth her power in the shape of the youngest, the brightest, and the strongest of her institutions, the British Homœopathic Association, and in whose name we greet you.

“Of all your kindness, sir, to ourselves personally, words fail me to speak. We came for inspiration, and inspiration we have got. You have annihilated for us the Atlantic Ocean. Henceforth there is no East nor West, nor North nor South, but one great World’s army in which all our comrades are marching shoulder to shoulder towards our goal—the conquest of the World. With the fire of conviction in our hearts, with an eternal law of nature for our foundation and our guide, with all the forces of evolution at our back—fail we cannot.”

Dr. Clark’s speech was received with great acclamation.

Dr. C. E. Sawyer, the renowned specialist of Maryon, Ohio, followed with a well-handled discourse on “Professional Opportunity,” which once and again brought down the house. Dr. Tuller of Philadelphia gave “Our Young Men,” and as a responsible teacher of young men, lent himself to the congenial theme thoroughly. The President-elect of the Institute, Dr. Edward Beecher Hooker, spoke of “The Hope of the Race,” and incidentally gave an excellent negro anecdote, which received prolonged applause. Dr. Bukk G. Carleton was inspired to present the toast “Our Ladies,” and well did he do it, for the fount of inspiration was seated by his side. Señor Don Dr. Leao, who was to have responded for the “Foreign Delegates,” was unable to do so, owing to a sudden laryngitis, and his place was taken by Dr. Searson, of England, who in an excellent speech did full justice to the occasion. More of the good wine appeared at the last, for Dr. de Witt Wilcox, of whom we say, *nihil tetigit quod non ornavit*, whose speech was saturated with military phrase, was directed to make “Ready—Aim—Fire”—and hit the bullseye with oratorical directness. The force of enjoyment could no farther go, and the diners thereupon dispersed well pleased with all aspects of the bill of fare.



### *The Meissen Society.*

This is an American Institution, which we note in the interest of English ladies. When our Transatlantic colleagues attend annual meetings, often at considerable distances, the ladies of the family circle who accompany the professional head may find time hang rather heavily during Conference days. So the nimble wit of the Americans has organized a society of the ladies of professional men, who forgather in the Congress town, while their lords are engaged on solidier matters. This is the Meissen Society; the President is Mrs. Herbert Dana Schenck of Brooklyn, and the Honorary President, Mrs. Herbert Chase of Cambridge, Mass.

The ladies of the Meissen Society had "great times" at Atlantic City. They took part in the public reception and ball on Monday, had a special address of welcome by the Local Committee, and a "rolling chair" ride to the inlet on Tuesday, a "deep sea sail" by invitation on Wednesday, some photographing and a spectacular exhibition of life-saving at sea on Thursday, a demonstration of the smartness of the United States Coast Service on Friday, and the banquet in the evening. Also, reception and tea daily at five o'clock at the Meissen headquarters. Lady visitors were invited. These, with such other unconsidered trifles as individuality suggested, kept things going for the Meissen ladies at Atlantic City.

### *SATURDAY, September 15th.*

This day's proceedings wrote "Finis" to those of the preceding week. The pulse and hum of innumerable activities was over, the conflict and concord of personalities ceased, the personalities themselves were becoming disseminated over the habitable globe. Of the deep underlying currents of the Congress: of what men think as well as what men say: of the feeling with regard to so-called Amalgamation, more will be given in a later number. The formal meeting of the Congress transacted final business, and the President handed the gavel to the Permanent Secretary for custody, and for the addition of a silver band indicative of Dr. J. H. McClelland's tenure of office. This historic instrument, more fortunate than the famous

"Cup," has thus again been "lifted" to our shores, until the Eighth Quinquennial Congress, arranged to be held in England in the year 1911.

The story of the Congress proper ceases here, but not that of our American pilgrimage. This, with most interesting detail, is reserved for the ensuing issue of the *Review*.

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### PROGRESS.

In our July issue we had a leader entitled "Slow but Sure," in which we pointed out how steady and sure, though slow, was the absorption of the details of HAHNEMANN'S teaching by the old school, and the infallible result in the future of the adoption of homœopathy. It was long, and our quotations, given *verbatim*, might seem to many unnecessary, but a moment's consideration would evidence the importance of giving such quotations in full. If simply condensed, our readers might pass them by unnoticed, or, perhaps, conclude that they were not stated by us as written by the authors, and so be of no value.

Still more do the articles we now quote require to be reproduced entire. Were they condensed, or "boiled down," half the pith of them would be lost. They must be given as written by the author, else no one could be sure that the points brought out were as they were intended, or written. This must be our apology, if one were needed in the circumstances, for reproducing these remarkable articles *verbatim*. We have more than once had to notice the liberality and broad-mindedness of the EDITOR of the *Medical Brief* of New York, in inserting articles, some of them purely and openly homœopathic, others homœopathic in their treatment, and in every way except the absence of any mention of the principle of similars, or of the word homœopathy or the name of HAHNEMANN. In the July and August Nos. of the *Medical Brief* we find a paper, this time from an important part of the British Empire, entitled "Homœopathy vs. Allopathy," by N. SISCA, M.D., Killarney, Queensland, Australia.

It is as follows :—

I.

“With a kindness, for which I desire to express my sincere gratitude, and with a broad-mindedness for which he deserves the unstinted admiration of all right-thinking members of the profession, the Editor of the *Medical Brief* has consented to publish the few following notes on what I believe to be a subject of much importance to allopathic practitioners everywhere, more especially in the United States and all other English-speaking countries, viz., the ‘Controversy between Homœopathy and Allopathy.’

“Much as many of us may be unwilling to admit it, and contrary to the stereotyped statements by which a large section of the allopathic press endeavour to lull us into apathy, to the effect that homœopathy is dead, homœopathy is exploded and discredited, etc., etc., it is nevertheless a fact that homœopathy is slowly but steadily progressing. At the beginning of last century it had only one representative, namely Hahnemann himself, but now it has adherents all over the world. The number of homœopathic practitioners, hospitals, dispensaries, etc., is continually increasing, and the section of the public who prefer to have their ailments treated by homœopaths (and, let it remain *entre nous*, do not seem to regret it) is becoming larger every year; while the controversy between the two schools, which most, if not all, allopathic journals either affect to ignore or else dismiss with a few sneering remarks, is vigorously and unabatingly kept up by the homœopaths in periodicals, books, and pamphlets, a good many of which are constantly and freely circulated among their adherents and sympathizers. I feel sure I need not remind the readers of this journal that there are now in the United States alone about twenty thousand homœopathic practitioners, with between twenty and thirty homœopathic colleges officially recognized and empowered to grant degrees to their students; eighty-five general hospitals, sixty-seven special hospitals, nine national societies, thirty-three State societies, forty-two medical clubs, thirty medical journals, and fifty-eight dispensaries. But what, in my opinion, is certainly advisable that allopaths in America and elsewhere should be reminded of is, that for every homœopath who is consulted there must perforce be an allopath who is not wanted. And this naturally brings us face to face with the very pertinent question: What are we doing to safeguard our interests and our position? Let me not be misunderstood. I should be very sorry to say a single word which may have even the appearance of animosity or hostility against homœopaths. I have reason to know that by far the largest

majority of them are neither unfair nor unscrupulous adversaries, but they undoubtedly are our competitors, and whilst on the one hand we have no right to find fault with them for legally competing with us, on the other we certainly cannot be blamed if we look after our own interests.

“Unfortunately for us, however, compared to the untiring energy of the other side, the part we are taking in the competition is far from being what it should be. In fact, all we are doing in this important matter is simply to sleep on our laurels, the laurels being represented by the fact that rightly or wrongly we are what the homœopaths are wont to call the ‘dominant school,’ and that, therefore, nothing can harm us. Consequently, many of us are pretty often found doing what we should not, that is, pooh-poohing homœopathy without even knowing the meaning of the word, and determinedly leaving undone the very thing we certainly should do, that is, to learn for ourselves what homœopathy means, and what it is.

“What? Study homœopathy? Yes. The time has come when, if we persist in ignoring homœopathy, we will do so at our own peril.

“And that is why, as an allopath, who in a practice of over twenty years, has found time to make himself fairly well acquainted with most, if not all, the pros and cons in connection with homœopathy, I am only too glad to be able to place before the readers of the *Medical Brief* a concise but clear and accurate statement of its fundamental principle and of its practice, followed by a brief outline of comparative materia medica and therapeutics. Coming, as they do, from an allopath, I venture to hope that the following notes will be read without suspicion of bias or *ex-parte* proclivities, and that thus they may fulfil the only purpose for which they are written, namely, that as many allopaths as this journal will reach may have their eyes opened, and be led to acknowledge that for the sake of our patients, as well as for that of safeguarding our position, homœopathy is worth studying, because there is much in it that is worth knowing.

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## II.

“The founder, not the discoverer, of homœopathy was Samuel Hahnemann, who was born at Meissen, in Saxony, in 1755, and whose eventful life ended in Paris in April, 1843. His remains were interred in the Montmartre Cemetery, and left there without a name until they were exhumed in 1898, and removed to the Père la Chaise Cemetery, where a monument was dedicated to his memory.

“In giving a studiously short account of the proceedings at the dedication of that monument, a writer in a London medical periodical thus concluded his remarks: ‘It is a pity that his bones were not allowed to rest unwept, unhonoured, and unsung, considering that his tenets and practices are to-day almost as dead as the apostle himself.’ Writing as an allopath I confess to a sense of shame and humiliation at the thought of a medical journal stooping so low as to publish such bitter and contemptuous remarks of a dead man, whose ‘tenets and practices’ we may not accept, but whose memory we should respect, if for nothing else, at least for his courage in proclaiming his honest convictions in the face not only of scorn and ridicule, but also of relentless persecution. It is worse than foolish to think that we can blot out a man’s name from the pages of history when that man has been a maker of history. Hahnemann did not discover the so-called ‘law of similars,’ which in its embryonic form was known to others long before him. We find, in fact, the principle enunciated by Hippocrates, who wrote: ‘That which produces a strangury where it did not exist, cures an existent strangury; that which produces cough and fever where they did not exist cures existent cough and fever.’ What Hahnemann did was to rediscover the principle, to study and elaborate it, to give it the impress of a scientific rule, and to found on it the therapeutical system which is called homœopathy. Even disregarding, if we wish, the fact that Hahnemann was a great scholar, an accomplished linguist, and a philosopher of no mean order for the time in which he lived, shall we so forget ourselves and our social position as members of the noblest profession in life, as to heap contempt and contumely on his memory, merely because his ‘tenets and practices’ do not agree with ours? Or shall we not, rather, manly and nobly honour his memory as that of the man who has done for medicine more than any other ever did? We look in vain through the nineteenth century for a man whose work in the field of therapeutics could be compared in its importance to Hahnemann’s until we come to Pasteur. And yet, if homœopathy should prove to be what homœopaths maintain that it is, even Pasteur’s work appears small in comparison with the magnitude of a general system of therapeutics.

“Be that, however, as it may, it is very interesting to know what it was that led to the rediscovery and consequent promulgation of what might be called the soul and spirit of homœopathy. Somewhere about 1790 Hahnemann was translating Cullen’s *Materia Medica* into German, when, having reached the article on cinchona, he found that he could

not agree with Cullen's explanation of the febrifuge properties of the now twice famous bark. For the sake of experiment he took four drachms of good cinchona twice a day, with the result that not long after his feet, the tips of his fingers, etc., first became cold, and he felt tired and sleepy; then his heart began to beat, his pulse became quick and hard; felt uneasy; trembled, but without rigor; weariness in the limbs, beating in the head, red cheeks, thirst, in short, all the symptoms of ague without the rigor. This happened every time he repeated the dose, and on leaving it off it never occurred again. Here, then, is what homœopathic writers are fond of calling Newton's apple of homœopathy; and as a further step in the field of investigation we learn that Hahnemann began to collect the different morbid phenomena which other observers had from time to time noticed as produced by medicines. But as the number of these was not great, he began to 'prove' drugs on the healthy body, when, lo and behold, 'the symptoms they produced on the healthy corresponded wonderfully with the symptoms of the morbid states they would easily and permanently cure.'

"And here we might well say: *Siste, viator*, because here we have the genesis of homœopathy as well as of the fundamental principle which governs it, namely, *similia similibus curentur*. But as the latinity of this principle, as well as the philosophical definition of it, have, strange to say, been a source of much acrimony between the homœopaths themselves, for the sake of information I will just refer to them.

"The first controversy among homœopathic writers was whether the principle as enunciated by Hahnemann, was *similia similibus curantur* or *curentur*; and I am glad to say that the more sober-minded among them have succeeded in establishing that it is *curentur*. This gives the principle its proper character of a precept, rather than *curantur*, which would simply be absurd, as it would give the principle the tone and the authority of a universal and infallible dogma.

"The other controversy was whether the enunciated principle is to be called the law or the rule of similars. But on this, unanimity is yet a thing of the future.

### III.

"Coming, now, to the crucial question, 'What is homœopathy?' I have very little doubt in my mind but that if a kind of allopathic plebiscite were taken, so as to collect the largest possible number of answers to it, 90 per cent of all the answers would be somewhat like this: 'Homœopathy is a sort of quackery, the practice of whose adepts consists in

giving infinitesimal doses of medicines, which can do neither harm nor good ; no better, in fact, than old women's nostrums, and the cures ascribed to it are mere products of the imagination.' But that is not so. Those answers would have no other foundation than prejudice and hearsay evidence, very poor things to base anything on under any circumstances ; and I maintain that for our own interest it is necessary that we should know the truth, and should not be afraid of facing it, be the consequences whatever they may.

"And the truth is that homœopathy, as such, is no quackery, but that it admirably lends and has lent itself to unlimited quackery from its very beginning, nobody can deny. Nurses and midwives, barbers and herbalists, clergymen and missionaries, army and navy officers, mostly on the retired list, without mentioning others, whose names are legion, and who somewhat late in life find themselves with nothing more pleasant or more profitable to do : all these seem to have a peculiar fancy for 'a little homœopathic doctoring, you know.' Of course, they would do the same with allopathic medicines if they could, but they dare not. Allopathic medicines are generally mixtures, and they are known to be rather unsafe for lay people to meddle with. Besides, they are, as a rule, more or less unpalatable, and last, but not least, they are rather expensive. But with homœopathic medicines it is quite different.

"That is how the public talks, but whether it is for those or other reasons, the fact is that homœopathic quackery is very prevalent, and I should not be at all surprised to hear that in the United States homœopathic quacks are as numerous as homœopathic physicians. And what is still worse is that all homœopaths, from the top to the bottom of the Hahnemannian ladder, endeavour to do all they can to popularize, as they say, homœopathy by publishing cheap books for the public, such as *Household Medicine*, *Family Practice*, *Family Homœopathist*, etc. And yet, in spite of all that, we have no right to say that homœopathy is quackery.

"We are bound to acknowledge that homœopathy is a method of therapeutics based on three fundamental principles, which, though appearing to our uninitiated minds like absurdities and paradoxes, have yet stood the test of a century of criticism and opposition, and for those who practise in accordance with them they are as true and reliable to-day as they were one hundred years ago when first proclaimed by the man who rediscovered them. Those principles are : (1) *Similia similibus curentur*—let likes be treated by likes ; (2) Small doses ; (3) Single remedy.

"1. *Similia similibus*.—In order practically to understand the meaning of this principle, which is the very kernel of homœopathy, we will do well, I think, if we make a brief excursion into our own allopathic field, and in so doing we could hardly choose a more reliable guide than Ringer's *Handbook of Therapeutics*.

"Beginning, for choice, with mercury, at page 256 (eleventh edition), we read of mercury as purgative, while on the following three or four pages the perchloride in doses of one-eightieth grain, and grey powder in doses of one-sixth and one-third grain, are recommended as powerful anti-diarrhœics.

"At page 293 we find arsenic responsible for the production of eczema, urticaria, lichen, etc., while on page 297 we read the statement that it cures psoriasis, eczema, lichen and pemphigus. At page 417, the author speaks of ipecac. as 'a mild, tardy, but certain emetic,' and on page 418 he tells us that 'few remedies are so efficacious as ipecac. in checking certain kinds of vomiting.'

"Finally, to quote only one more instance from Ringer, at page 493 we are told that jaborandi and pilocarpine are powerful diaphoretics and sialagogues, and on page 495 we find the seemingly contradictory statement that pilocarpine in doses of one-twentieth of a grain checks profuse perspiration, while, further on, Dr. Ringer tells us this: 'Not only do arresters of secretions, like atropia, etc., check excessive perspirations, but sweaters in small doses are equally effectual in checking undue perspiration, as in phthisis.'

"Now, have we, or do we know of any theory that could explain to us this kind of double dealing on the part of drugs, this, to all appearances, contradictory action? How can the same remedy produce and check perspiration, induce and check vomiting, purge and stop diarrhœa? Ringer simply states that it is so, but does not say why. Shall we, then, accept the statement as we read it, and act upon it without enquiry, which, alas, we very often do, or shall we for once become inquisitive, and demand an explanation from those in authority? We should, of course, choose the latter as the more reasonable alternative; but if we do so, then we must try and find out things for ourselves, as those in authority may either, like ourselves, be unable to give a clue to the riddle, or else they may be unwilling. And, so far as I am aware, the only clue, the only plausible explanation of why a drug should act in two differently and seemingly diametrically opposite directions is the homœopathic principle *similia similibus*.

"Once more, then, What is implied by *similia similibus*?



An ounce or so of sulphate of magnesia, taken in health, will purge, but a few, sometimes as few as five, grains of it is one of our best remedies for certain kinds of obstinate diarrhœa. Here, therefore, is what the principle means: Every drug given to a person in health in large and, if necessary, repeated doses, produces some sort of disorder, ailment, or disease, which disorder, ailment, or disease that same drug, given no longer in large and repeated doses, but in small, at times very small and not necessarily frequent ones, will cure, in the person suffering from it. In other words, a drug will cure in the sick the same disorder, ailment, or disease which it produces in the healthy. Hence, the definition of homœopathy as 'the therapeutic method of prescribing medicines, which, when taken in health, produce a condition similar to that we desire to cure.'

"Here, however, the question naturally arises: How have the homœopaths succeeded in finding out the effects of drugs on healthy persons? And the answer is: (1) By the so-called 'provings'; (2) By the symptoms in cases of poisoning. 'Proving' means experimenting with drugs upon the healthy. A person in health takes, for example, a fairly large dose of aconite, repeating it, if necessary, until symptoms are produced, which symptoms are duly noted, together with all the circumstances connected with them; that is, the time when they first appeared, how long they lasted, the time of their highest intensity, the order of succession, etc., etc. When several provers have been thus experimented upon, all the symptoms are duly checked, arranged, and, finally, set down as the pathogenesis of the drug. As it is unnecessary for me to mention all the vicissitudes of the various provings, and all the pruning to which it has been deemed necessary to subject many pathogeneses, I will content myself with saying that by far the largest majority of the pathogeneses, as they exist at present, have been expurgated from untrustworthy symptoms, and that, therefore, they are considered quite reliable.

"We shall see, in the course of these notes, that the homœopaths themselves admit that *similia similibus* has its limitations, and that, therefore, it cannot be claimed that it is a universal and absolute principle, likely to hold good in every conceivable case, but what they do claim is that it does hold good in a very large majority of cases, so large, in fact, as to make the limitations of very little importance.

#### IV.

"2. *Small Dosage*.—Though only the second in importance of the three principles which govern homœopathy, this is,

nevertheless, almost the only one by which homœopathy has been known in the past, and is known even now to the public at large, as well as to the largest majority of allopaths. The jokes about the minuteness of homœopathic doses have become proverbial, and any man would be sure to resent being told that his mental abilities or moral qualities are rather homœopathic. The smallness of the doses, moreover, has also to account for the other popular notion that homœopathic medicines are quite harmless, so much so that even a bottleful of any of them 'would not hurt.' This, however, is far from being the case, as a bottleful of aconite 1x, nux vomica 1x, or glonoine 2x, might prove more harmful than many people may think. Besides, though the reduced dose is of the essence of homœopathic practice, there are plenty of remedies in the homœopathic materia medica which are usually given in rather large doses, as, for example, *carduus*, *crategus*, *quebracum*, etc. For the matter of that, there is no lack of homœopathic practitioners who do not at all mind prescribing ten-grain doses of bromide of potassium when, as in some rebellious cases of epilepsy, they find that they can do nothing better than adopt what they call the palliation of the bromides.

"One thing should, undoubtedly, be placed to the credit of homœopathy, and that is that its small dosage has had a silent and unobtrusive, but none the less decided, influence on allopathic posology, and Trousseau himself, who certainly was no admirer of homœopathy, could not forbear remarking, in the course of one of his *Leçons Médicales*, that allopathy could learn a great deal from it in the way of assisting, rather than doing violence to nature. At all events I, for one, unhesitatingly believe that homœopaths have right on their side when they say that the small doses advocated nowadays in allopathic text-books, like Ringer's and others, are another instance, not so much of unconscious, but rather of conscious, though unacknowledged, homœopathy.

"Be this, however, as it may, it should now be easy for us to understand that the principle of the reduced dose is a natural corollary of what we have seen in connection with the principle *similia similibus*. But, even apart from the fact that *similia similibus* would be meaningless without it, the reduced dose complies, on one side, with the old aphorism, *primum non nocere*, and on the other with the homœopathic precept that medicines should be administered in doses too small to cause any disturbance.

"If we grant the correctness of *similia similibus*, it must necessarily follow that while a drug must be given in massive

doses in order to produce what homœopaths call its primary action, and what we, to give it a more familiar name, might call its physiological action, it is evident that when the same drug is to be used medicinally, it should be given not only in smaller doses, but also in doses too small to produce what, in homœopathic language, goes under the name of 'aggravation.'

"Thus, for instance, we will be able to understand what we read in Ringer's *Handbook* about nitrite of amyl. We are told that, whether administered by inhalation or by subcutaneous injection, this substance causes, among other symptoms, flushing of the face, owing to peripheral arterial dilatation, and the dose required to produce the flushing may vary between five and ten drops by inhalation. But nitrite of amyl is also a good remedy for flushings of the face, especially in women at or near the menopause, and, therefore, the question is: What should be the dose of the remedy when employed to cure climacteric flushings? Shall we give five drops by inhalation? That would certainly aggravate, if it did nothing worse. In one case Dr. Ringer found that one drop, given by the stomach, caused alarming symptoms, such as deadly pallor, giddiness, and unconsciousness. Of course, he says, this was due to special susceptibility to the drug, but after repeated experiments he came to the conclusion that 'for the most part these patients can bear one-third of a minim without disagreeable symptoms, but a tenth, nay, even a thirtieth of a minim, will, in some patients, counteract the flushings.'

"Here, then, we have not only one more illustration of *similia similibus*, inasmuch as the same drug which causes the flushings where they do not exist, cures them where they do exist, but we have also a practical demonstration of the value of the small dose when given for therapeutic purposes.

"How are the reduced doses obtained? By trituration with sugar of milk for insoluble substances, such as phosphate of iron, of lime, etc., and by dilution of the tinctures in the case of vegetable or soluble substances. There is a decimal and a centesimal system of attenuations. In the decimal the first degree of attenuation, otherwise called potency, corresponds to our 1 in 10, and is marked 1x; the 2x means 1 in 100; 3x, 1 in 1000, and so on, each successive attenuation being equivalent to a further subdivision by ten. This is the oldest in use, and, undoubtedly, the best. The centesimal, in which the first potency corresponds to 1 in 100, further subdivisions being by 100, and which was introduced for the benefit of those who think that one in ten is too low to begin with, serves, in my opinion, no other purpose than that of suiting the fancies of high dilutionists.

“The subject of attenuations has been another source of discord in homœopathic ranks, and there are the low, the medium, and the high dilutionists. Among the latter the so-called high potentialization has already reached the serene and ethereal regions of the unconceivable, but the more conservative practitioners are quite content with the low and medium attenuations. But even these are far and above what an average allopath could reconcile himself to. What good, he would say, can the thousandth, the hundredth, or even the tenth of a grain or of a minim do? And it is for the benefit of those that I will draw, so to speak, a sketch from life of our own not very enviable position with regard to doses. It must do us good to see ourselves occasionally as others cannot fail to see us; yes, even though the ‘others’ were only homœopaths.

“As recently as 1895, Dr. Dujardin Beaumetz, the well-known therapist of ‘l’Hôpital Cochin,’ in Paris, not many days before his death, published an article in the *Bulletin General de Therapeutique* (Vol. 128, page 97) on the treatment of acute bronchitis, which struck me at the time, and much more so now, as very remarkable. The article begins with the following prefatory remarks: ‘To show how little progress medicine has made, many people maintain that we are quite unable to check a cold, even at its beginning; but that is a great mistake, as we possess a remedy with which we can surely abort a cold, and that remedy is aconite. Few remedies have been more discussed than aconite, and what puzzles us still more is the great fuss the homœopaths make about it. Until about twenty years ago we used to employ the tincture made from the leaves, and I do not know why it was mostly used in the surgical wards as an external application to guard against the first effects of purulent infection, while all the time English practitioners were incessantly praising its virtues in pulmonary congestion.’

“The article goes on relating how French doctors came to hear that their failures with aconite were due to the fact that their tinctures were made from the leaves, instead of from the root, and they were just going to shout Eureka, when another danger loomed ahead, and that was that aconite is poisonous, and many people are so susceptible to its action that even feeble doses can produce fatal results.

“Then, in its appalling simplicity, we read the following statement: ‘Every year, unfortunately, we have to record cases of death due to aconite or aconitine, with the additional unpleasant accompaniment of coronial inquests, so much so that Dr. Brouardel is reported to have said that he will never

again have anything to do with those preparations. But that is going too far, and I will endeavour to show that in the treatment of acute bronchitis aconite can be of much service, only it is necessary to be very careful in using it.'

"The article continues: 'If we wish to succeed in aborting acute bronchitis with aconite we can only do so by giving it in large doses, and only to those patients who have taken it before without bad results.' The large doses are from fifteen to twenty minims of the tincture twice in the twenty-four hours.

"But there is still another inconvenience. In order that the treatment may be effective, it must be continued for at least eight days, and aconite has a decided influence on the nervous system, which shows itself in spasmodic contractions, especially in the arms. So that the treatment is only for adults, who must be known to have taken the medicine before without any disagreeable symptoms, and should not last more than eight days.

"And this is by the pen of a well-known French therapist, who had been in practice thirty-three years; who had first been sub-editor and afterwards editor of one of the best European medical journals for twenty-five years, who knew of the existence of homœopathy, but found no time to enquire and learn how the homœopaths managed to get such good results from aconite; and who, finally, still went on killing some people, and jeopardizing the lives of some others every year, simply because he had got it into his head that acute bronchitis was to be aborted by aconite, and that aconite could only be given in doses which he well knew to be dangerous. And yet for scores of years before that article was published, homœopaths had been checking and curing colds in a few hours by thousands with doses of aconite not larger than the tenth of a drop, and pretty often as small as the hundredth of a drop. May God forgive us!"

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We think our colleagues will, after reading the above, consider that we were not only justified in reproducing it *verbatim*, but that not to have done so would have been a great mistake. It requires very little or no comment on our part, as it speaks for itself. DR. SISCA, though speaking of himself as an allopath, is just the type of man we like to meet: a man who thinks for himself, and has the honesty and straightforwardness to say what he thinks, and to give good reason for it. Were everyone in the old school

of this thinking, honest, and fearless nature, homœopathy would rapidly become the accepted and dominant practice. It could not fail to be so, and such articles as DR. SISCA has written in the *Medical Brief* will do a world of good, and materially hasten the time which we firmly believe *must* come, when the law of similars and its consequent practice will be accepted in the old school as the greatest truth in medicine, and when it will be no detriment to any man to speak out fearlessly what he thinks, and which his ordinary judgment, and, we may add his common sense, tells him is the truth. We congratulate DR. SISCA, and trust that he will not allow himself to be "snuffed out" by his colleagues in Queensland or elsewhere, but fearlessly stand up for the right of the Briton to call a spade a spade, whatever his prejudiced neighbour or colleague may say or think. It is thus that doctrines which are steadily held and acted on by a minority become in time the belief of a majority, while those who stick to their guns, and fight nobly for the truth, and for their right to act in accordance with their convictions, not only have the satisfaction that they are personally acting conscientiously in their noble profession, but that they are contributing to the great work of spreading what is given to us by God, if man will only see it, and hastening on the time which **MUST** come, in spite of prejudice and opposition.

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We append another short but interesting extract, from America this time, all showing in a very marked manner which way the wind is blowing, and requiring no comment from us.

In the *Monthly Cyclopædia of Practical Medicine* of Philadelphia for June, 1906, a paper appears by the associate editor, Dr. J. Madison Taylor, entitled *Hints on Therapeutic Indications*, which concludes as follows: "Also it is desirable to know in outline the principles of homœopathy. Frederic B. Percy (*Boston Medical and Surgical Journal*, March 29, 1906) tells us that the essentials of the law of cure are: (1) That every drug should be thoroughly tested upon the human body, and that facts thus elicited shall be supplemented by further experiments on animals, and also by the results of poisoning, when

possible. (2) That the conditions thus occasioned are those which when present in diseased states will be cured by the same drugs. (3) That the dose to accomplish this must be sufficiently minute to occasion no aggravation of the symptoms present. Advantages to be gained from using drugs in this way are : (1) Simplicity in form and administration, the single remedy is a natural corollary. (2) Precision. (3) It assists nature, does not thwart or check her, and thereby fulfils that most essential of all cures."

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### THE PROGRESS OF HOMŒOPATHY IN THE UNITED KINGDOM OF GREAT BRITAIN AND IRELAND, SINCE THE YEAR 1900.

*Presented to the International Homœopathic Congress, at  
Atlantic City, U.S.A., on September 10th, 1906.*

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

Consulting Physician to the London Homœopathic Hospital, etc., etc.

I HAVE, in the first place, to thank you for the honour you have done me in asking me to write this paper, an invitation to which I have much pleasure in acceding. This account takes cognizance only of the progress of homœopathy in the United Kingdom of Great Britain and Ireland since 1900, the date of the last International Homœopathic Congress at Paris.

Up to the commencement of this quinquennial period the progress of homœopathy in this country was rather of the *laissez faire* type. A hard struggle had long been fought for homœopathy, in spite of violent opposition and virulent abuse on the part of the old school, and with such signal success that the tactics of the old school had changed. They ceased their abuse and marked opposition to the new school, and adopted the tactics of silence, while, at the same time, largely adopting the use of homœopathic medicines, and absorbing Hahnemann's views in many important points. It was, we surmise, hoped that by these means the homœopathic school would thereby be gradually absorbed, and homœopathy introduced by them under another name, and with the assurance

to the public that they had been practising the new treatment for long. This "conspiracy of silence" not unnaturally gave relief to the homœopathic body; they acquiesced in the absence of the former old-school tactics, and lay on their oars, allowing things to drift quietly on, and disliking unnecessary warfare. Of course, it is now seen that such easy-going procedure was far from being conducive to the progress of homœopathy. In fact, when no actual progress is made, the reverse, retrogression, follows as a natural consequence.

This was beginning to be perceived, and a general feeling of unrest and reaction was noticeable in our ranks, while a desire for a forward movement was more or less general, and the danger of these drifting, *laissez faire* tactics was becoming obvious. The first tentative suggestion came from Dr. Edwin A. Neatby in an able article written by him in the *Monthly Homœopathic Review* of July, 1901. We say "tentative," as it really was. Dr. Neatby in some prefatory remarks, says, "If only the need of a forward movement is at all generally realized, if it meets with a practical approval, I shall be greatly encouraged; if it meets with a thorough rousing criticism, I shall feel there are still hopes for homœopathy; if it elicits neither praise nor blame I shall conclude that, either my mental vision is seriously distorted, or that the day of homœopathy's demise is nearer than I imagined." In this article Dr. Neatby sketches out what he would suggest to be done, but added that without money—adequate funds—it cannot be accomplished.

Almost directly after this article appeared in print, but, of course, well thought out long before, Dr. George Burford delivered his address, as President of the British Homœopathic Society, in October, 1901. An abler, more spirit-stirring, or more carefully thought out address has seldom been delivered before the Society. He brought the general feeling to boiling-point, the address was received with enthusiasm, and in place of the usual vote of thanks for the address, a resolution was moved and seconded that the scheme he proposed be started at once, and that the Council of the Society be requested to form a committee, composed of laymen as well as of medical men, to take the matter in hand without delay. This was carried



unanimously, and with acclamation. Dr. Burford, in sketching the progress of homœopathy, pointed out the absence of the forward movement which had formerly characterized it, and how things were allowed to go on in a quiet, unobtrusive, non-militant style, which meant, not standing still, which was really impossible, but, necessarily, retrogression. He pointed out that the old school were ready to take advantage of this inaction, and that, unless we adopted other tactics, they would, by making use of homœopathy under another guise, gradually absorb us without a word of indebtedness to Hahnemann or to homœopaths. He maintained that now was the time to strike while the iron was hot, to take a new lease of activity, to push our doctrines and practice, and to bring them prominently before the public, so as to interest them in what so much concerned their own welfare, as well as the welfare of the greatest law of medical practice that has ever been brought to the knowledge and view of the world. He maintained that the admirable clinical material of the London Homœopathic Hospital should be more utilized, that systematic courses of lectures on the homœopathic materia medica and on homœopathic therapeutics should be resumed, in London, and in the larger provincial cities, that an authoritative statement of our tenets and mode of practice should be drawn up, and widely circulated, that original investigations and re-provings of drugs should be instituted, and, in fact, every possible mode of advancing homœopathy should be set in motion. This scheme, so carefully thought out, was followed up by articles written by various authors and published in the *Monthly Homœopathic Review* in the early months of 1902, in support of the movement.

The first General Meeting of what was at the commencement called the Twentieth Century Fund was held on April 25th, 1902, at Stationers' Hall, a fine old hall belonging to the Stationers' Company, through the influential kindness of Sir George W. Truscott. There was a large and representative meeting, with the Earl Cawdor, the Treasurer of the London Homœopathic Hospital, in the chair. Important speeches were delivered by Lord Cawdor, Mr. J. P. Stilwell, Chairman of the Board of the London Homœopathic Hospital, and many others, both

medical and non-medical supporters of the cause. An association was then and there formed, called the British Homœopathic Association, with the Earl Cawdor as President, The Earl of Dysart and Lord Calthorpe as Vice-Presidents, and Mr. Joseph Howard, M.P., as Treasurer. The scheme was approved in every detail, and as money was absolutely necessary to initiate and carry out such a work, a fund was started, and called the Twentieth Century Fund, which, it was intimated, must involve the raising of £10,000 (50,000 dollars). At the meeting the greatest enthusiasm prevailed, and the Secretary was able to announce at its close that nearly £1,000 had been subscribed.

Before the year was out, the entire sum of £10,000 had been subscribed. The ladies, whose aid in all such circumstances is invaluable, for their active energy and determination, formed themselves into a Ladies' Committee, and resolved to raise a separate fund of their own, amounting to £1,500, to endow a Travelling Scholarship for the special study of Diseases of Women and Children in well-known Continental schools of medicine. This also has been accomplished. An Executive General Committee was formed, consisting of both medical and lay members. The details of the work took a considerable time to elaborate, and though this seeming delay was criticized by some, yet it was felt that a sound basis and scheme could not be arrived at without time, and without very careful discussion and consideration on the part of the General Committee. It is truly a great work, and one that, if nothing else did, would signalize the period I am dealing with in a manner that would distinguish it in importance from other periods of time in the propagation of the cause of homœopathy.

The ultimate aim was the establishment of a complete homœopathic college, with the power to grant a degree, or diploma. At present, however, in an old country like England, with so many vested rights, and so many legal qualifications already in existence—nineteen in all—with the desire in the old school to add no more qualifications to those already existing, and with such a minority as represents homœopathic practitioners when compared with the allopaths, a complete homœopathic college is

an impossibility. We, therefore, aim at a smaller scheme, for the present, and the following has been now for some time in operation.

1. Systematic lectures on homœopathic materia medica and therapeutics.

2. The proving and re-proving of drugs after the homœopathic method. Colchicum has been taken up, and the publication of the results will be forthcoming.

3. Scientific research work in connection with homœopathy and the recent investigations in science.

4. Post-graduate lectures on various subjects, and separate lectures on various diseases and their homœopathic treatment.

5. A "Dudgeon Scholarship" for young men, to enable them to go to the United States, investigate and study the style and method of teaching there, and to permit them to attend courses of lectures and instruction in America, so as thoroughly to ground them in homœopathic materia medica and therapeutics before commencing private practice in Great Britain.

6. The "Travelling Scholarship" of the Ladies' Branch of the Association for the study of diseases of women and children in the great Continental schools of medicine.

7. The foundation of a Special Professorial Chair, to be called "The Compton Burnett Professorship," for the teaching of homœopathic practice. The raising of the funds required to endow this Chair has been undertaken by Dr. and Mrs. J. H. Clarke, and already a large part of the sum required has been received by them.

8. By no means the least important feature in the Association's work, comes the academic and practical course of instruction for foreign missionaries and missionary students. This course, which is not intended, of course, to produce medical men and women, aims at giving to missionaries who are at home on leave, or are preparing to go out to foreign fields of missionary labour, a general introduction in elementary medicine and surgery. This knowledge will enable them, when far away from any regular medical help, to treat cases in the first instance, "first-aid" as it were, and so enable them to put their patients on the right path till qualified medical assistance can arrive. In many cases, the knowledge and help

rendered possible by this course of instruction will enable missionaries to do all that is necessary for their cases, without sending for any qualified aid. The students of this course also are taught the main features of tropical diseases, and also of hygiene. A special course of instruction in obstetrics is instituted for women, and a special course of nursing is also given to women. This general—superficial it must be—instruction in the elements of medicine and surgery is given to the missionary students with a training in homœopathy, its principles and practice. All this enables the missionary to act on the instincts and knowledge he or she possesses, and so to be of immense service when far away from any qualified medical man, and it makes him or her a great centre in far away parts for the spread of homœopathy, its principles and practice. This course has been much appreciated by those for whom it is intended; the attendance has been large, and the results most satisfactory in every respect.

9. The British Homœopathic Association keeps in view also the necessity of teaching the public in the doctrines of homœopathy, by issuing from time to time propagandist literature, explaining the principle of similars, and its practical results. A work of this nature is in progress, and, it is to be hoped, will be issued soon. Already the Association has printed and circulated among the members of the medical profession of both schools, a work, entitled *The Permeation of Present-Day Medicine by Homœopathy*, showing from authoritative writings of the old school, and *from these alone*, to what an enormous extent homœopathy is practically adopted in the old school, without acknowledgment, however, of the principle involved, the source of the information given, or of its great founder, Samuel Hahnemann.

10. The Association keeps a special eye on the increased development of Homœopathic Cottage Hospitals and Dispensaries, aiding them with funds when there are difficulties present, to enable them to overcome those difficulties when necessary, and so to set to work important fields of labour which require help in the outset of their life.

The above is a large scheme, but all that is done is necessary for the militant progress of homœopathy;

it rouses up, and keeps up the vital interests of homœopathy in the minds of the profession and of the public, though, for the present, a complete College of Homœopathy is impracticable. The great difficulty at the present time is to get at the student. He is fully occupied with his studies at the recognized schools, and has no time for extra work; he knows that he has to go through his courses of study at these schools in order to get his legal qualification; he is afraid, therefore, in case of awkward complications at his examinations, to be seen at a homœopathic hospital, or to seem to have any sympathy with homœopathy; when he gets his diploma to practise he is naturally anxious to begin to make his living, and so has no time after his five years for further courses of study, while, if he once begins to practise, he is fixed down by work. All this involves the *cruz* of the whole homœopathic educational question in Great Britain, and renders such aims as the Association has in view very uphill and difficult. It requires determination and perseverance in the right path to succeed.

The British Homœopathic Congresses are held annually in London and in provincial towns, are well attended, and are enjoyed much by those who come to the meetings. The social element, as well as the professional work done, combine to render them a species of gathering which no other form of meeting accomplishes, and which brings together personally men who might not meet each other from year's end to year's end.

All the British Homœopathic Hospitals have in the past quinquennium been making steady and substantial progress. The London Homœopathic Hospital, though not a large one, and prevented from enlarging to the extent provided for, owing to the difficulty of a tradesman who cannot be ejected at present, is, and has been, in a high state of efficiency. Its perfection as a hospital is testified to by all who have visited it, and it is now usually looked upon as the finest and most perfect Hospital in London. The Medical and Surgical Staff are enthusiastic in doing all they possibly can, in the way of energy and hard work, to keep up its reputation, and to make it in every point "up to date." The clinical material, both in the wards, and in the out-patient department, is most

valuable and teaching for those who attend the Hospital, and for the Resident Medical Officers. The number of in-patients is, of course, limited to the number of available beds, while the out-patients increase in number every year, giving extra hard work to the assistant physicians and surgeons, but showing their appreciation of the benefits of homœopathic treatment on the part of the patients. Extra expenditure, resulting from the increase of work, and necessarily involving increase in expense, caused a deficit on the funds of the hospital to the amount of about £14,000, but this, by a great effort, was almost entirely raised last year, and so put the hospital once more in a satisfactory pecuniary state. Means have been taken to add to the annual income, and reduce the expenses to the lowest point consistent with efficiency. The whole condition of the hospital is now, therefore, in a highly satisfactory state in every way, and it is an institution of which the whole homœopathic profession in Great Britain is, and may well be, proud.

The same, or similar, satisfactory state of matters is visible in all the excellent provincial Homœopathic Hospitals of the Kingdom. The Hahnemann Hospital in Liverpool is a very important, large, and well-managed institution, doing an excellent work; the Phillips Memorial Hospital at Bromley, those at Bristol, Tunbridge Wells, and Birmingham, the Buchanan Hospital at St. Leonards, those at Eastbourne, Plymouth, Bournemouth, and Leicester, all show marked activity and corresponding success in the increase in the number of patients, and in the hard work carried on by the Medical Officers. The marked revival in homœopathy shows itself, in fact, everywhere, and this inspiring and militant attitude, evinced all over Great Britain, is perhaps the most salient feature of the whole period of which I have to speak at this time.

The British Homœopathic Society, which meets once a month at the London Homœopathic Hospital, evinces the same new life as is visible in other departments. The list of membership of the Society is practically synonymous with the number of homœopathic practitioners in the United Kingdom, the meetings are very well attended, the papers read at the monthly meetings are excellent in

type and spirit, and their devotion to homœopathy is marked. The discussions after each paper show the active and deep-seated interest taken in the subjects brought forward, and in their bearing on homœopathy. The Society is, in fact, in a very flourishing and healthy state, and becomes, every year, more regularly attended and appreciated. Its papers and discussions are issued quarterly as a journal, entitled, the "Journal of the British Homœopathic Society," and is transmitted to every member of it. Two other journals, the *Monthly Homœopathic Review*, which has this year attained its Jubilee, or fiftieth year, and the *Homœopathic World*, are too well-known in America to require from me any statement other than that they exist and flourish as the literary aid to the advance of homœopathy in the fullest way that is possible on their part.

We have lost by death quite a number of very valuable and well-known members of our profession in the last five years. Most of them are well-known in America, and are as highly esteemed there as in Great Britain. I need hardly do more than mention their names, as anything further would be quite unnecessary. Dr. Dudgeon, who lived to the advanced age of 84, and who had all his life been a pillar of strength to homœopathy. His works, and his various writings in the journals, of the powerful militant type, are such as any one, or any school, might be proud of. Dr. Richard Hughes, as well-known in America as here, well-known for his writings, his influence, and charming personality; Dr. Compton Burnett, also as well-known in America as in England; Dr. Robert T. Cooper, Dr. Eubulus Williams, Dr. Hamilton, who lived to an advanced age, and was a personal friend of Dr. Quin; Dr. Gibbs Blake, best known and much esteemed in England—these, with others less generally known out of England, have all passed away to the majority, leaving their colleagues so much the poorer, but with an example set before them to follow in their footsteps, and do all in their power to promote the progress and advancement of homœopathy.

This paper is already too long, and I have to omit many details which are interesting to a Briton, but less so to the International Homœopathic Congress. But on the whole

we in Great Britain have much to be proud of in the therapeutic revival of which I have spoken, and in the general and great advance in homœopathy which has marked the last years of our existence.

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## REVIEWS.

*Pocket Manual of Homœopathic Materia Medica* ; Comprising the Characteristic and Guiding Symptoms of all Remedies. By WILLIAM BOERICKE, M.D., Professor of Materia Medica and Therapeutics at the Hahnemann Hospital College of San Francisco, etc., etc. Third edition, revised and enlarged, with the addition of a Repertory by OSCAR E. BOERICKE, A.B., M.D., Lecturer on Materia Medica and Sub-Clinician of Therapeutics at the Hahnemann Medical College of Philadelphia. New York : Boericke and Runyon, 1906.

When the first edition of this admirable work appeared, we noticed it with the highest praise we could give, in our issue of February, 1902. That which we are now reviewing is the third edition, and when a book has reached a third edition in so short a time, it is a guarantee in itself that it is approved of, and found to be very useful in busy and general practice. In our former notice we said "The aim of the book is that it should be a constant reference-book in daily practice, to refresh the memory, and assist the busy practitioner in selecting the right remedy, when actually engaged on his daily round. It contains, as the author says 'The maximum number of reliable materia medica facts in the minimum space.' And so it does. Each medicine is prefaced by a general short sketch of its action, and then, in the *schema* form, we have the essential symptoms of each—so clearly and concisely put. The dosage is left purposely wide, and only suggestive—not dogmatic. Dr. Boericke's position as Professor of Materia Medica and Therapeutics renders him peculiarly the suitable man to make the epitome of drug-symptoms, and he has succeeded in his task in an admirable manner. It is one of the most perfect little books of the kind we have seen." These remarks we re-quote, as they are fully endorsed by the third edition now before us. This third edition is not only revised, but much enlarged, containing about 100 pages more than before. In his preface Dr. Boericke says: "I have availed myself of all verifications published since the



second edition was issued. I have also added all new remedies introduced since then. The whole book in its present form is a complete pocket encyclopædia of homœopathic materia medica. . . . It is intended to be, and I think has proved itself to be, a practical book and a time-saver to the prescriber, and is complete in giving everything essential in pure and verified materia medica. Imperfectly proved remedies necessitate the use of names of diseases at times, instead of the component symptoms that alone are the legitimate guide to the choice of the indicated remedy.”

This indicates the aim of the work, and this aim has been excellently carried out.

Besides the enlargement we have stated, existing in the body of the work, this third edition is further enlarged, and we may say enriched, by the addition of a Repertory by Dr. Oscar E. Boericke, which occupies nearly 400 pages, thus making a book of about 1000 pages. But Dr. Oscar Boericke's part is well worth being added to the main part of the work. It is most carefully and completely done, and not only reflects much credit on him, but very materially adds to the practical usefulness of the main body of the work. The prescriber can thus easily find the medicines which correspond to the symptoms of the case he has in hand, and the selection of the remedy, in referring to the main body of the work, is rendered the more easy.

Although the book is about 1000 pages in compass, it is printed on such thin but yet excellent paper that it can be easily carried about for reference. We would strongly advise every homœopathic practitioner to get a copy of this new edition, and we are sure that he will thank us for the advice. We wish it a great success, as the former editions have proved themselves to be.

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*London Missionary School of Medicine*, under the auspices of the British Homœopathic Association. A Chronicle of the Establishment and Working of the School; its necessity and some results. London: John Bale, Sons, and Danielsson, Ltd.

This is an exceedingly interesting account of a most valuable portion of the work of the British Homœopathic Association, a work of which there was much need, as shown by its successful results. It gives a most readable sketch of the work from its commencement till now, its details, and its results. The Missionary School of Medicine aims, not at turning out fully

fledged medical missionaries, but at giving those going out to missionary labours, or those who are at home on leave, such a general, though necessarily superficial, introduction to the early treatment of medical and surgical cases, and of women's diseases, as will enable them to act beneficially in cases of emergency, when far removed from medical aid, and in many instances to act so as to do without the need of qualified aid, when it can with difficulty be obtained. In thus acting, "each student is bound by a written undertaking 'not to assume the position or title of a qualified medical practitioner at home or abroad.'" We strongly advise every one who is interested in the work of the British Homœopathic Association, or in the special branch of it, the Missionary School of Medicine, to get a copy of this pamphlet, by the perusal of which they will be well repaid. It consists of 24 pages, and is quickly read. We wish the Missionary School of Medicine a continuance of the marked success it has already attained.

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#### NOTABILIA.

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#### DR. POPE AND THE INTERNATIONAL HOMŒOPATHIC CONGRESS, AT ATLANTIC CITY, U.S.A.

I AM sure it will gratify all our readers, and all who are interested in homœopathy, to learn that my highly esteemed colleague, Dr. Pope, who was President of the International Homœopathic Congress which was held in London in 1896, has received the following telegram from the International Homœopathic Congress, held at Atlantic City, New Jersey, U.S.A.: "Doctor Pope, 10, Approach Road, Margate. Congress sends greetings to honoured Ex-President."

My colleague is much gratified at the remembrance of him ten years after the London Congress. It will be remembered how ably he fulfilled the duties of President, and what a great success his hospitable and distinguished reception at the Queen's Hall was. His Presidential Address, which he lately reprinted, was a very able one, and was received by all most warmly and appreciatively. Dr. Pope has himself sent a reply of warm thanks, but I think it ought to be generally known that he has been so kindly remembered by all his colleagues, and that his services in 1896 have lived in their recollection.

D. DYCE BROWN.

### LONDON HOMŒOPATHIC HOSPITAL.

THE Earl Cawdor, as Treasurer of the London Homœopathic Hospital, Great Ormond Street, W.C., has received a cheque for £1000 from "An Opponent of Vivisection"; vivisection not being practised at the London Homœopathic Hospital. The Hospital is appealing at the present time for £30,000 for the extension of the Out-Patient Department, etc., of which nearly £13,000 is already promised.

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### THE NEW PACIFIC COAST JOURNAL OF HOMŒOPATHY.

WE are extremely glad to find that the *Pacific Coast Journal of Homœopathy* has appeared again after the San Francisco disaster. In our notice of the disaster, we mentioned that this journal had necessarily ceased to exist, owing to the loss of all the MS. in hand at the time, and that the printers, having lost everything, could not print it, even had there been material. We sincerely and warmly congratulate the editor, Dr. H. R. Arndt, on his pluck and energy in so soon rehabilitating the journal, which is now called the "New" *Pacific Coast Journal of Homœopathy*. It appears in a new form, that of a large octavo, instead of the former quarto size. It is one of the best American journals we receive, and we are very glad indeed to have it once more. Its revival not only shows Dr. Arndt's pluck and energy, but it illustrates practically the heroic resolutions of the people of San Francisco to rebuild and reconstitute the city in every way on a grander scale than before the disaster.

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### GANGRENE OF THE FINGERS FOLLOWING THE ADMINISTRATION OF LIQUID ERGOT.

THE following appears in the *British Medical Journal* of August 18th, by W. J. Stewart McKay, M.B., M.Ch., B.Sc., Senior Surgeon to the Lewisham Hospital for Women, Sydney.

"I am induced to publish the following case because Spencer, in his article on gangrene in the *International Textbook of Surgery* (vol. i., p. 225), says, 'Although ergot has often been administered in large doses for long periods, the drug has never been known to cause gangrene.'

"The patient was a woman aged 30, married fifteen years, five children, two miscarriages. She had suffered from chilblains, but had only had very slight attacks.

*"History of Illness.*—Four months before she was first examined the patient missed a period, and obtained from a chemist a 12-oz. bottle of medicine, which she was told contained ergot, with the idea of inducing abortion. She was directed to take one tablespoonful of the mixture three times a day, and she was given some pills as well to take at bedtime. She took the medicine for one week, but as it had not the desired effect she waited three days, then returned to the chemist, and obtained a second bottle, which he told her was stronger. She took the second mixture, and finished it in seven days. Before, however, she had taken it all her arms had begun to ache very much, her skin became very itching, and she then noticed that the fingers were somewhat swollen. Then the index finger on the left hand began to ache, and then got cold and began to turn blue at the tip, and the pains increased every day. The patient procured some opium and rubbed it into the fingers to endeavour to ease the pain. Then she noticed that the middle finger of the right hand began to grow green, then the third finger on the left hand went the same, and after this the little finger of the right hand began to grow dark.

*"Present Condition* (about twelve months after the first symptoms of gangrene were noticed).—*Right hand* : Thumb : Normal appearance, distinctly cold. Index : Slight blush on surface, not painful ; has been very painful ; sensation normal, slight pressure causes it to turn blue ; distinctly cold. Middle : Gangrenous to the distal point, very slight feeling in its extremity. Fourth : Normal, no pain. Little : Gangrenous to just past the distal joint. *Left hand* : Thumb : Normal. Index : Gangrenous to the second joint ; no pain, no sensation. Middle : Last one to exhibit signs of gangrene ; is black for a centimetre on the radial side ; can feel with it, but has pain in it. Fourth : Gangrenous to the distal joint. Little : Slightly gangrenous at extremity ; has pain in it. Patient says that the pains have become much less in both hands, but the middle and little fingers of the left hand still ache very much at times.

*"Operation and Result.*—The middle and little fingers of the right hand, and the index, middle, and fourth fingers of the left, were amputated at the joint on the proximal side of the gangrene. The little finger on the left hand was not operated on, and when the patient left the hospital it looked in good condition. The stumps all suppurated, and the patient was unable to leave the hospital for five weeks after the operation. During this time she kept the hands for hours at a time in hot boracic solution, and she took 2-minim doses of the solution

of nitro-glycerin three times a day. When the patient left the hospital the stumps were all healed.

“REMARKS.—If the above case is not an example of gangrene following the administration of large doses of liquid ergot, what is it an example of? A careful examination of the patient showed that she was a fine, strong, healthy country woman of splendid physique. She exhibited no heart lesion, and her arteries seemed quite normal. The time of the year was the warm month, so that gnat-bite is out of court. There was no obstruction to the main arteries of the limbs, and the patient’s urine contained no sugar or albumin. There was no history of traumatism. One point is of interest: in spite of the large doses of ergot that the patient had taken she had not aborted. But so determined was she to have a miscarriage that she went and had it produced two weeks before she came to the hospital. On one occasion I made up some ergot in a mixture and asked her to take it, and the patient immediately recognized the taste as being similar to the mixture she had taken.”

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## INSANITY FROM AUTO-INTOXICATION.

By A. P. WILLIAMSON, M.D.,

Superintendent Southern California State Hospital, Patton, Cal.

THE first writer of prominence to definitely claim that some forms of insanity were frequently traceable to auto-intoxication was the celebrated Dutch alienist, Schroeder Van der Kolk, who in 1840 published a work in which he directed the attention of the medical profession to certain varieties of confusional insanity with melancholic tendencies which were traceable to impaction of fæces in the transverse colon. Since that time this subject has been studied very carefully, until at the present day forms of insanity are recognized as arising from auto-intoxication.

Bianchi in his recent work on "Psychiatry" divides mental affections into three groups: First, those of an evolutionary psychocerebral defect; second, mental affections of infective, auto-intoxic, and toxic origin; and a third group, in which are included all the affections with an organic substratum in the central organ of mind. According to this writer, a very large proportion of insanities can be classified under the second group. Most of these autotoxic cases tend to present a marked degree of confusion, such as would be indicated by a person not remembering his home surroundings, failing to recognize children or parents; and sometimes the confusion reaches such a degree that the person loses his own identity, and with this disoriented condition there is often a state of mental depression in which the patient cries, refuses food perhaps, and is resistive toward those whose duty it is to

nurse and care for him. In such cases a careful examination of the abdominal cavity will discover a dullness along the transverse colon, and perhaps also in the sigmoid or splenic flexures. The impaction is readily detected by palpation, if the person is thin; if the person is stout, deep pressure elicits a boggy feeling to the hand of the examiner. Such a condition may exist for a long time without the patient knowing that he is suffering from constipation. Evacuations may even be made daily, and yet an accumulation of feces continue in the region of the colon. The removal of this fecal accumulation is followed by a rapid improvement in the mental condition of the patient, and sometimes by a complete recovery. The following will illustrate such cases and the results obtained by the mechanical removal of the exciting cause.

Mr. A. —, sixty-seven years of age; one child; has been a successful business man; collegiate education; no insanity in the family as far as I am able to ascertain, but there are some instances of marked eccentricities in various members. His son is a profound scholar and recognized authority in his special line in the scientific world, but a man of eccentric dress and cherishes peculiar opinions on religious subjects, which are in conflict with the beliefs of the majority of persons. The patient had always enjoyed good health until a few weeks before we were called to see him. During this period of ill health he became sleepless at night and unusually quiet during the day, less interested in his business, and did not desire to have his family around him. These symptoms had gradually grown more marked during the three weeks prior to my visit. Upon my visit I found the patient in bed, disinclined to talk, but after considerable urging answered a few questions which could be replied to by yes or no. He was antagonistic to his family, and when his wife entered the room turned his back toward her and pulled the bed-clothing over his head, and refused absolutely to answer questions while she remained in the room. He had the same antipathy to his son. He was in a house which he had owned and lived in for many years, but did not recognize his surroundings; would sit up in bed and demand of his nurse that he be taken home immediately. Patient was very restless, tossing in bed or rising and wanting to walk up and down the room; would not put on proper night-clothes, but insisted on wearing his ordinary day underclothing; occasionally would have spells of anger, when he would talk very rapidly, use profane language, and gesticulate in an excited manner. After demanding to be taken home would burst into tears and cry most bitterly. A careful examination of



the abdomen disclosed a line of dullness over the region of the transverse colon, and with it a feeling of bogginess in the left iliac fossa. This examination was accompanied by resistance on the part of the patient, who stated that there was nothing the matter with his abdomen, and that he had not been constipated in forty years. I directed that he receive an ounce of castor oil and an ounce of sweet oil mixed, and that after three hours he should be given a high enema of at least three quarts of soapsuds, to which a small amount of glycerin should be added. My instructions were carefully obeyed, and on my return to the patient that evening I found that he had passed an immense amount of hard, dry, intensely offensive fæces. Immediately after the removal of the fæces the patient went to sleep; in about two hours he awoke, and his mind seemed quite clear. I saw him again the next morning, and as far as I was able to detect his mind was normal. He could recall the delusions from which he suffered, and apologized to his wife and son for his conduct. The day following there was a slight return of the mental depression, but none of the delusions appeared. A flushing of the colon removed this symptom. There was no further difficulty, and in about ten days this gentleman was able to return to his business with his mind as clear and bright as ever. This was several years ago, and there has been no return of his mental difficulty since. However, he keeps a very careful watch on the condition of his bowels, and flushes them whenever there is a tendency toward constipation.

Mrs. B—, aged forty-six years; passed the climacteric; never had had any children; has been more or less sick for a year; has not suffered from any diseases, but seemed to be weak, became tired easily, and frequently suffered pains in various parts of the body. In other words, she has probably been anæmic for a year or more. During the month or six weeks previous to my visit her family noticed that there had been a gradual change going on in her disposition and in her habits—that she had lost her cheerfulness, that she was no longer industrious, and that the small domestic duties which fell to her share were a great burden to her. Gradually she became more and more reticent, and finally refused to talk or to recognize those about her. Upon my visit I found the patient in bed, with her eyes tightly closed and her muscles in a state of tension over the entire body. She would not eat, and resisted every effort made to care for her; she would not reply to any question, but kept up a constant muttering. Once or twice a day she would have periods when she would shake off this lethargy, and sit up in bed gesticulating violently,

screaming loudly at the ceiling, and acting as if she was frightened at some visual hallucinations; and she did not know where she was and failed to recognize members of her family about her. An examination disclosed the fact that this lady likewise had impaction in the transverse colon. Her tongue was loaded with a thick coat, and her breath was intensely offensive. We advised an evacuation of the colon, which was followed by an immediate improvement in her condition. The mental confusion continued, but the patient was less resistive, less violent, and evidently had discovered where she was and who was trying to take care of her. It was necessary to clean out the colon several times during the ten days following before the patient's mind was entirely restored, but each time that a high flush was given an improvement was observed. The after-treatment was directed to improving her general physical health, relieving the anæmic condition, and encouraging a growth of fat. The patient eventually made a complete recovery, and has now been well for about five years.

G. C—, eighteen years of age; a student in the high school; no hereditary history of insanity. This patient had an attack of pneumonia about three months prior to his mental difficulty. He made a good recovery, but was ambitious to return to his school-work, and was allowed to do so before he was strong enough. According to the history related by his parents, this young man became depressed about ten days before my visit. This depression was noticed coming on gradually, perhaps during the previous month. He was in a terribly depressed state when we saw him, wringing his hands and crying, looking sideways with an air of suspicion at every one who approached him. He refused to eat through fear of being poisoned. Most of the time he lay quietly in bed, crying bitterly, but upon several occasions he made attempts to escape. At such times he was violent, fighting and trying to bite those who restrained him. This patient was so restless and resistive that he was difficult to examine. The ordinary remedies were at first tried, but had no effect upon him; in fact, he gradually grew worse. After a few days' study, the administration of apparently indicated remedies, and careful nursing, we ordered the colon flushed, preceded by the usual dose of castor oil and sweet oil. There was a large movement following the use of these mechanical devices, and a marked change for the better immediately began. The flushing was repeated every two or three days for about ten days. Mentally he continued to improve steadily from the first evacuation, and in a month he was able to return to

school better than he had been at any time since the attack of pneumonia.

Other cases might be presented to illustrate this treatment, but perhaps the above will suffice to show you how cases of insanity depending upon the absorption of toxins may be relieved by removing the material from which the toxins are absorbed.—*New Pacific Coast Journal of Homœopathy*, Aug., 1906.

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#### A PATHETIC STORY.

LADY (to man at the bookstall)—I want an entertaining novel to read in the train. I would like the style to be rather pathetic, too.

Bookvender—Will the "Last Days of Pompeii" do?

Lady—Pompeii? I never heard of him. What did he die of?

Bookvender—I am not sure; I think it was some kind of an eruption.—*Homœopathic Envoy*, Sept., 1906.

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#### OBITUARY.

##### THOMAS SKINNER, M.D. (ST. AND.)

WE much regret to have to record the death of Dr. Thomas Skinner, of London, which took place on the 11th of September, at the advanced age of 81. Dr. Skinner had been in his usual health up till a few days before his death, and had just returned from Malvern. While there he slipped in the street from a banana skin, and fell down, though at the time he did not seem to have suffered from the fall to any serious extent. He returned home on Friday, the 7th, and on Sunday serious symptoms developed, and he passed away on Tuesday morning, the 11th.

Dr. Skinner was born on August 11th, 1825, and had thus completed 81 years when he died. He was the son of Mr. John Robert Skinner, W.S., of Edinburgh. He was educated in Edinburgh, passed L.R.C.S. Edin. in 1853, and in 1857 he took the M.D. degree at St. Andrews. When a student he gained the Simpsonian Gold Medal of the University of Edinburgh. After practising about three years in Dumfriesshire he became the private assistant to Sir James Y. Simpson in Edinburgh. After this he settled in Liverpool, where he had a large and influential practice, chiefly as a gynæcologist, holding the appointment of Obstetric Physician to the Liverpool Lying-in Hospital and Dispensary. About 1881 he

removed to London, where he practised as a consultant, chiefly in gynæcology, till the time of his death. He was a Corresponding Member of the American Institute of Homœopathy, and for a short time was Physician to the London Homœopathic Hospital.

The mode or history of conversion from allopathy to homœopathy of any one of our colleagues is always interesting, and very different in each individual from that of another, according to "the way he is built." That of Dr. Skinner is particularly interesting and instructive. In his, if we are not mistaken, only published work on homœopathy and gynæcology, viz., *Homœopathy; in its Relation to the Diseases of Females, or Gynæcology* first published in 1875, he says: "During my career as a physician I have always taken a decided stand against homœopathy and its practitioners, believing, as I did most sincerely, that Hahnemann and his followers were not only deceived, but in turn they were deceivers. The whole system seemed to me, in my then profound ignorance of the subject, so preposterous, and so far beyond the bounds of human credibility and reason, as that no ordinary thoughtsman could be blamed if he refused to give it even a hearing, far less to take the system into his serious consideration. I was one of the physicians in Liverpool who took an active part in persecuting or attempting to put down homœopathy—to stamp it out, in fact. Like the great Apostle to the Gentiles, who, before his conversion to Christianity, persecuted the Church and kicked against the pricks, I have persecuted the truth in another form, and I now, with bent knees, exclaim *Peccavi*, and trust to be forgiven. . . . So great was my abhorrence of homœopathy, and so determined was I to put it down, I was instrumental not only in passing, but also in perpetuating, the most illiberal law that ever was made by a profession styling itself 'liberal.' The law is still existing, I believe, as one of the code of laws of the Liverpool Medical Institution, and is as follows: 'The Liverpool Medical Institution shall consist of physicians, surgeons, and other legally qualified practitioners; but no one practising homœopathy shall be eligible either as a member of the institution or as a subscriber to the library; and any member or subscriber who may become a practitioner of homœopathy shall cease to belong to the institution.' (*Laws and Regulations of the Liverpool Medical Institution. Law II. 1861.*) As the existence of this law was tantamount to drawing up and signing my own death-warrant, I resigned my membership." In his ignorant and violent opposition to homœopathy, he was much influenced by the personal fascination

and genius of Sir James Y. Simpson, whose private assistant he became, as we have already mentioned. What Dr. Skinner now says of Simpson is worth recording. "So far as Sir James Simpson was capable of investigating the works of Hahnemann, he did investigate them in his own peculiar way—no quarter. He examined them as a *litterateur* and a rival, never as a genuine truth-seeker or truth-lover ought to have done. He never tried the practice on the smallest scale, except to ridicule it. . . . If every new truth or discovery were investigated in the manner in which Sir James investigated homœopathy, no other result could ensue but a wilful closing of our eyes to the truth. If any one will peruse Sir James' *Homœopathy; its Tenets and Tendencies*. Edin., 1853, he cannot fail to observe that the reigning passion in the author's mind is not the sober, unbiassed investigation of truth, but a thorough determination to prove the discoverer of homœopathy not only as deceived but next to insane and a deceiver, and his entire system nothing but the baseless fabric of a vision. Having a great idea of the capability of Sir James Simpson for the investigation of medical science, and being for the time spell-bound by the greatness and power of his genius, which I fully acknowledge, I took his reply to Hahnemann and his works as a complete settlement of the question. Sir James Simpson and Samuel Hahnemann are both in their graves, but not so homœopathy, which is only commencing to bud and develop, for *magna est veritas, et prevalebit.*"

Having thus seen the violent and uncompromising attitude of Dr. Skinner towards homœopathy, and his subsequent entire conversion and action, analogous to that of St. Paul in regard to Christianity, let us see how this remarkable change took place.

In the early "seventies" Dr. Berridge wrote to him about a place he had visited in America. Dr. Skinner replied, asking in turn what homœopathy really was. He said he had heard in America of one or two good cures, but that homœopathy as he understood it to be practised in Liverpool was "rather mixed." He had been a chronic invalid for at least three years. In his own words he says: "For at least three years I had been perfectly *hors de combat* in so far as the practice of my profession was concerned. During twenty-one months of that time I had never experienced more than two hours of sleep in fourteen days, and more than once I have been as much as six weeks without knowing what it was to be one moment unconscious day and night. At the same time I was suffering from habitual constipation and

terrible acidity of stomach, with bodily and mental anguish unutterable. I repeat, allopathic medicine was powerless except to aggravate my sufferings. At last, after years of travel by land and sea, which greatly improved my general health, I was introduced, in a very remarkable way, to Dr. Edward William Berridge, under whose kind and skilful treatment I have steadily improved ever since. In fact, he not only cured me, but he first converted me and instructed me in the genuine theory and practice of homœopathy as practised by Hahnemann himself; and, strange to add, I had only had an opportunity of seeing or of speaking with Dr. Berridge for two hours or so in my whole life, and that was in my own house. All my instruction has been maintained by means of epistolary correspondence with him, and scores of long letters have passed between us. It may be interesting to note that I was cured of the constipation, the acid dyspepsia (which I have had all my life), my sleeplessness, deficient assimilation, and general debility, and restored to a life of usefulness, and full vigour of body and mind, by a few doses of the *millionth potency of sulphur*, prepared by Dr. Boericke, of Philadelphia. To give the indications for the selection of the remedy would be too tedious a task. I shall never forget the marvellous change which the first dose effected in a few weeks, especially the rolling away, as it were, of a dense and heavy cloud from my mind. It will be a sad day for me when I cease to remember with gratitude how much I owe to Dr. Berridge, not only for my restoration to health, and enabling me to follow my professional vocation, but also for most that I do know of the doctrines and practice of Hahnemannian medicine." This was an *argumentum ad hominum* which no one with an honest, open mind could resist. Dr. Berridge advised him to get *The Organon*, a small *Materia Medica* and repertory, two or three dozen remedies in the 30th dilution, and to give them whenever he felt sure he had found the simillimum, but not otherwise. Dr. Skinner found his remedies successful, and after practising secretly for some time he publicly avowed his change of views and practice. from which he never swerved in the smallest degree as long as he lived.

Dr. Skinner was really a remarkable man, full of the Scots *perferendum ingenium*, decided and straight to the backbone. When he thought he was right, he was not afraid or ashamed to say so openly, and to give reasons for the faith that was in him, and when convinced that he was wrong he had the manly courage to admit it, and act accordingly. Such a man it is a pleasure to meet and to hear of, and it does

one good to dwell upon such characteristics, and to endeavour to follow such a brilliant example.

Dr. Skinner was known for his preference for high dilutions, and, judging from his practice and writings, he always used them instead of the low ones, finding more success from them. But he was very broad in his views as to dilutions, maintaining strongly that there ought not to be two schools of homœopathy—those of the high and low dilutionists—but one great school of homœopathy, in which every man should be free to use what he found best and most successful, and admitting at the same time that low dilutions or even mother tinctures were often excellent for cure-purposes. In his preference for high dilutions, he invented a “Fluxion” potency machine, which is well known by his name, and is used at the present day by some. In connection with this machine, and as an example of his “cock-sureness” when he thought he was right, and yet his willingness to admit having made a mistake, we know that a correspondent wrote to him after he published his method and its results in a journal called *The Organon*, of which he was principal editor for about two years. This correspondent pointed out to him that, from his own showing, the resultant of his dilutions was far other than he made them out to be—in fact, infinitely lower. He replied, rather angrily, at the possibility of his being wrong. The correspondent again wrote, reiterating his contention more fully. Dr. Skinner replied more calmly, and said he would refer the whole details to a friend, an accountant, by whose decision he would abide. This friend gave his verdict against Dr. Skinner, and that the correspondent was right. Dr. Skinner at once wrote to say what the accountant friend had found, and apologized for what he had said in haste.

In his book which we have already alluded to—“Homœopathy and Gynæcology”—Dr. Skinner specially contended for the necessity of constitutional treatment of women’s diseases, which are so often, especially in the old school, treated as merely local, and on the uselessness, or hurtfulness, of any form of mechanical support. In his long period of homœopathic practice he was able to say that he had never once required to use a pessary of any sort, or any local application excepting hot water, and even that only occasionally.

For about a couple of years, as we have said, Dr. Skinner was principal editor of a journal called *The Organon*. This journal, however, after a short existence, died a natural death.

Dr. Skinner was twice married, and had a son and daughter. We offer our warm sympathy to his widow and to the family in this great affliction.

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Communications have been received from Dr. BURFORD, Mr. J. M. WYBORN, Mr. F. KING, Mr. E. A. ATTWOOD (London), Dr. D. N. RAY (Calcutta), Dr. JOHN D. HAYWARD (Liverpool), Dr. HARLAN WELLS (Philadelphia), Dr. BELLOWES (Boston).

\*.\* DR. MUNSTER, of 3, Oakfield Road, Croydon, has removed to Hollywood, 109, St. James' Road, Croydon, opposite Oakfield Road.

Dr. C. E. WHEELER has come to London, and taken consulting rooms at 5, Devonshire Street, W.

## BOOKS RECEIVED.

*Treatise on Cholera*, by Dr. D. N. Ray, Calcutta. *Annual Report of the Hon. Medical and Surgical Hospital, Pittsburg, 1905-1906*. *Before and after Surgical Operations*, by Dean T. Smith, M.D., Philadelphia. *Indications for Operation in Diseases of the Internal Organs*, by Prof. H. Schlesinger, M.D., translated by K. W. Monsarrat, M.B. Bristol: John Wright & Co. *The Test Drug-Proving of the O. O. and L. Society*, by Dr. Howard P. Bellows, Boston.

*Homœopathic World*, September. *Vaccination Inquirer*, September. *Calcutta Journal of Medicine*, July. *Chambers's Journal*, October. *Indian Homœopathic Review*, July. *Medical Century*, September. *The Chironian*, August. *Medical Brief*, September. *St. Louis Medical Review*, August 18, 25, September 1, 8. *Homœopathic Recorder*, August. *University Homœopathic Observer*, August. *Homœopathic Envoy*, September. *Hahnemannian Monthly*, September. *New Pacific Coast Journal of Homœopathy*, August. *North American Journal of Homœopathy*, September. *Medical Times (N.Y.)*, September. *Allgemeine Homœopathische Zeitung*, August 23, September 6, 20. *Homœopathische Monatsblätter*, September. *Homœopathische Maandblad*, September. *La Clinique*, August. *L'Art Médical*, August. *Annaes de Med. Hom.*, March. *Revista Homœopathica do Parana*, August. *Boletin del Hosp. Hom.*, Barcelona, April to June.

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.

WANTED: A PRINCIPLE.

IN our leader for last month, we noted, once more, the progress that the doctrines of Hahnemann were making among the members of the old school, and we quoted a really remarkable paper by DR. N. SISCA, of Queensland, from the *Medical Brief*, under the title of "Homœopathy *versus* Allopathy." We come again to the same journal, the *Medical Brief*, as in the September number we find an article of a different type, but none the less interesting, as an illustration of the steady progress that homœopathy is making, as it is bound to do. This paper, entitled "The Therapeutics of Arsenic," though published in America, and "written for the *Medical Brief*," comes from England, and from the pen of a near neighbour, FREDERICK NORMAN, M.D., F.R.C.S., D.P.H., Surgeon to the Camberwell Dispensary.

In this article DR. NORMAN gives some remarks on arsenic in general, which it is unnecessary to quote, and then on the value of arsenic in psoriasis and chronic eczema. It may, perhaps, seem unnecessary to show from the provings that, though arsenic is used largely by the old school in both these skin eruptions, it is in reality homœopathic to them. But this fact is well known to homœopaths, and the drug was accordingly used by them long

before it became the fashionable remedy in allopathy. One need only be reminded of the skin developments discovered to be the results of arsenic, in the cases of disease recently brought to light round Manchester, and supposed to be due to the imbibition of beer. But, as we have said, arsenic has now been so long made use of therapeutically by the old school in chronic skin diseases, that it will be, as a matter of course, broadly denied that homœopathy has anything to say in the matter. It is a curious coincidence, however—shall we call it so?—that while DR. NORMAN speaks of the value of arsenic in chronic forms of eczema, he says: “When the eczema is acute an increase of the disease is to be feared under arsenical treatment.” Why? The deponent sayeth not. The homœopath knows why. DR. NORMAN then speaks of the use of arsenic in phthisis, in chronic asthma, “including emphysema and bronchitis,” in diabetes mellitus, in “some diseases of the nervous system,” in epilepsy, in chronic rheumatic arthritis, in intermittent fever, in neuralgia, in chorea, in pernicious anæmia, and in cancer. These, for want of space, we pass by without further remarks, simply stating that the provings show that they are examples of homœopathy. It is also curious to note, in passing, that while DR. NORMAN praises the value of arsenic in asthma, “including emphysema and bronchitis,” he quotes MCCALL ANDERSON as saying that “he has so frequently seen bronchitis developed during an arsenic course as to have no doubt as to the cause of it.” Why this seeming contradiction? One would have thought that, on allopathic doctrine, arsenic would have been distinctly contra-indicated. But evolution of old ideas seems to be the order of the day in the old school.

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But the specially interesting feature of DR. NORMAN'S paper is the therapeutics of arsenic in gastro-intestinal affections. Before, however, we speak of this point, we must make one quotation. He says. “Scrofulous ophthalmia is another disease which often yields rapidly to a short course of arsenic. The redness of the margins of the eyelids disappears, as do the swelling and agglutination. The discharge of acrid tears, the sensitiveness to

light, and the inflammation of the conjunctiva abate. The ulcer of the cornea, which so commonly accompanies this disorder, is healed, and it puts a stop to lymph exudations, which are so frequent." What a curious similarity does this description bear to the pathogenetic effects of arsenic! Truly a remarkable coincidence! Why is this? On allopathic lines, arsenic is the very medicine contra-indicated in such a state. There must be *some* other principle involved, and called into play. Could it possibly be homœopathy, and the law of similars?

But now, with this query in our minds, let us look at DR. NORMAN'S experience in the therapeutic use of arsenic in gastro-intestinal affections. He says:—

"Arsenic is unquestionably of great service in chronic gastro-enteritis, the value being most evident when symptoms such as the following make their appearance: Irritation of the stomach, which ejects the food soon after it has been swallowed; pain and sense of oppression at the epigastrium, with flatulence and distention of the bowels, and usually the accompaniment of constipation or of diarrhœa; these diarrhœic stools are yellow, slimy, and perhaps purulent, and there is more or less tenesmus. The patient loses flesh, and suffers from dull pains in the head. The tongue is furred, white, or yellow, and the edges are red and irritable. The mouth and throat are dry, and the thirst is considerable. To improve this state of things the liquor arsenicalis is competent if administered in one drop doses, twice or thrice daily."

This is, indeed, very curious! The extraordinary coincidence between the diseased state that he describes and the well-known pathogenetic action of arsenic on the gastro-intestinal mucous membrane makes one rub one's eyes with astonishment, and ask what is the meaning of this remarkable coincidence. In our simplicity we should have thought that on allopathic lines arsenic would be the last remedy that an allopath would have thought of, much less used with success. Why is it?

DR. NORMAN then goes on as follows:—

"Not only in chronic inflammation but in ulceration of the mucous membrane of the stomach I have seen beneficial action on the part of arsenic. Under the influence of this medicine the progressive debility and

emaciation are frequently brought to an end ; the appetite returns ; the thirst disappears ; the vomiting of blood, commingled with thick, viscid, and glairy fluid, ceases entirely and the pain subsides. In a short period the patient grows strong and gains weight. The arsenic should be administered in the form of liquor arsenicalis, a drop dose thrice daily after each meal."

This is still more extraordinary ! Who would have thought that an allopath could possibly bring himself to prescribe such a remedy as arsenic in the case described, and actually with marked success ? Why is it ? we are again constrained to ask. We go on in wonder, and next find DR. NORMAN speaking thus :—

"Arsenic is useful in chronic gastric catarrh. When the symptoms which the patient presents are oppression and discomfort after eating, with a sensation of weakness and emptiness at the pit of the stomach, great thirst, offensive breath ; white, yellow, or red tongue, the tip and the edges at the same time red and irritable ; flatulent eructations ; pyrosis, vomiting of a glairy fluid after meals or early in the morning ; coldness of the extremities, and emaciation. In this disorder arsenic is a medicine of singular value. When chronic gastritis co-exists with emphysema or with chronic bronchitis, or with phthisis, arsenic always gives relief to each."

What are we to say ? We can only repeat our surprise, and ask again, Why ? and in doing so, we note with astonishment DR. NORMAN'S remark that when "chronic gastritis co-exists with chronic bronchitis," "arsenic always gives relief," while in an earlier part of his paper he states, as we have already quoted, that "MCCALL ANDERSON says that he has so frequently seen bronchitis developed during an arsenic course as to have no doubt as to the cause of it." We cannot again refrain from asking. Why is this ?

Next let us see what DR. NORMAN has to say of arsenic in diarrhœa, choleraic and otherwise. He writes :—

"Arsenic is useful in many forms of diarrhœa. To discuss the various modes of treating cholera is not my intention. In simple English cholera restricting the patient to a farinaceous diet, and the entire exclusion of solid food will generally suffice to bring about recovery.

Should the attack be of an obstinate character, then, while still observing the rules as to diet, a dose of five minims of the spiritus camphoræ, given in water two to four hours, may be relied upon." Why camphor? We were always under the impression that camphor was one of the chief homœopathic remedies in choleraic diarrhœa ever since the time of HAHNEMANN. "In cases of choleraic diarrhœa I give the preference to spirits of camphor, or to opium, the best preparation of which taken for the present purpose being Dover's powder in doses of two or three grains, repeated every two to four hours, according to circumstances. Should these remedies prove inefficient, I resort to arsenic, administering one or two minims every two to three hours. The symptoms to which this treatment applies may be thus described: There is considerable nausea, with retching and vomiting of mucus, bile, and blood; purging, in the form of watery stools, which are often whitish and odourless; the motions are flocculent and slimy, and often marked by blood; there is burning pain in the stomach and bowels; tenderness of the abdomen upon pressure, with tympanites, tenesmus, and faintness. The tongue is covered with a thick yellow fur; there is thirst; the mouth and throat are parched, and swallowing the smallest quantity of food excites vomiting. The respiration is quickened; the features become pinched and sunken, and the countenance wears an anxious expression, the pulse is frequent, small, and irregular; cold sweats, with painful cramps of the extremities are attendants, with spasmodic contractions of the muscles, especially those of the calves of the legs; the surface of the body acquires a bluish tinge, and the secretion of urine becomes scanty or nearly suppressed. The preparation used under these circumstances is the liquor arsenicalis, the dose being one minim in arrowroot-water every one or two hours. The stage of the disease in which this treatment proves most effectual is that marked by collapse. Convalescence is generally slow."

The above quotation quite takes our breath away. The picture given of the case of choleraic diarrhœa is a very full statement of the pathogenetic action of arsenic. Where has this come from? And yet, with the action of arsenic so closely resembling an attack of cholera, or choleraic diarrhœa—a telling illustration of "look on this picture

and on that"—DR. NORMAN prescribes it, and finds it so successful that he publishes his results. Why is this? we again ask. The coincidence of the disease picture with that of arsenic is really a very remarkable one. One would have thought that with allopathic views, arsenic would, as we have already suggested, be about the very last medicine he would have thought of. It is curious, and especially when he ends the paragraph quoted by saying that "the stage of the disease in which this treatment proves most effectual is that marked by collapse." Very curious indeed. After this we are not in the least surprised to find our author adding:—

"In cholera infantum, drop doses of the liquor arsenicalis have a truly excellent result. While suffering from the complaint the child looks pale and emaciated; it has little desire for food, the motions are brown and offensive, and have an admixture of blood; there is also usually tenesmus, especially if there be œdema of the face or of the extremities."

In the above, "œdema of the face or of the extremities" is noted as an indication for arsenic. This is quite interesting, as we know that these very conditions are caused by arsenic—a contra-indication, one would have thought, for the drug. The doses given are unnecessarily large, but DR. NORMAN advises arsenic to be given *after* meals, when, as we know, it is mixed with the food, and larger doses can then be taken than if given on an empty stomach, as homœopaths do.

He also says "that it (arsenic) gives genuine help in cases of *cancer of the stomach* (the italics are ours), and in cancer of the breast and uterus may be confidently declared." After reading the previous extracts, we can quite understand this statement, though at the same time we are, so to speak, surprised, "a little, just a little."

Finally, he closes with this consoling remark: "In the absence of adventitious aid he (the physician) must rely on his own practical knowledge, a department of the science of medicine too often neglected."

And all this remarkable therapeutics is, we are led to suppose, from DR. NORMAN'S "own practical knowledge,"

a practical knowledge which is an absolute contradiction of all allopathic teaching. We have described his experience, "the result," we are told in the beginning of his paper, "of many years' experience and observation," once and again as "curious." It is curious, but curious only to every one who is not a homœopath. We have also spoken of the remarkable "coincidences" between the similarity of the drug effects and those of the disease cured, but everyone knows that where this similarity is found to exist in the entire action of a given drug, and still more in that of every known drug, the word "coincidence" is not the word at all applicable, and is, in fact, absurd. The similarity becomes, then, an illustration of a great law, which stands as the connecting link between disease symptoms, and drug action. What we want, therefore, is not a mere statement of "tips" from the "practical knowledge" of any man, but the enunciation, or if our friends of the old school prefer it, the suggestion, of some *principle* which will explain satisfactorily these remarkable departures from allopathic teaching. Not only are they departures from such teaching, but they are directly and essentially opposed to it. All explanations of a *quasi* scientific description are useless to alter the great fact that the disease and the drug show the most marked similarity the one to the other. Every explanation of such a fact is adduced that can be adduced, with the exception of the most clear and palpable one. The principle is that of *Similia Similibus*, and no other gives any rational clue to the remarkable harmony between the drug and the disease in question, and the consequent curative power of the drug in cases where, from an allopathic point of view, the treatment is utterly wrong. DR. NORMAN is on the horns of a dilemma. He either sees it plainly, with a result that one does not require to specify, or, he does not see it. The latter is difficult to conceive in the mind of a man who can write as he does, and whose "practical knowledge" led him to adopt such treatment, in preference to the old school traditional treatment. But, in all this paper, and in all the pure homœopathy which he praises and practises, there is no allusion to the remarkable similarity between the disease and the curative drug, no hint of the truth of homœopathy as expounded and

practised by himself, no suggestion of any workable principle or law to explain such similarity, no hint of the source of his information, barring an occasional mention of RINGER, and no allusion to HAHNEMANN or homœopaths, unless we include DR. RINGER among the latter. The absence of all this is too marked for any one to pass it by without wonder. There is no doubt that the law of similars is one of the great Divine gifts to man, if he will only make use of it, as DR. NORMAN does—a law which proves the existence of the Reign of Law in medicine, as well as in other subjects. And how can DR. NORMAN think that he is of any use in the spread of what he must know is the truth, if he studiously conceals the source of his knowledge, and of the great law which is at the bottom of it? Medicine will never progress on these lines. The homœopath is openly tabooed because he has the honesty to say that a spade is a spade, while men who evidently believe that the homœopaths are right, and who preach and practise in accordance with the law of similars, are left untouched, and are applauded, when they keep the great principle which underlies their “tips,” and the source of their information, to themselves. The ethical question is their business, and they can settle this with their conscience; but, to put it in the weakest light, it is not the way to advance medicine. Truth, to accomplish this end, must be fearlessly and openly stated, whatever the consequences, existing or dreaded. One must not be afraid of one’s own shadow, or of his neighbour’s, or of the results to his practice. but say what he thinks, as well as *do* what he thinks, when he knows it to be right. If homœopathy is rotten, let him say so, and not at the same time practise in accordance with its great law; but if he knows that it is true, and that the practical result only confirms him in this mind, let him have the manly courage to say so, and boldly enunciate the truth, and its practical success. It is positively melancholy in this twentieth century, and in a so-called liberal profession, in which benefit of the best type towards the public is its *raison d’être*, to have to write as we do, but it cannot be helped. The facts exist, and they must be boldly recognized and stated. We are not only fully justified, but bound to notice, from time to time, how steadily HAHNEMANN’S views are being adopted and



utilized by men in the old school, even though they have not the moral courage to point out the principle involved, or act on the professional obligation to state from where one derives one's information and "practical knowledge." We are, of course, delighted to see our principle practically acknowledged, and we know that the present condition of affairs cannot be long maintained by the old school. The truth will out, however much at present it is studiously—shall we say it?—covered up with rubbish, and dust wherever possible is thrown in the eyes of those who would wish to know more than is vouchsafed to them in the form of "tips," without any principle to explain them. It will come, and it must come. It cannot help itself, as truth is bound to be victorious in the end.

It would be well if DR. NORMAN and others of a similar type of mind would ponder the sagacious words of a well-known and broad-minded consulting physician of the old school, who says:—

"There are advantages in recognizing a just principle even when events are not ripe enough for its application, when it looks Utopian, and excites the derision of practical men; for it closely modifies feelings and ideas, acts as a solvent of prejudices, and, notwithstanding seemingly insuperable difficulties, tends by hardly perceptible degrees to its realization in action. The sincere recognition of it is, as it were, a prophecy which finally brings about its own fulfilment; the Utopian idea of one age becoming often the comonplace ideas of a succeeding age."

We would also commend DR. NORMAN's attention to the paper by DR. SISCA, of Queensland, quoted in our issue for October, in our leader entitled "Progress." He will there see how a thoughtful man of the old school can not only think for himself, but say what he thinks without fear. That is the way to advance therapeutics, and be of some little use in the world, and in one's profession.

THE SEVENTH QUINQUENNIAL INTERNATIONAL  
HOMŒOPATHIC CONGRESS.

HELD AT ATLANTIC CITY U.S.A., SEPT. 10-15, 1906.

By GEORGE BURFORD, M.B.,

Senior Physician for Diseases of Women to the Lond. Hom. Hosp. ;  
One of the Delegates to the Congress from the British  
Homœopathic Association.

PART II.

AN AMERICAN VISITATION AND ITS CLEAR ISSUE.

“ WAKE UP, JOHN BULL ” !

THE moral of the Congress—why condense into sentences that which looms large in every record of every sitting ? Beside, who can set down and enumerate in a cold, prosaic way the varied currents of thought indicative of public opinion in the making ? There, developing before us, was the visible daily fixation of-opinion, hitherto diffident, on such topics as so-called “ amalgamation.” There was the increasing daily emergence into practical politics of hitherto academic wishes such as the consolidation of Homœopathy into a World-Interest. Hither and thither the currents of thought on the technical subjects of the hour came and passed. Alike in private conversation and in full-dress debate, many subjects in homœopathic science and homœopathic politics were canvassed by acute intellects. But throughout the whole Congress the note was high and clear on these two subjects—No Amalgamation ! and, Homœopathy for the World !

To President Green, in his official address before the American Institute of Homœopathy at Atlantic City, was due the clear enunciation of the policy “ *non possumus* ” as regards amalgamation. The course thus marked was at once seen to be the right course and the strong course. As day succeeded day, the evidence was clear that the whole assembly had practically homologated this political canon ; not one dissentient voice was heard. Without being raised as an official question, this instruction silently received the *imprimatur* of the Congress. Well worth while was it to set the whole machinery of the Congress in motion, to call *confrères* from distant lands, if only to clear the air on this vital subject, and decline a proffered

intellectual peace at the modest price of intellectual death. For new "amalgamation" is but old "extinction" writ large.

To Honorary President John H. Clarke was due the initial sounding of the clear call to consider homœopathic affairs henceforth on the high plane of a World-Interest. From his response for the foreign delegates this *motif* was absorbed into the whole of the proceedings of the Congress. That it had hit the psychological moment was evident. The foreign reports, with their relevant detail, gave the theme solid backing, nay, lent a certain insistency to the view. The Inter-state Committee's Report showed the integration of the corporate homœopathic interests of the United States. What is done in America vitally affects England; what is done in England sets the Continent in motion. Australian progress calls for professional influx from outside; the great Asiatic countries require peaceful penetration by Western homœopathic pioneers. "Each for all and all for each" is henceforth the altruistic watchword of our medical statesmanship.

But "*alle gute Dinge sind Drei*" says the German proverb, and to these two distinctive notes of the Congress came a no less important third.

Most notable to the stranger and foreigner was the obvious consciousness of the American brethren that they were an important medical factor in the State; that their debates and their decisions were no mere unconsidered trifles, but took a place, and a prominent place, in the doings of Triumphant Democracy. It was this sense of assurance that with them homœopathy was rapidly taking the lead, and would soon sweep the field, that seemed to pervade their meetings with assurance, and importance, and power. This conscious note of power was entrancing; and for the foreign delegates, whose domicile is in the cold shade of opposition, it was as though they had suddenly come into another planet. These three cardinal points characterized the informing spirit of the Congress. Homœopathic science and homœopathic politics have alike registered a notable advance from its deliberations.

#### PRESENTATION OF A LOVING-CUP TO DR. BIGGAR.

Our American *confrères* are no believers in the jejune ascription of tombstone virtues, but delight to do honour

to the hero alive. Thus it fell that twenty-five of the principal homœopathic personalities in America united to pay respect to one of the Nestors of Homœopathy, Dr. Hamilton Fisk Biggar, in the form of a complimentary dinner, and the presentation of a superb loving-cup inscribed with the names of the donors. This took place on the first evening of the Congress week; the programme for the dinner was an elaborate and æsthetic booklet, with a photogravure of the doctor on the cover. The speech list itself was no bald enumeration, but a spirited literary *consommé* of assignment and felicitous quotation.

The foremost men and the most brilliant speakers in American homœopathy made the gathering one of extraordinary interest. To Dr. Horace Packard, of Boston, was delegated the presentation, which he made with eloquence and simplicity. Dr. Biggar received the valuable token of the respect of his fellows with emotion, and acknowledged the presentation, and all that it implied, in a charming manner.

That they do these things better over the water is clear: we might with advantage show more of this "outward and visible sign" of respect to certain of our own *patres conscripti*; for leaders are many-sided, and require encouragement as well as criticism. Why not such a tactful and deserved expression of regard to our own men before they fall out? How much would it not have been appreciated by such front-rank men as Dudgeon, Pope, or A. C. Clifton? And if we look round for present examples, there are the editors of our journals, to commence with.

Now to pick up the threads of our narrative concerning a Post-Congressional Visitation of certain homœopathic seats of learning.

#### PHILADELPHIA.

Saturday of the Congress week saw us "off to Philadelphia," in response to a long-standing and repeated invitation of Prof. Van Lennep, whose hospitality during the meetings was much appreciated by English visitors. I have delayed allusion to the individualities of my Philadelphia friends, that I might give their vignettes *in situ*. Of Dr. Van Lennep "Nature might stand up and say to all the world, This was a Man." A charming and

attractive personality, an accomplished and renowned surgeon, the Professor is a splendid example of the broad school in homœopathy. Nature in moulding him has fashioned mind and matter after a large model. Well was it so, for the status and progress of the Philadelphia Homœopathic Hospital, surgical side, are intimately bound up with Prof. Van Lennep's initiative and public spirit. We were invited to lunch with our host at the celebrated Union League Club, where our colleague, Dr. Edwin Neatby, joined us. Thereafter we made the visitation of the Homœopathic Hospital and Medical School, personally conducted by Dr. Van Lennep.

This renowned centre of homœopathic teaching has as its academic part a college fully equipped for the entire medical curriculum. The faculty consists of some eighty professors, associate professors, and demonstrators, and on the Roll, past and present, are some of the most brilliant names in American homœopathy. The finished product of this seat of learning is thus admirably described :—

“The successful graduation candidate will have conferred on him not only the degree of Doctor of Medicine . . . but also the degree of Doctor of Homœopathic Medicine, the College being authorized to confer both degrees by the provisions of its charter.”

Two hundred students are at present engaged here in qualifying for the double degree. This speaks volumes for the high reputation of the Philadelphia Medical College as an academic centre. The library includes the entire medical libraries of Dr. Constantine Hering, Dr. Neidhard, and others ; some 15,000 volumes adorn its shelves. The museum contains the exquisitely mounted pathological material prepared by Dr. Rufus B. Weaver. Here also is the doctor's world-famous dissection of the complete nervous system, familiarly known as “Harriet,” this being the life-cognomen of its former owner.

Even more living and growing is the clinical side of the school, represented by the Hahnemann Hospital and its adjuncts. This hospital has long ago solved the problem of an Institution providing homœopathic professional attendance and homœopathic nursing for the well-to-do classes under the same roof as the poorer brethren. Eleven wards in all—the bulk of the hospital—are given over to

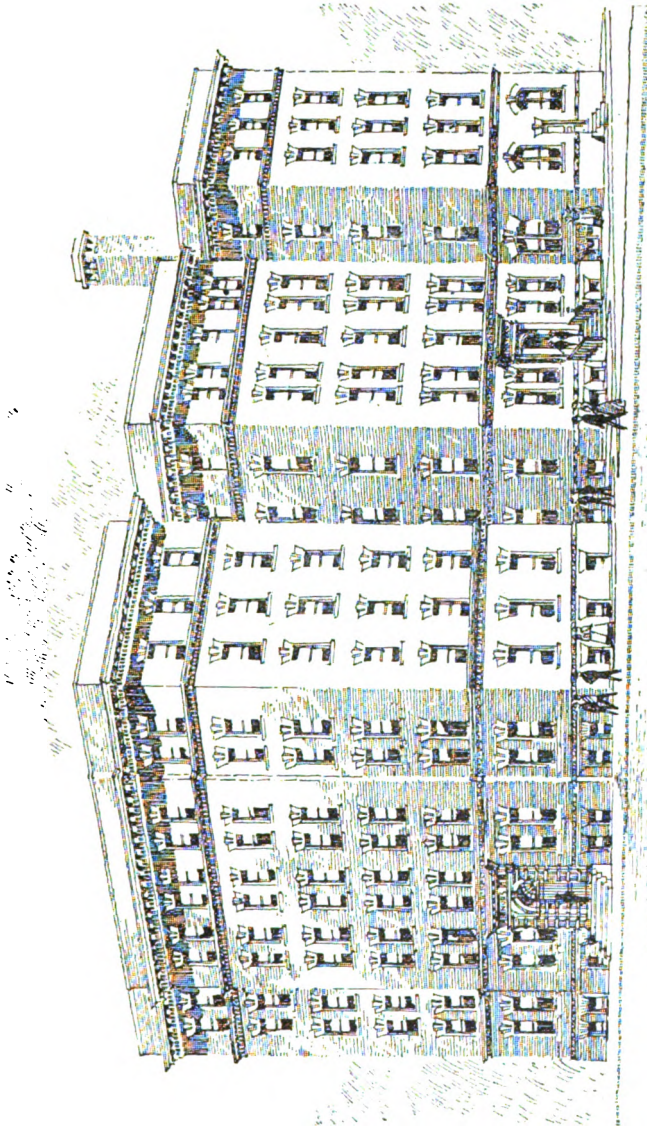
the free service of the poor : the remainder are distributed in private wards for paying patients. Thus the elaborate and expensive armamentum of a great hospital equipment in full and perfect working order is also utilized for the necessities of the well-to-do part of the community, whose place in the State is quite as important as that of the proletariat. This practical example should stimulate us even late in the day to a similar provision.

We have previously spoken of the value of a paper read by Dr. James, at Atlantic City, on " Uterine Hæmorrhage " ; and now we met the Professor of Gynæcology at home in his own clinic. Prof. James had with much courtesy arranged for two operations during our visit, and American gynæcology in its working hours was before us. Its anæsthetization is perfect ; no struggling, no vomiting, no lividity, no respiratory embarrassment, *no post-anæsthetic sickness*. The anæsthetist has to note every five minutes on a printed slip the essential details of his patient's condition—pulse, breathing, reflexes, etc. Perfection here is no trifle. The Professor is a dexterous operator, knows exactly what to do, and does it ; and his methods in these cases of bilateral tubal disease, and plastic operation for relaxed vaginal outlet, were most interesting to watch.

With the internal equipment of the Hospital, its multiplicity of receiving rooms, waiting rooms, anæsthetic rooms ; its splendid electrical department, including an enormous static apparatus ; its upper floor, given to research work ; its magnificent operating theatre, with an interior in solid marble ; the detached dressing rooms for surgeons and for nurses—with these, and many other evidences of an up-to-date hospital with an up-to-date staff, we were delighted.

The Philadelphia Hospital is nothing if not progressive, and there have been recently added to its establishment the three buildings here depicted—the Nurses' Building, the Maternity Building, and the Power House. But " Excelsior " is the inspiring spirit still, and we understand that a new department for the ampler service of out-patients is now to be erected.

Now another striking personality came on the scene, as representing the medical side. Prof. Clarence Bartlett,



NURSES' HOUSE (WITH ROOF GARDEN).

MATERNITY BUILDING.

POWER HOUSE.

NEW BUILDINGS OF THE HAHNEMANN HOSPITAL, PHILADELPHIA.

whose reputation as editor-in-chief of the *Hahnemannian Monthly* is known in both hemispheres, gave us paternal greeting. Professor Bartlett is the embodiment of the strenuous life. Of spare form and "nervy" personal equation, innate ability and notable capacity for work enable the Professor to discharge his duties as Physician to the Hospital, Professor of Clinical Medicine, Editor-in-chief of an important journal, and to meet all the demands of private practice—a totality which would suffice for any two ordinary men. Moreover, Prof. Bartlett's tastes are catholic. One of them enabled him to give the British delegates a perfectly delightful thirty-mile run in his automobile. Along the four-mile stretch of Broad Street, out into the heart of Pennsylvania, by the Schuylkill River, and finally home by the Delaware—that afternoon tour will long be green in the memory of the visitors.

Returning, we bade farewell to our colleague, Dr. Neatby, who was going up country; and again enjoyed Dr. Van Lennep's splendid hospitality at the Union League Club, where there met at dinner Dr. Bartlett, Dr. Tuller, Dr. J. H. Clarke, our host, and the writer. The Old World and the New freely exchanged ideas, expressed varied opinions, and generally delivered their souls on matters homœopathic, under the inspiring lead of the genial host, and the stimulating suggestiveness of a repast fit for Lucullus. Dr. Van Lennep and our fellow guests accompanied us to the railway station, and Dr. Clarke and myself bade good-bye to Philadelphia with the feelings of those who have spent "one crowded day of glorious life."

#### NEW YORK.

"Pleasantly rose the sun next morn on the city of New York." Well for us was it that it did so, for the whole day was solidly given, without break, to the visitation of as many of the New York homœopathic colleges and hospitals as could be compressed into the time.

On our outward journey on the *St. Paul* we had as fellow passenger Dr. F. M. Dearborn, then returning from a prolonged Continental tour. Dr. Dearborn is the accomplished son of a celebrated father. Whatever his hand finds to do he does with his might, and easily withal. for ability is writ large in all his doings. His standing in



his own speciality may be inferred from his public duties as Visiting Dermatologist to no fewer than eight of the chief homœopathic institutions of this city. On board the *St. Paul* Dr. Dearborn most kindly volunteered to do the homœopathic honours of New York for us on our arrival. To-day he lived well up to his promise.

*The New York Medical College and Hospital  
for Women.*

Our first visit was to the ornate building of the New York Medical College and Hospital for Women. This is a delightful institution, run mainly by women for women ; it has the whole equipment for a full collegiate course within its walls, while for a full clinical curriculum it allies itself with the Ophthalmic Hospital, the Laura Franklin Hospital for Children, and the enormous Metropolitan Hospital. Since its establishment in 1863 the College has graduated over three hundred and fifty women as qualified homœopathic practitioners. The Hospital is a compact, well-kept building, with the operating theatre on the top floor ; an electric lift supplies the various wards. The maternity department is especially interesting ; the babies occupy rooms apart from their mothers, and the arrangement works well. The acting hospital staff consists entirely of women. The consulting staff has an infusion of the masculine element. The specialists include various gentlemen from among the leading homœopathic experts of New York.

We were courteously received by the Resident, Dr. Boyce, who conducted us round, and gave every explanation regarding the administration of the institution.

*The Laura Franklin Free Hospital for Children.*

Dr. Dearborn next convoyed us to this institution—one that would inspire our friend Dr. Roberson Day with legitimate envy. This celebrated homœopathic hospital for children, containing over sixty beds, is throughout completely endowed, the endowment being in memory of Miss Laura Franklin Delano. Dr. Dearborn is Visiting Dermatologist to the hospital, and under his guidance, accompanied by the most able and courteous Lady

Superintendent, Miss Frances Lurkins, we made the tour of the hospital.

Wee specimens of black and white sick humanity are here received, the age limits being from two to twelve. Medical and surgical cases alike are admitted; the number of operations performed in the year ending September, 1905, was two hundred and eighty. Of these thirty-eight were osteotomies. The medical cases included seventeen of acute otitis media, sixteen of pneumonia and bronchopneumonia and pleurisy, eighteen of bronchitis, eleven of chorea, and fifteen of enteritis. The hospital is an exceedingly well appointed institution. One face of the building is supplied with verandahs, and here children enjoy open-air treatment, day and night, during the summer.

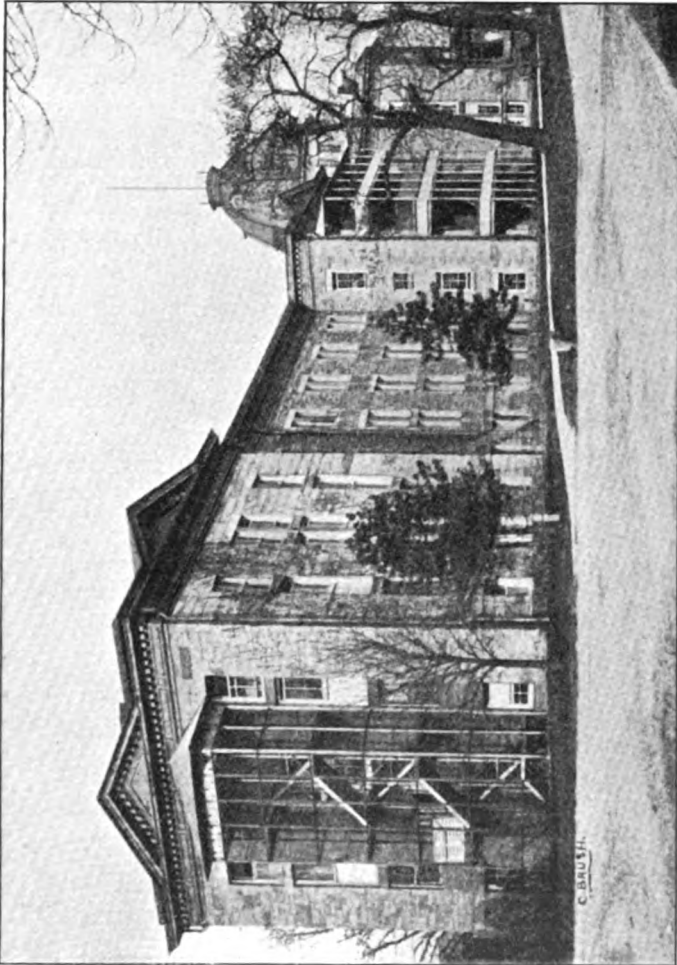
A special feature of the hospital is that it is a training school for professional nurses. To this end it is affiliated with other hospitals, and a two-and-a-half years' training is required ere examinations can be passed and a diploma given. Beside lecture courses, the nurses are specially instructed in massage and invalid cooking.

We were charmed with our visitation, and at its close the Lady Superintendent very kindly extended the hospitality of the establishment to us in the way of luncheon. To Miss Lurkins' capable management, we are informed, the success and progress of the hospital are largely due. Among other noticeable features of the hospital is a kindergarten, which is said to be a great success; the expenses are met by certain charitable ladies. In fine, this is an institution of which New York homœopathy may well be proud.

THE METROPOLITAN HOSPITAL ON  
BLACKWELL'S ISLAND.

*This hospital service has twelve hundred beds, a visiting and consulting staff of some sixty physicians and surgeons, and a resident staff of twenty-one qualified house physicians and house surgeons.*

This is the head and front of our public hospital service, for it is the largest homœopathic hospital in the world, beside being the largest General Hospital in New York City. Situate on Blackwell's Island, a spacious expanse between the East and West rivers, entirely given up to hospital



THE EAST WING, METROPOLITAN HOSPITAL OF NEW YORK.  
Total Number of Beds in Hospital, 1260.

work, it is an ideal locality for the reception and treatment of some ten thousand cases annually. This is a hospital supported by the State, and corresponding to our infirmaries; many cases of chronic disease are therefore treated there; all the lepers in New York State, for example, are sent hither. But the influx and efflux of patients is enormous, and the complaint is that the residence of patients there is often too short for complete cure. All medical and surgical cases, other than those of contagious disease, are received; all the specialities are represented *in excelsis*, and the clinical lectures and demonstrations given on all subjects by the multifarious staff are part of the official curriculum for medical students.

The plan of the hospital is in part on the central building, and in part on the detached pavilion system. To the former belong, for instance, the general medical and surgical wards, and the maternity and gynæcological departments; to the latter and newer the tuberculosis building, with its extensive solarium, the erysipelas pavilion, etc.

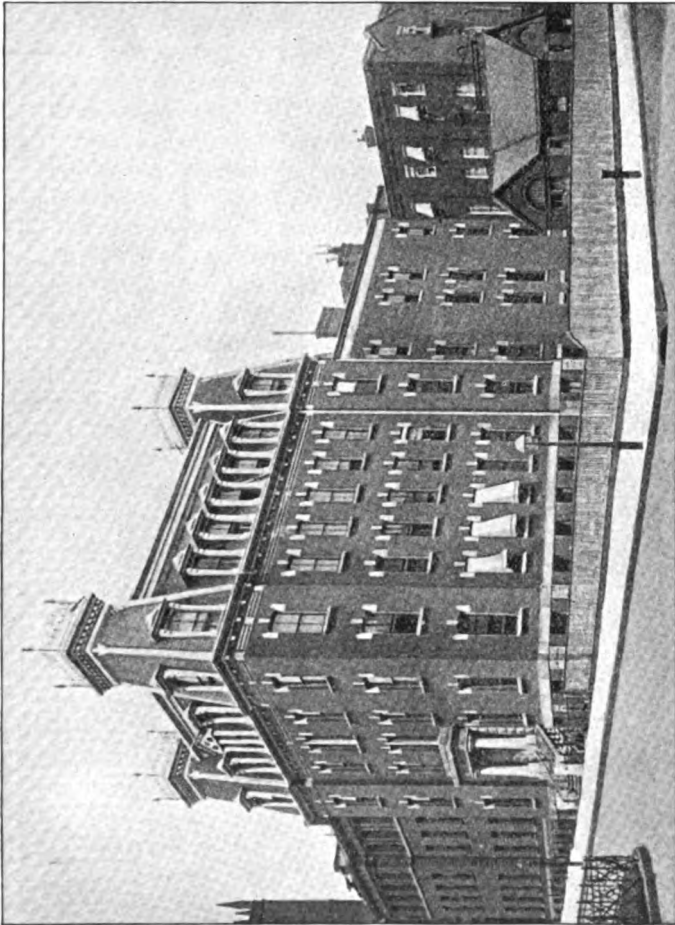
The electrical and X-ray department is the most completely equipped and the most extensive of any installations of its kind we have ever seen. The report states that it 'has been brought up to the highest standard attainable, according to present methods.'

The resources of this vast establishment are also utilized as a training school for nurses, of whom in this building there are no fewer than 141.

We offer our heartiest congratulations to our New York colleagues in that they have honourably won this high official position for homœopathy, and no less to New York City, in that it has led the way in ensuring the manifold blessings of homœopathic medicine for the poorer members of the commonwealth.

#### *The Hahnemann Hospital of the City of New York.*

In our day's visitation, this elegant and attractive hospital and its administrative methods interested us exceedingly. Here was the most considerable development of the paying principle among patients that our American experiences provided. The hospital is an extensive and beautifully equipped institution, thoroughly



THE HAHNEMANN HOSPITAL OF NEW YORK.

Number of Patients during past year 889; of these 633 were paying patients.—(1904 Report.)

up to date as concerning scientific appointments, and with the note of a well-worked and successful professional concern. It receives no State aid, and is entirely dependent on its own finance.

In the year 1904—the latest report available—eight hundred and eighty-nine medical, surgical, and maternity patients were admitted. Of these, six hundred and seventeen paid the full hospital charges, over and above what was due to the attending physician or surgeon. These hospital fees totalled during the year to not less than *twenty-five thousand five hundred dollars*.

The public service in the general wards was represented by two hundred and fifty-six patients, treated as free cases. The annual report gives the total hospital expenditure for the year as close upon thirty thousand dollars.

The demand on the beds of the hospital is greater than can be met, and medical and surgical cases were turned away for lack of room and beds to receive them.

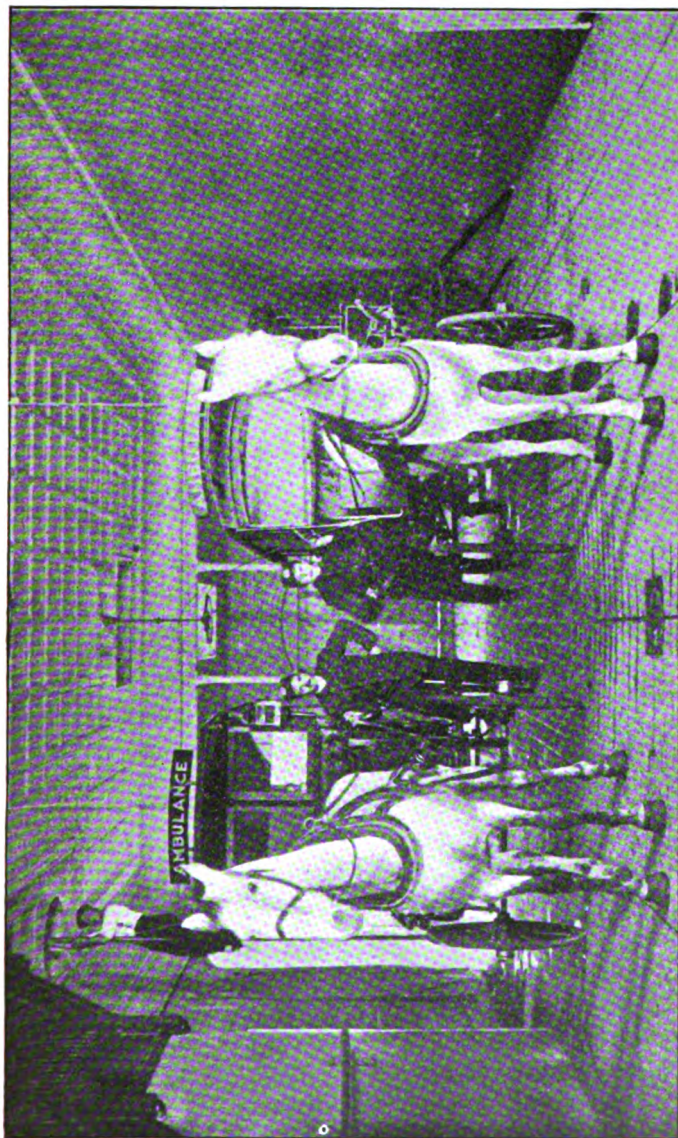
The professional work in the hospital is of the first order. Both the elaborate internal equipment of the building, as well as the statistical tables, assured us of this. The mortality during this year was 4·8 per cent, “which is very small on considering the severity of many of the surgical operations, and the condition of some of the medical cases.”

The administration of the Hahnemann Hospital, and its professional supervision, gave us the impression of having reached high-water mark.

### *The New York Homœopathic Medical College and Hospital.*

Here is the centre of New York's official training of medical students in the theory and practice of homœopathy. Other institutions in the public hospital service of New York are affiliated to this for clinical teaching purposes, but here is the academic *Alma Mater*, to whose inspiring spirit the greater number of homœopathic graduates of New York do homage.

The college is a large and handsome building, well equipped with lecture rooms, laboratories, and museums, corresponding to the necessities of the whole curriculum.



THE NEW YORK HOMEOPATHIC (FLOWER) HOSPITAL.  
Ambulance Service. Four Horses in Stall. Time from reception of call to starting of Ambulance, *Thirty Seconds.*

Its various laboratory installations, and, in particular, the physiological apparatus, are considered by the authorities as, "or the size of the classes, unsurpassed in the country." By way of example, the physiological apparatus was a duplicate of that used at Harvard University, and has since been supplemented by more from Berlin.

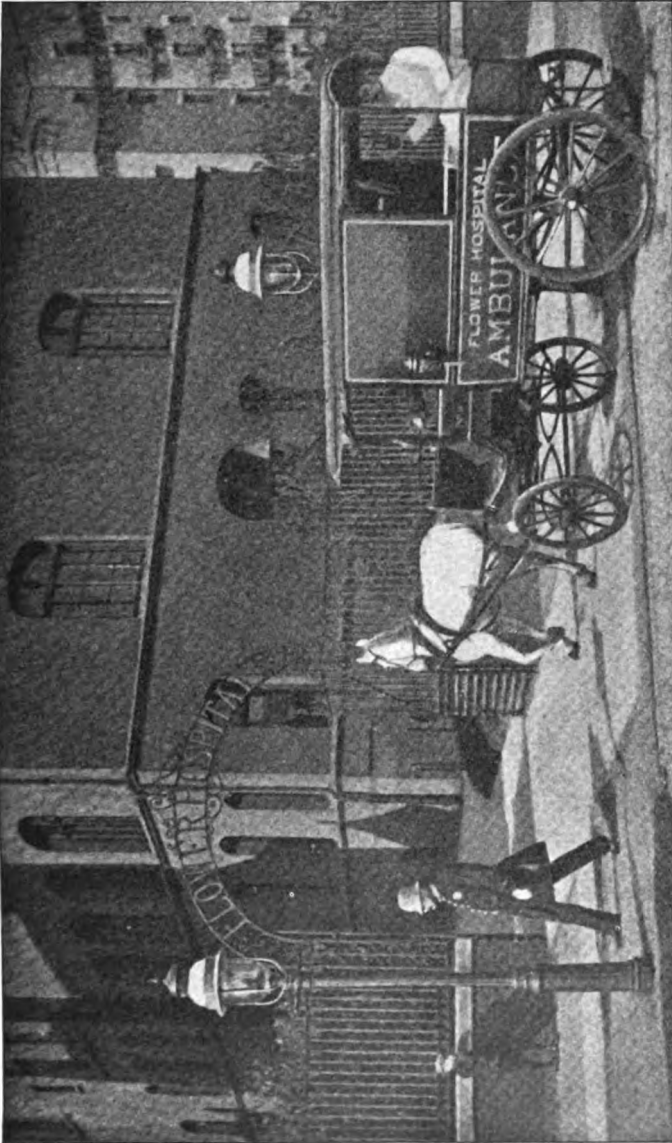
With the amplitude of the college arrangements we were highly gratified. The number of students engaged during the past year was a hundred and ten, and private information reaches us that in the State examinations, candidates from this college head the examination lists in the percentage of marks. The Faculty is a comprehensive one, and includes the familiar names of the leaders in homœopathy in New York,

Of the Flower Hospital—so named from its founder, the Hon. Roswell P. Flower—our visitation enables us to speak in terms of the highest praise. We were personally conducted by Dr. Hornby, the courteous medical superintendent, through the general wards; the operating theatre, splendidly equipped, seating two hundred students; and the ambulance department. The whole institution is permeated by energy and "go," of which the Ambulance Department may serve as a specimen. Here four horses are kept in constant readiness to take out in turn the horse-ambulances in response to calls. *Two thousand* such calls were made last year. For our gratification the hospital method was rehearsed. "Take out your watch," said the Medical Superintendent. Then the telephone bell rang, one of the horses immediately trotted into position between the shafts, the suspended harness dropped on his back and was automatically fastened, the driver jumped on his seat, open flew the doors, and the ambulance was starting in *thirty seconds* after the call was received! This is not all; as the ambulance sweeps past the front door, the house surgeon on duty catches it *in transitu*, so as not to delay the exit one unnecessary second.

So much for American methods; as instilled into hospital life, they make a Britisher, like Quintilian, "stare and gasp."

Our cicerone, Dr. Dearborn, after a supremely interesting day of hard labour for us, kindly cancelled any ideas he





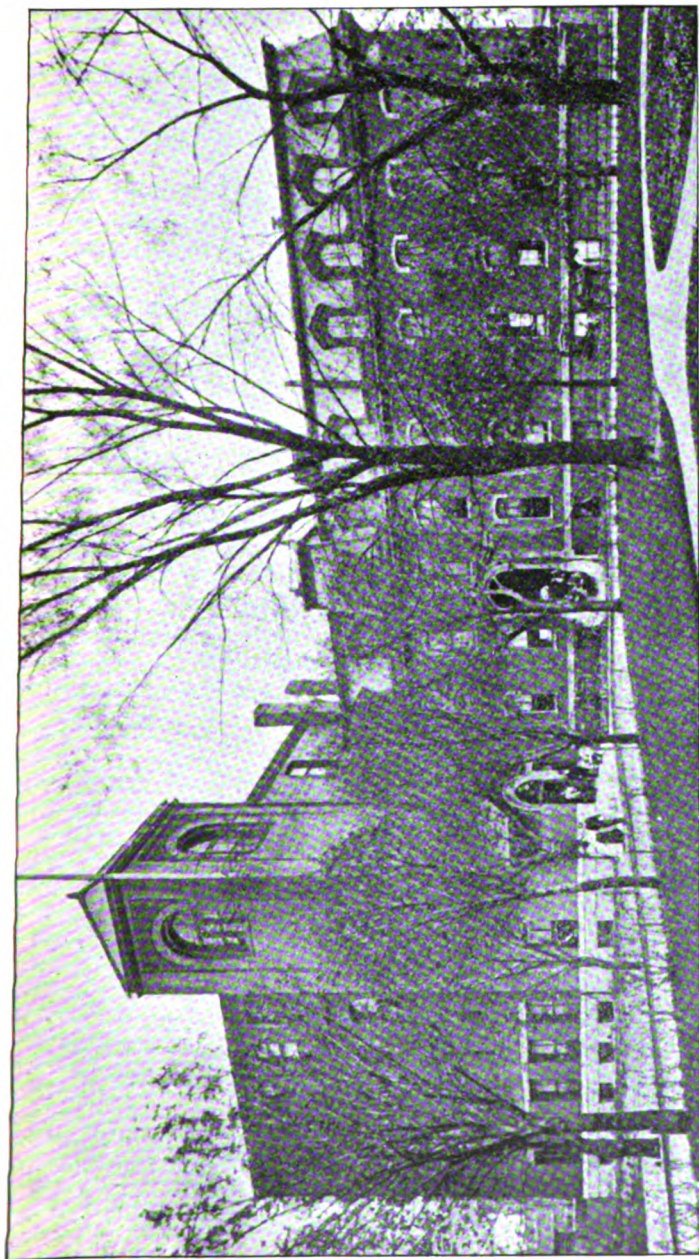
THE NEW YORK HOMŒOPATHIC (FLOWER) HOSPITAL.  
Number of Patients admitted 5,780. Number of Ambulance Calls 2,328.—(1905 Report.)

had of taking us on to the Brooklyn Hospital (with its three hundred and eighty beds), and one or two other unconsidered trifles, and in lieu transported us to the extremely select Union League Club, where, as genial host, he entertained at dinner, beside Dr. Clarke and the writer, our colleague, Dr. Garcia Leao, of the Brazilian Legation. This in every way was a fitting crown to such a day as only the enthusiasm of humanity could have put through, and late in the evening we bade our never-tiring host *auf wiedersehen*, with a thousand thanks and pleasant memories of the day.

#### BOSTON.

Midnight on Monday saw us aboard the sleeping cars of the New York Limited Express, *en route* for the Quaker City. For the first time in our experience we slept soundly during this form of transit, and 7 a.m. found us, refreshed and expectant, in a locality which seemed English to the core. They rise early in Boston, for an hour later Dr. Sutherland, having telephoned to all the principal hotels for news of our arrival, gave us a most cordial welcome, and invited us to his private residence. Here we renewed our acquaintance with the distinguished lady of the house, Mrs. Evelyn Greenleaf Sutherland, whose name and fame as an authoress and collaborator in the writing of plays are known on both sides of the Atlantic. A brilliant conversationalist, keenly interested in the leads and trends of all thought and all thinkers, our gracious hostess imparted to that early morning hour a delight akin to that which must have attached to the famous literary breakfasts of a bygone time. Dr. Sutherland paid us the compliment of cancelling his engagements for the day, and, he as cicerone, and we as delighted visitants, spent a memorable day in academic Boston. After visiting the ornate church of the late Phillips Brooks, we drove to the magnificent Public Library of Boston, where Art and Letters together vie in attracting the studious spirit to this grove of Academe.

Beautiful frescoes, plashing fountains, and marble courts give in this place the study of books fit environment. Literature is certainly *not* cultivated here on a crust of bread; and the citizens of Boston, as the



BOSTON UNIVERSITY SCHOOL OF MEDICINE (HOMŒOPATHIC).

This School recently united with Harvard Medical School in a Public Educational Demonstration of the Pathological and Bacteriological aspects of Tuberculosis.

inscription on the façade tells us, hold it criminal to withhold knowledge from the people.

Now came the *pièce de résistance*, in the form of a prolonged visitation of the Boston University School of Medicine, and thereafter the Massachusetts Homœopathic Hospital.

THE BOSTON UNIVERSITY SCHOOL OF MEDICINE IS THROUGHOUT A HOMŒOPATHIC SCHOOL. The Dean is our respected colleague, Dr. Sutherland, and the Faculty consists of some sixty Professors and Associate Professors, including names as familiar in homœopathic circles as household words. The school is one of the largest and best equipped medical colleges in the country. It was the first to provide a four-years' curriculum, which now is essential for qualification; its graduates are in special demand even in far Australia. What is thought of it at home may be inferred from this excerpt.\* "In addition to performing its special duty of educating medical students, the school has taken an active part in educating the public. . . . A tuberculosis exhibit was held in Boston as a part of the 'campaign of education' now being earnestly carried on with the sanction, encouragement, and assistance of the various States. *Boston University School of Medicine and Harvard University Medical School united in the demonstration of the pathologic and bacteriologic aspects of the disease.*"

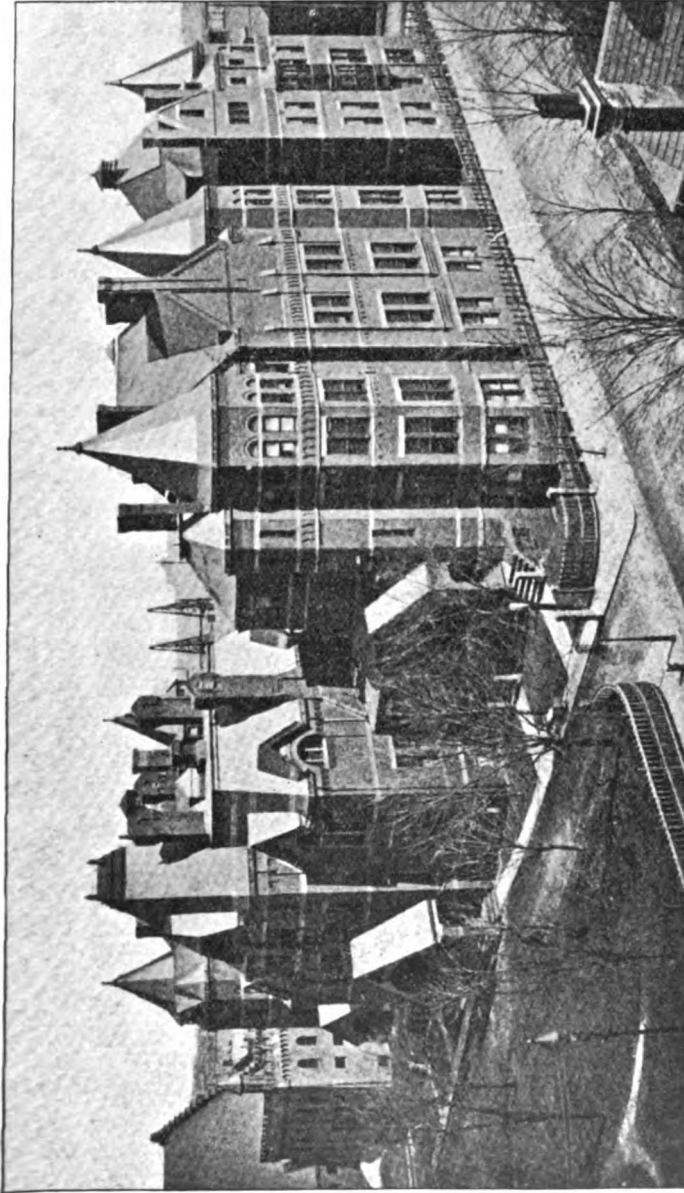
Fancy the Royal College of Physicians and the British Homœopathic Association uniting in a demonstration of tuberculosis for public educational purposes! And why not?

Further, "The largest exhibit that the school has ever made *has been contributed, on request, to the Scientific Exhibit which forms a part of the meeting of the American Medical Association* now being held in Boston."

But the next announcement simply made us "sit up": "We have also been invited to send an exhibit to the meeting of the British Medical Association, which is to be held in Toronto, Canada, in August, 1906."

Did it materialize? It did. Five hundred specimens, put up in a way that proves Professor Watters king of

\* From the Dean's Report to the President and Trustees of Boston University, 1906.



THE MASSACHUSETTS HOMŒOPATHIC HOSPITAL, BOSTON.  
Number of Patients treated in 1905, 3,917. Seventy per cent of the Cases were Surgical. Total Death Rate, 3.9 per cent.

his art, went to Toronto and were exhibited to our British Medical *confrères*! We trust it gave them material for reflection. Prof. Watters is the deviser of the beautiful method of mounting small growths and sections of larger ones in transparent gelatin. His work as a pathologist and bacteriologist has brought great *kudos* to the Boston University School of Medicine.

Now we were conducted over the complementary institution, the Massachusetts Homœopathic Hospital. This institution contains, we believe, some 250 beds. During last year 653 medical patients, 2,448 surgical and 334 maternity cases were received, making a total of nearly 4,000 for the year. The administration and perfect scientific equipment of the building called forth our unqualified praise. Three classes of patients are received—fully paying, partly paying, and free. The daily average of the free cases approximates that of the paying and part-paying patients together. The paying and part-paying patients together contributed 76,000 dollars to the hospital revenue last year.

A notable feature in this admirably appointed hospital is the very great aid afforded by the pathologist. Of blood counts, 544 were made last year; of blood examinations, 23 were made for malaria and 119 for typhoid. Of cultures, 102 positive and 870 negative were made for diphtheria; and by this protective measure the hospital has been practically assured against outbreaks of diphtheria, a former not uncommon occurrence.

The Out-patient Department is another splendid side of the work of the hospital. The various rooms are admirably fitted up for their varied necessities, and the genius of the place is that of cleanliness and adaptation.

Dr. Clarke and myself received every information from, and were most thoroughly ciceroned by, Dr. Sutherland and Dr. Packard during our hospital visitation. We were rejoiced here to make the personal acquaintance of Dr. James B. Bell, whose *Therapeutics of Diarrhœa* has so long been with us a standard work. Dr. Bell is, moreover, a skilful surgeon, and this morning was operating on a private case of appendicitis, sent by him into the hospital. We joined the visiting physicians and surgeons at luncheon; Dr. Sutherland, Dr. Packard, Dr. J. B. Bell,

Dr. Emmons Briggs, the British guests and others being present. This was a most enlivening and enjoyable time, and immediately after, donning the garments of the aseptic ritual, we were present at an abdominal operation kindly arranged for us by Dr. Emmons Briggs. This skilled surgeon operates with a full aseptic technique; the case before us was one of pelvic cyst requiring enucleation. Here also we saw in use a clever, compact anæsthetic apparatus devised by Dr. Horace Packard, by which half a dozen different forms of anæsthetics may be given, as occasion may require. Great use is made here, as in other American hospitals, of oxygen as a breathing medium charged with anæsthetic vapour.

Now we were invited to further experiences of the "status and progress" of homœopathy in Boston. Dr. Packard's automobile awaited us at the hospital door, and we were whirled away through "fresh woods and pastures new" to Jamaica Plain, a rising eminence of many acres in the environs of the city. The existing hospital, large as it is, is too strait for the increasing demands on its service, and an ample expanse in Jamaica Plain has been acquired for a complete suite of new hospital buildings. The situation is beautiful, the locality well wooded, the place easy of access. The hospital grounds are to contain a building for free patients, a building for private patients, a maternity building, an administration building, a nurses' home, a home for convalescents, an isolation ward, a building for furnishing heat, light, and power, etc.

That is how Boston takes its homœopathy — as a substantial asset in its welfare. The School of Medicine is quite separate and apart from the hospital, financed on another basis, governed by a different administration; yet the dove-tailing is admirable. No subsidy is paid by the school to the hospital, each institution charging its own fees. This plan has enabled Boston to rise to the very head of homœopathic institutions in the United States; it allows free play and indefinite expansion to both; and this is the method we have advocated, and do more insistently advocate, for British adoption. In the later afternoon we motored over to Cambridge, Mass., where the Harvard University buildings are situate. The

great library, the memorial hall, and other academic buildings we visited with peculiar interest: here are some of the oldest buildings in the country.

Evening rounded off the day's professional interests by a dinner given at the University Club to meet the British Homœopathic Association Delegates. Dr. Frederick Percy was Chairman, and the guests were thus seated:—

Dr. Burford.

Dr. Fredk. B. Percy.	Dr. George R. Southwick.
Dr. George B. Rice.	Dr. Horace Packard.
Dr. Frank C. Richardson.	Dr. J. P. Sutherland.
Dr. Frank W. Halsey.	Dr. M. H. Houghton.
Dr. J. A. Rockwell.	Dr. George H. Earl.
Dr. Willard A. Paul.	Dr. J. Emmons Briggs.
Dr. Herbert C. Clapp.	Dr. J. B. Bell.
Dr. Howard P. Bellows.	
Dr. Clarke.	

The dinner was perfect, the apartment, overlooking the broad Charles river, dizzy and spacious, the guests in excellent form.

Dr. Percy, in an introductory speech, called upon Dr. Burford, who expressed the high appreciation of the British visitors for the manifold kindnesses shown them during the day. Dealing with abstract homœopathy, he emphasized the scientific warrant for considering homœopathy as not a belief, but a science; not *Credo*, but *Scio* was the watchword. Dr. Percy next invited Dr. Clarke to address the guests. Dr. Clarke, received with acclamation, also enlarged on the fraternal bonds which such hospitality as had been theirs that day had drawn closer and closer between American and British colleagues. He was glad to be in New England, and felt that it was very near to Old England. He complimented the Boston and Massachusetts brethren on the vitality they had imparted to their homœopathy, so much so, as to extract the admiration of the allopaths. His advice was that if there was any point to be gained by uniting with the allopaths, by all means unite for that purpose, and that only.



American homœopathy had gained its prestige by strictly attending to its own interests and its own business. The speech was received with applause.

Then came Dr. J. B. Bell, who endorsed what had been said as to the foundation of homœopathy being science, and not belief, and added some interesting personal experiences. Thereafter Dr. Sutherland spoke, responding charmingly to the thanks and good wishes expressed by the delegates. Dr. Horace Packard added to the feast of intellectual good things by declaring that his increasing experience brought with it an increasing sense of the value of homœopathic remedies to the surgeon. Dr. Bellows and Dr. H. C. Clapp also added interesting elements to the maintained enjoyment of the evening.

Before the guests separated, Dr. Percy presented each with a charming souvenir of the occasion in the form of a beautifully wrought ash-tray, bearing the insignia of the club.

The time for our departure from the hospitable ægis of the Stars and Stripes now drew nigh. Of invitations to extend our visitation to Washington, to Cleveland, to Chicago, to Dr. C. E. Fisher's location in the Alleghanies, to St. Louis, we were regretfully compelled to defer acceptance until the occasion of another visit. Meanwhile we trust our valued American friends will not wait upon the order of our coming, but come themselves and enjoy the hospitality that awaits them under the Union Jack.

It is impossible to render into words not only our personal thanks for the innumerable kindnesses received from our colleagues on every hand, but also our profound admiration for American homœopathy and its leaders. Our visit to the Congress and the before-mentioned medical schools has revolutionized our views as to the possible future of homœopathy in the Old World. For practical purposes it matters much not only what truth we hold, but how we hold it; and our American colleagues have so held their homœopathy as to make the flowing tide be with them. It remains for British homœopaths, under the compelling power of so splendid an example, to go and do likewise. And, above all, the insistent moral, which we will more fully set forth in a forthcoming third section of this paper, is "WAKE UP, JOHN BULL!"

## REVIEWS.

*The Test Drug-Proving of the "O. O. and L. Society."* A Re-proving of Belladonna, being an Experimental Study of the Pathogenetic Action of that Drug upon the Healthy Human Organism. Conducted under the auspices of the American Homœopathic Ophthalmological, Otological, and Laryngological Society, with the indorsement and co-operation of the American Institute of Homœopathy, and various State and local Societies. Arranged and compiled by the General-Director of the Proving, HOWARD F. BELLOWS, M.S., M.D., Professor of Otology, and formerly Professor of Physiology in the Boston University School of Medicine. With illustrations. Boston : published by the O. O. and L. Society. 1906.

In our September issue we specially noticed the prospective publication of this able work, of which we had the highest commendation from three ex-Presidents of the American Institute of Homœopathy, and we pointed out the importance of the book. The work has now reached us, and we can assure our readers that every word said in favour of it is amply borne out by its contents. It is a most able and first-class book, and the work done and recorded reflects the greatest credit on the provers, and on Dr. Bellows especially, for the enormous amount of labour and care which were involved in the arrangement and publication of these reports of provings, and of their results and analysis. The profession all over the world is under a deep debt of gratitude to Dr. Bellows for his most successful labours. The drugs in the Homœopathic materia medica need re-proving, in order to be up to date. The provings we have already are simply wonderful in their fulness and accuracy, but at the present day, with additional resources at command, they require to be re-proved, in order to confirm the previous provings, and verify, if necessary, those symptoms which are reckoned as doubtful. This is the *raison d'être* of this work, and of all similar undertakings carried out on both sides of the Atlantic. In the case of belladonna, which is the drug re-proved in this book, all the symptoms produced by poisonous and fatal doses are recorded in our existing pathogenesis, while in Dr. Bellows' fifty-three provers, non-poisonous doses only were used. This gives a character to the work under notice peculiar to itself. The doses used in these provings were chiefly in 1-50 drops of mother tincture, occasionally the 2x and 3x dilutions, and occasionally also the 30th dilution.

After a very interesting Introduction, which, had we space, we would have liked to reprint, another interesting chapter on the History of the Test Drug-proving occurs, and this again is followed by tables of the forms used by the Examiners who were employed in the proving. These forms are very perfect for the purpose, and are as detailed and full as can be wished, going into every minute point in the body. Then follow the 53 provings, related as a daily history, thus showing the sequence of the symptoms. To each proving is appended a synopsis of all the symptoms elicited, and referred to the various organs affected, thus bringing the whole together in a more concise way than the consecutive daily history affords. In chapter 4 the whole results are given in a "New Schematic Form," "physiological or systemic." "The symptoms are presented in groups, and these groups are arranged as nearly as possible in the order of their development in the course of the proving." This new form of schema is excellent, we think, and valuable, and it might be well, in our opinion, that in other re-provings to follow, this form of schema should be given. But we are none the less pleased to find, in chapter 5, the results given in the "old Schematic form." Notwithstanding the objections which can be urged against this "old" schema form, and which are urged by many with a view to its disappearing in new provings, we are satisfied of its great importance and value, and we should be really sorry to find it given up. We therefore hope it will be always retained, for the benefit and use of those who appreciate its importance.

In chapter 6 we have the "Results summarized in general terms." "Symptoms are presented in groups, and these groups are arranged as nearly as possible in the order of their development in the course of the proving. . . . This summary may be used as a key for quick reference to the larger systemic schema." In chapter 7 the experiments showing the effect of belladonna upon some of the lower animals are related. They are by Dr. S. C. Fuller, the Pathologist of the Westborough Insane Hospital, and are very carefully carried out. But the lower animals are not man, and though the experiments are interesting they are not to be relied on as referring to man, and they are very properly kept quite separate from the human provings.

Finally, in the Appendix, are to be found interesting papers by Dr. Bellows, elsewhere published. The work is enriched by sphygmographic tracings, and plates of illustrations.

We have given a tolerably full account of the nature and scope of this able work, and have not room for extracts from

it, which, to be of any service, would require more space than we can give to them. Suffice it to say that the corroboration of old provings is complete, while new points are brought out, and the whole pathogenesis made very clear. We may merely add that this re-proving does not elicit the generally supposed elective affinity of belladonna for the right side of the body *as a whole*, but it shows that this is markedly true of the head. The large majority of the symptoms are developed on the right side of the head, and not to the same extent on the left, while the frontal headache is well marked. One very interesting proving is worth noting here. Dr. Bellows says, "The Examiner, in the Department of the Mind and Nervous System, appends to this proving the following observation: 'The peculiar boring headache in the left temporo-frontal region, as if pressed in with the knuckles, . . . may in this prover have decided significance, as it was characteristic, never having at any time previously existed, and always occurring in same portion of the head and with same character of pain.'" Dr. Bellows adds, "We find pressure pains very frequent in connection with headache in the older provings of belladonna, but in neither the older nor the present provings do we find a symptom precisely similar to the above. It reminds us very strongly, however, and may be considered corroborative, of the old symptom of Hahnemann—'Headache as if a stone were pressing the forehead.'"

The book is a monumental work, and will stand as a classic in the history of homœopathy. As a proving, or a re-proving, it is as nearly as possible perfect, and it should be in the library of every homœopathic physician. We therefore cordially recommend every one of our colleagues to make himself a possessor of it. As a book, it is well got up, in type, in binding, and in facility of opening at any page.

We once more congratulate Dr. Bellows on his really wonderful and monumental work, enough alone to make his name, and we trust it will act as a motive impulse to encourage the production of re-provings of other drugs both in America and in England.

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*Golden Rules of Medical Evidence.* By Stanley B. Atkinson, M.A., M.B., B.Sc. of the Inner Temple, Barrister-at-law.  
Bristol: John Wright & Co.

It is most important that medical men, who may be at any time called as expert witnesses in court, should be fully "up"

in what is necessary for them to do, and what not to do, if they would save themselves getting into difficulties with judge and jury. We therefore heartily advise every medical practitioner to get a copy of this little work, which can easily go into a small pocket. He will there find that Mr. Atkinson gives, in the most concise manner, clear rules for procedure, and excellent advice what course to pursue in all cases. Being both a doctor and a lawyer, Mr. Atkinson is able to speak with an authority that others could not claim. We can again commend the little book thoroughly, and advise every medical practitioner having got a copy, to *read it*.

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*Indications for Operation in Disease of the Internal Organs.*

By Prof. Hermann Schlesinger, M.D., Extraordinary Professor of Medicine in the University of Vienna. Authorized English Translation by Keith W. Monsarrat, M.B., F.R.C.S. Ed., Surgeon to the Northern Hospital, Liverpool. Bristol: John Wright & Co., 1906.

The author, in the preface to this work, is careful to say that he writes it in order that it may serve as a guide for determining the necessity for surgical interference, essentially for the general practitioner, but in spite of its somewhat terse style it is one which the general surgeon might use with advantage.

The plan of the book is to take in order the various diseases of the different regions of the body and to briefly discuss their etiology, pathological anatomy, diagnosis, and indications for operations.

The method of dealing with each subject shows a thorough practical acquaintance with disease; but the views and opinions of other leading authorities are given due weight to, especially in relation to the value of various operative procedures from the point of view of obtaining a radical cure.

The first chapter deals with diseases of the brain and meninges, and contains helpful remarks on the differential diagnosis of encephalic tumours. A good account is given of the various diseases whose symptoms approximate to those caused by cerebral tumours, and the leading distinguishing points are briefly but clearly stated.

The subject of cerebral palsies in children is well handled, and it is interesting to note that the author does not appear to be very sanguine as to good results ensuing from surgical interference.

Next follow chapters on spinal cord diseases, as well as

those of the peripheral nerves. Both of these are comprehensive, and all the most recently recognized maladies of these regions are dealt with.

There are twelve chapters dealing with the various abdominal organs. Every one shows not only careful and exhaustive consideration, but also a real practical acquaintance with the subject.

The chapter on intestinal affections is particularly good, and in this, as indeed in every part of the work, there are copious references to current literature, which naturally enhance the value of the book. No advice is given as to the kind of operation indicated, but in dealing with the prognosis after operation some account is taken of this side of the question.

The portion dealing with diseases of the kidney and bladder is also exceedingly well written. We note that the author agrees with other authorities in recommending the operation of nephrolysis, or stripping of the capsule of the kidney, in acute Bright's disease, when, the general condition being good, there is marked oliguria or anuria, as well as pain and tenderness on pressure over one or both kidneys, and also in more chronic cases with attacks of hæmaturia associated with colic.

There is a short appendix by Dr. Schnitzler on the general influence of operations on the body, which includes such subjects as post-operative psychic disturbances, shock, the effects of opening the abdomen and cranial cavity, anæsthetics, and the influence of certain diseases on the indications for operations. These are all well done.

It is interesting as showing how authorities still differ in respect to anæsthetics that Dr. Schnitzler considers ether less harmful than chloroform. This will probably not commend itself to one of the Edinburgh School.

The book is certainly one which should find an extended sphere of usefulness. It is not too bulky; indeed, it is marvellous how much sterling information can be contained within such a small space. The printing is clear, and the translator is to be congratulated on the part he has played in the production of the work.

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*A Treatise on Cholera and Kindred Diseases.* By D. N. Ray, M.D., L.S.A. (Lond.); with an Introduction by T. F. Allen, A.M., M.D. Calcutta: The Ehn Press, 1906.

No subject can be more appropriately taken up by one of our Indian fellow-subjects than cholera. As we see so little of this disease in Great Britain, its study may not appeal to

every one. But to those who wish to be *au fait* with cholera as a disease, or to be ready for its treatment should it ever again visit our shores, we can recommend Dr. Ray's work, as it contains everything connected with the disease that requires to be known. The history, etiology, modes of propagation, symptoms, and diagnosis are stated fully, while the treatment occupies the larger portion of the book. The indications for the different remedies are very fully given—those for the various types of cholera,—while after this the various marked symptoms are gone over, with the special remedies for each phase of the disease. The whole is supplemented by the relation of sixty cases. In fact, we can heartily recommend Dr. Ray's work to all in Great Britain who are interested in cholera and its homœopathic treatment, while to those living in India it will be found most useful. The print is excellent, and the book well got up.

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*Before and after Surgical Operations.* A treatise on the preparations for, and the care of the patient after operation, including Homœopathic Therapeutics. Written with special reference to the needs of the General Practitioner and the Hospital Intern. By Dean T. Smith, B.Sc. M.D., Professor of Surgery and Clinical Surgery, University of Michigan, Homœopathic Department, Ann Arbor. Philadelphia, Pa. : Boericke & Tafel, 1906.

This is a treatise on the preparation for, and the care of the patient after operations, including homœopathic therapeutics, and is written with special reference to the needs of the general practitioner and the hospital intern.

After a few preliminary chapters on the preparation of the patient for operation and care after operations, as well as dietetics and the treatment of special complications, follow chapters on operations on special regions of the body and limbs.

There is but little in the book to which exception can be taken, and much that is useful, and some of the hints as to the conduct of the post-operative treatment are distinctly original, and stamp the author as one who has used his brain and not trusted to the experiences of others or merely copied from other books.

A very useful portion of each chapter is the summary of homœopathic remedies indicated in the various complications which may follow operation. The best one is that in the chapter on the care of the patient after reaction from the shock or anæsthetic.

With regard to local disinfectants, the author's preference seems to be for peroxide of hydrogen and bichloride of mercury, neither of which seems to be much in favour with English surgeons.

Use is made of calendula and boric acid in washing out mucous cavities such as the mouth, though they are not mentioned in dealing with the vaginal orifice, where their value has been proved. The author prefers creolin and permanganate of potash in these cases.

The whole book is well arranged, and is one which should be of great service to all practitioners, and especially to the younger surgeons and house surgeons of hospitals.

## MEETINGS.

### BRITISH HOMŒOPATHIC SOCIETY.

THE opening meeting of the sixty-third session of the British Homœopathic Society was held at the London Homœopathic Hospital, on Thursday, October 4th, 1906, at 8 o'clock.

Dr. John H. Clarke, of London, the President-elect from the last annual assembly, occupied the chair.

#### THE LATE DR. SKINNER.

A vote of condolence with the family of the late Dr. Thomas Skinner, a former member of the Society, was unanimously passed.

#### PRESIDENTIAL ADDRESS.

The President then read his Annual Address, which constituted the business of the evening. The title chosen was, "The Enthusiasm of Homœopathy."

In acknowledging the honour conferred on him in his election as president, Dr. Clarke regarded as the only reason why the honour should have been conferred his thorough-going belief in and devotion to the principle for which the Society was established to develop and represent. The key to the enthusiasm of homœopathy is a bringing to the therapeutic judgment bar the simple answer "Yes" or "No" to questions of fact and law relating to all that was contained in the art of relieving pain and the curing of disease.

The only true line of progress is to think a thing out to the letter, to reduce it to the point when "Yes" or "No" is all that is required. Homœopathy, for example, belongs to



the "everlasting yea," and needs no more argument. Questions next to it are infinite in variety and complexity, and are to be answered by every man according to the line marked out for himself. The Society should take no sides of individual opinion, but embrace the whole of homœopathy within her domain. Every sincere worker whose chief aim in life is to exemplify the homœopathic law has the right to the Society's countenance and support. Great importance is to be attached to "moving on," "motion is life." Also the direction which movement takes is of no less importance than motion itself. The only force that energizes movement is *Enthusiasm*. The enthusiasm of homœopathy should be the spring of all efforts for the relief of human ills. Hahnemann was the first example of the enthusiasm of homœopathy. But next to him there was none more remarkable than the redoubtable Mure, the facts of whose life are worthy of being recapitulated as an example of enthusiasm needed to-day. It was Mure who carried homœopathy to Malta, worked at cholera and plague in Italy, practised in Sicily, translated books, prepared medicines, constructed machinery for the latter by his own efforts, taught other medical men, and captured hospitals for the new faith. He went on to Paris, and there established a practice and propaganda. An institute of homœopathy was there founded, and opened in the presence of Hahnemann himself. Mure went off from Paris to Brazil, and practically established homœopathy in that country. He founded the Brazilian Institute, and opened the first dispensary in Rio. Afterwards the foundation of the Homœopathic School was laid, and the course of study opened in 1845. All these efforts of this remarkable man have since, and are now, bearing fruit in the development of homœopathy. Mure's therapeutic work was done on the basis of Hahnemann's *Materia Medica* and *Chronic Diseases*. Modern enthusiasm can be profitably directed towards perfecting knowledge along *Materia Medica* lines. All followers of Hahnemann must be touched with the enthusiasm of homœopathy if they are worthy to fill the trust they have incurred by joining the ranks. Homœopathy is greater than its discoverer, and the enthusiasm for the natural law should be greater than a worship of him who revealed it. Thus the worship of Hahnemann is not the religion of the Homœopathic Society, but the enthusiasm of homœopathy is. The isolation of the homœopathic body in Great Britain has thrown upon its medical adherents the necessity of developing their knowledge in other departments, but the enthusiasm of

homœopathy should compel adequate attention to the subject of drug action. The enthusiasm of homœopathy implies a relation of the Homœopathic Society both to the general public and the allopathic section of the profession. To the public the Society should constitute itself the authority on homœopathy, and be recognized as such, and take steps to let this be known after the manner of the Royal Society in reference to general science. To the allopathic body the position of isolation should be maintained and enforced until the law of homœopathy is recognized as the fullest medical science by comparison with allopathic knowledge as nesience.

The President closed his address by an allusion to the recent International Homœopathic Congress as a very triumph of the enthusiasm of homœopathy.

At the conclusion of the address a very hearty vote of thanks to the President for his inspiring address was unanimously passed, and then, by his invitation, the meeting adjourned to the Hotel Russell, where an excellent supper was served and enjoyed.

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## NOTABILIA.

### BRITISH HOMŒOPATHIC ASSOCIATION SCHOLARSHIPS.

At the meeting of the General Committee of the British Homœopathic Association, on October 17th, it was announced that Dr. H. P. Fairlie of Glasgow, had been chosen as Dudgeon Travelling Scholar for the current year. Dr. Fairlie had asked to be accredited to Chicago, and to this, after some consideration, the sub-committee assented.

Dr. C. Osmond Bodman has been nominated as Travelling Scholar, of the Ladies' Committee, to proceed to Paris, for the special study of diseases of women and children. This nomination was confirmed by the Ladies' Committee; and Dr. Bodman has accordingly received letters of introduction to the principal of our Paris *confrères*.

At the same meeting it was decided to accept the suggestion of the sub-committee, that Miss Edith Neild, M.B. Lond., be elected Dudgeon Travelling Scholar for the year 1907. Dr. Neild's academic centre will be the Boston University School of Medicine. She will probably begin her tenure of the Scholarship early in 1907.

SAN FRANCISCO HOSPITAL FUND.

FOLLOWING on our statement of last month, the following subscriptions have been promised toward the fund for the restoration of the San Francisco Homœopathic Hospital, recently damaged by the earthquake. This fine building, costing some 150,000 dollars, was to have been moved into on the day of the disaster. The subscription list is intended to convey to our sorely stricken San Francisco brethren British sympathy in their calamity and British appreciation of their determination to begin the work of restoration forthwith.

Dr. Dyce Brown ..	£5	0	0	Dr. Ashton ..	£2	0	0
Dr. Clarke .. ..	5	0	0	Dr. Goldsbrough	1	1	0
Dr. Byres Moir ..	5	0	0	Dr. C. J. Greig ..	1	1	0
Dr. Burford .. ..	5	0	0	Dr. W. Roche ..	1	1	0
Wm. Willett, Esq.	5	0	0	Dr. E. B. Roche ..	1	1	0
C. W. Stewart, Esq.	5	0	0	Dr. Searson ..	1	1	0
Dr. Cooper .. ..	4	0	0	Dr. Cash Reed ..	1	1	0
J. P. Stilwell, Esq.	3	3	0	Dr. Wheeler ..	1	1	0
Dudley Wright, Esq.	2	0	0	Dr. A. E. Hawkes	1	1	0
Dr. Roberson Day	2	0	0	Dr. Stonham ..	0	10	6
Dr. James Johnstone	2	0	0				

The donations will be forwarded through the Secretary of the British Homœopathic Association.

HAHNEMANN MEDICAL COLLEGE OF THE PACIFIC.

WE are greatly pleased to know from the following statement, taken from the *Pacific Coast Journal of Homœopathy* for September, that the Hahnemann Medical College of the Pacific is beginning its regular work again after the great disaster. Such determination deserves success, and the College has our best wishes.

“Hahnemann Medical College of the Pacific will reopen for its regular term on September 12th. The college has been renovated from top to bottom, and looks like a new building. Several changes have been made in the rooms, all of which have added to the general appearance and utility of the college and its work. A study-room for the use of women students has been arranged for, and will prove a comfort to them, as they have been compelled to use the library heretofore. Many new books have been added to the library shelves. The laboratory facilities have also been increased, so that everything is in prime order for the beginning of the term. The repairs on the hospital are well under way, and it will only be a short time till it is ready for occupancy.”

## HOMEOPATHY IN JOHANNESBURG.

WE are pleased to announce that henceforth Johannesburg will no longer be unrepresented by homœopathy, Dr. Roger Barrow, M.D., M.R.C.S., L.R.C.P., having settled in that important city, at 44, Esselm Street. We are glad to find that flourishing colonies are thus in the van of progress, and we wish Dr. Barrow all success.

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"THE PRESENT POSITION OF THE  
MEDICAL SCHISM."

(Continued from Page 445).

WE regret that we have hitherto been unable to reprint the latter part of Dr. Kenneth Millican's able article in the *Nineteenth Century* of February, 1888, and which, by permission of the Editor of the *Nineteenth Century and After*, Dr. Millican reproduced in the *St. Louis Medical Review* of May 26th and June 2nd. We have now, however, the pleasure of doing so. The first part of it appeared in our pages for July, and the article is continued from page 445 of our July issue.

For the harmony of the context, we, in the present issue, think it well to reprint the short paragraph, marked II., on page 445. The interest which, we are sure, the first part of this able and interesting article evoked in the minds of our readers, will be kept up by a perusal of the latter half of it. (EDS. *M.H.R.*)

II. The next objection, based upon a matter of medical theory and practice, refers to the doctrine of infinitesimal dosage. Briefly stated, the principle amounts to this: that an organ in a morbid condition, or temporarily unbalanced, will respond to the stimulus of a much smaller dose of a given drug endowed with a special action upon it than would be requisite to influence it in health. On this principle, the "homœopathic" practitioners are accustomed to subdivide their drugs on a decimal scale, and I am bound to admit that with some this principle is carried to, in my opinion, an absurdly ridiculous extent. But then let us remember that we smell by the contact of material particles with the sensitive nerve-network spread out on the nasal mucous membrane. How infinitesimal must be the particles a man leaves behind him as he journeys; yet they are sufficient to enable the bloodhound to track him by the smell, even through a confused trail of many mingled scents. So that here again the essential

difference between the "homœopathic" and the ordinary practitioner is a matter, not of kind, but of degree—a proposition which I will now endeavour to illustrate.

First : as to the principle of small doses, witness Dr. Lauder Brunton in the preface above referred to :—

"We are not homœopaths because . . . we use small doses.

"It is not the use of . . . a small dose . . . that constitutes homœopathy."

The *Lancet* also, in a leading article in its issue on the 16th of April, 1887, states :—

"The ordinary practitioner differs from the homœopathic in being free to use any drug which he knows to be of use in the case, and that in any quantity experience shows to be best."

As to the disability of the "homœopath" implied in this passage, I shall have more to say under the next heading. It suffices here to show that a small dosage is not necessarily peculiar to the "homœopath," of whom, indeed, Dr. Brunton says in the paragraph quoted just now, "But the infinitesimal doses are so absurd that I believe they have been discarded by many homœopaths."

Now for practical facts. While, as Dr. Brunton testifies, we have on the part of many of the leading lights of "homœopathy" a tendency to discard the extremes of smallness, and to return to a tangible, if diminutive, dose, we find the ordinary practitioner learning to utilize smaller and smaller doses of drugs ; so that quantities are now commonly prescribed which would, forty years ago, have been regarded (and as a matter of fact are still so regarded by many veteran practitioners who were educated in the old school) as almost equally ridiculous with those of the "homœopaths" themselves. Witness "a third of a grain of grey powder," "a single grain of bichloride (of mercury) dissolved in a pint of water, and a teaspoonful of this solution given each hour," i.e., 1-160 grain for a dose ; "1-36 to 1-48 grain of tartar emetic ;" "half a drop, or a drop, of the tincture [of aconite] in a teaspoonful of water ;" drop doses of the tincture of nux vomica, of ipecacuanha wine, and a host of other similar novelties in dosage, recommended by Dr. Ringer in his *Hand-book of Therapeutics*, a manual deservedly in the hands of almost every student of medicine. These points are, I think, enough to show that there is a gradual drawing together of the two schools on the subject of dosage, and that the difference between them is one, not of kind, but of degree : a difference, moreover, which is slowly, but surely, diminishing in extent.

Thus far, therefore, it seems to me that we have arrived at the following position: There is no longer that primary fundamental difference between the two schools, based upon an essential incompatibility of tenets, such as existed when by the "orthodox" school the practical rule *similia similibus curentur* was held to be, not merely not proven, but altogether impossible and absurd, and entirely devoid of foundation in fact. On the contrary, there are many conceivable instances where the practice of the two schools would overlap as regards drug treatment, not to mention such common ground as electricity, hydropathy, massage, hygiene, and regimen, preventive medicine, and surgery, particularly the local treatment of special diseases.

Neither is the question of dosage now so essential a distinction. It is now quite conceivable that a "homœopathic" practitioner and Dr. Ringer, Dr. Phillips, Dr. Lauder Brunton, or any of the vast numbers of "ordinary practitioners" who follow them, might meet in consultation, if they felt so inclined, and be in entire harmony, without any sacrifice of principle on either side, not only as to the drug to be administered, but even as to the dose; and this not in an exceptional case or two, but in a very large number, if not the majority, of cases.

That being so, it is as much as can be expected from any consultation; for we of the "orthodox" school have not the reputation of being unanimous to a fault in our recommendations for treatment; while among surgeons there are many of high repute who have never adopted, or, having adopted, have discarded, what is known as the Listerian method of antiseptic surgery; while others, their compeers in every way, consider the neglect of Listerian precautions during and after operation an almost criminal offence. Yet admirable results are forthcoming from both sides, and neither section dreams of refusing to hold professional intercourse with the other.

It seems to me, therefore, that the wholesale ostracism of "homœopathic" practitioners can no longer claim any justification from the plea of an essential incompatibility of methods of practice. While these points were regarded as absurd in themselves, unscientific, and untrue in every case, the "orthodox" school (meaning thereby the majority) had some reason for holding aloof, and for stating that in the nature of things all mixed consultations must prove futile. Once admit, however, as I have shown to be now admitted, that the "homœopathic rule" is even to the slightest extent true, and it is no longer, as of old time, a foregone conclusion

that such consultations cannot arrive at an harmonious result; but the possibility thereof depends (as in ordinary consultations between "orthodox" practitioners) upon matters of detail and not of principle.

This brings me to the second division of the subject, viz., the objections based upon grounds of medical politics and ethics. And here, looking at the matter from the general point of view of the profession, I am free to admit that we of the majority have some *prima facie* ground for our action. I say *prima facie*, because I cannot but feel that calm and dispassionate consideration will lead us to the opinion that here, as in most polemics, the differences will be ultimately found to result from a misapprehension of the position actually taken by our opponents. Why this is so, it is easy to see. Truth is like a cube, and language is inadequate to depict, as the eye is unable to discern, all sides of this cube at once. Consequently that side which is attacked assumes for a time an undue prominence in the argument. The picture, therefore, which is presented to the eye of the opponent, though true in fact, is false in proportion, and, when wrested from its relation to the other sides of the cube of truth, ceases to be true.

III. The first objection on the new ground is this. It is admitted that *similia similibus* may be, nay is, true in some cases; and in those cases, therefore, there would not necessarily be any difference of opinion between the two schools as to what drug should be selected in the treatment of a given disease; but (in the words of Dr. Lauder Brunton), "It is the falsity of the claim which homœopathy makes to be in possession, if not of the universal panacea, at least of the only true rule of practice, that makes homœopathy a system of quackery."\*

And again:—

"The essence of homœopathy as established by Hahnemann lies in the infinitesimal dose and the universal application of the rule *similia similibus curantur*. But the infinitesimal doses are so absurd that, I believe, they have been discarded by many homœopaths. To such men, all that remains of homœopathy is the universality of the rule *similia similibus cœrantur*."\*

Here then, it would seem, are our adversary's articles of faith, viz., the doctrine of infinitesimal doses, and the universal application of the "law of similars." Before we

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\* Preface to the third edition of *Pharmacology, Therapeutics, and Materia Medica*.

proceed to confute them, let us be quite certain whether they are so, or are merely the product of our own imagination.

And first as to the infinitesimal dose. And, without going into the question where the finite ends and the infinite begins, one may point to Dr. Lauder Brunton's admission that the doctrine has been discarded by many homœopaths. But that which is held only by a section can be no justification for a condemnation of the whole. On this score, therefore, such objection as there is to be made applies only to individuals because of their adhesion to that doctrine, and should not be directed against the whole body indiscriminately. This point, I think, demands no further argument.

Before proceeding to discuss the second part of our present argument, I would repeat what I have said above about the tendency in all disputation to push into undue and inharmonious prominence the proposition attacked. On this account, therefore, some allowance must be made for exaggerated statements in the heat of argument, especially an argument which, owing to the excommunication it has entailed upon one of the parties, is almost of necessity wanting in calmness and judgment.

I have taken some pains among a number of representative "homœopathic" physicians to ascertain what their views really are as regards the "law of similars." To take the negative side first, let us see what they are not. First, this so-called law is not a law at all, but a mere therapeutic rule, and its proper formula, as I have stated above, is not *similia similibus curantur*, "likes are cured by likes," but *similia similibus curentur*. "let likes be treated by likes." In the second place, it is not applied to all therapeutic measures, but merely at present to drug treatment. (I say "at present," for I learn that one homœopathic friend considers that he has succeeded in demonstrating some place for it in the domain of electrotherapeutics. That remains to be seen, and I shall be curious to know what treatment his ideas, and especially the facts he adduces in support of them, will receive when they are published.) In the third place, it is not claimed by "homœopaths" as a body (and the opinions of some do not justify the condemnation of the whole), that even in the sphere of drug treatment the applicability of this law is universal. Starting with the admission of Dr. Lauder Brunton and the *Lancet*\*, that the rule is of partial application, the so-called homœopaths present every degree of belief as

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\* In its leading article of the 16th of April, 1887, on the preface to his work above referred to.



to the extent to which it applies. There may perhaps be individuals who claim for it an absolute exclusiveness; all I can say is, that I have not met with such, that even if there are, their extravagance is no ground for other than their individual condemnation, and that the majority stop far short of this line.

Now for the positive aspect. What the "homœopaths" as a body do claim amounts simply to this. "*Similia similibus curentur*," they say, "is a true therapeutic rule and should have its due place in the economy of medical practice. That you have granted. Then the difference is merely as to the extent of its application. You of the 'orthodox' school allow it say, ten, fifteen, or twenty per cent scope. We, the so-called, not the self-called, 'homœopaths,' say that in our individual experience it is of still greater application; but as to the extent we, too, differ among ourselves according to our individual experience, agreeing, however, in this, that it covers the *majority* of cases. One thing further we are agreed upon, viz., that whatever future research and increased experience may ultimately show, it is not at present of universal application, as the greater or less frequency with which each one of us has at times to supplement it with other therapeutic measures amply testifies. Our relations as to drug treatment with 'orthodox' physicians are parallel to those now obtaining among surgeons with reference to 'antiseptic surgery.' Sir Joseph Lister introduced a method of operating and dressing wounds under antiseptic conditions. It is claimed for this system that it promotes readier healing, and lessens, almost to the extent of abolishing, such complications as blood-poisoning, erysipelas, etc., thereby conducing enormously not only to the comfort but also to the safety of the patient. Yet, at the present moment, while it is not denied by any that this system has been of some service (if nothing else, at any rate in instilling the necessity of careful attention to detail and absolute cleanliness), some do not use it at all, either having never tried it or having discarded it; some use it rigorously and exclusively; while between the two extremes there is every degree of compliance and non-compliance with its methods, according to the fancy and experience of the surgeon. And yet neither party feels called upon to ostracise the other. Whatever justification, therefore, the undue straining of the therapeutic rule may give for an ostracising policy directed against individuals, its mere acknowledgment as a therapeutic method, even of more or less general application, affords

absolutely none for boycotting the whole 'homœopathic' body *en masse*."

I propose now to adduce evidence in support of my statement that that universality is not an essential article of faith, nor exclusiveness a matter of practice, with the so-called "homœopaths" as regards the "law of similars." I will oppose to the exaggerated assertions made in the heat of polemical discussion, the formal and *ex cathedra* statements of a few reputed "homœopaths," when speaking calmly and dispassionately in their capacity as teachers. The following are the words of Dr. Holcombe, a representative American "homœopath," delivered *ex cathedra* in an address to the Hahnemann Medical Society of Cincinnati, in 1875 :

"Some people suppose that a physician professing belief in the homœopathic law is obliged to limit his practice strictly to the application of that law. He is not to administer a purgative, or to give an opiate, or to prescribe quinine, or to recommend a mineral water, under any circumstances, without in some way incurring the suspicion of sailing under false colours, or having deserted his creed and betrayed his principles. To those who cannot rise above the mere partisan spirit of cliques and schools, this may seem to be a righteous judgment. The man, however, who is loyal only to nature and to truth regards such restrictions as sheer impertinence, and claims everything which *cures*, whether explainable or not, as inalienably his own."

Compare with the above the following remarks of Dr. Lauder Brunton in the preface to his book so frequently referred to :

"As a medical man is bound to do his utmost for the good of the patient, it is obvious that although he may employ baths or packs as a mode of treatment, he cannot, without becoming untrue to his profession, throw aside all other means of treatment and become a hydropath; nor can he consult on equal terms with those who, either through ignorance or wilful blindness, deny the use of other means of cure, and limit themselves to the application of water. What is true of hydropathy is true of homœopathy."

What a hopelessly irreconcilable conflict of opinion between representative men of both schools, to be sure! Or is it just possible that we may have been bowling at imaginary ninepins after all?

Not to become wearisome with examples, I will content myself with one more quotation, this time from the *Elements de Médecine Pratique* of Dr. Jousset, a leading Paris "homœopathic" physician :

“The indications (for the employment of medicines) are governed by two laws, *contraria contrariis* and *similia similibus*. *Contraria contrariis* is the law of the indications in old physic. It is directed to the proximate cause of the disease, and it is believed to destroy this cause by its contrary. It is an etiological therapeia; its axiom is *sublata causa tollitur effectus*. It is a law which is admirably adapted to diseases having an external cause. It is the therapeutics of surgery. . . *Similia similibus* is directed to the symptoms and not to the cause; it may therefore be employed independently of any hypothesis. . . The materia medica is still very incomplete. There are diseases which are not amenable to the known remedies employed in accordance with the law of similars. Empiricism is in such case the only method possible. . . Finally, there are incurable diseases; the physician should remember that, when he cannot cure, he ought to attempt to relieve suffering. This is the object of palliative medication.”

IV. So much for the supposed exclusive application of the “law of similars” among so-called “homœopaths.” Let us now consider the final objection which is urged by the leaders of the “orthodox” school as a justification for their policy of ostracism.

Here, again, I cannot do better than quote Dr. Lauder Brunton, and reinforce his statements with those of other authorities. In the preface to which I have had such frequent occasion to refer, he writes as follows:

“Yet this arrogant claim (viz., that of being in possession of the only true rule of therapeutics) constitutes the essence of the system, and the man who, leaving Hahnemann and going back to Hippocrates, regards the rule *similia similibus curantur* as only partial and not of universal application, has no longer any right to call himself a homœopath.”

Again:

“Yet we hear some leading homœopaths say, ‘We do not claim any exclusiveness for our method,’ and then complain that they are excommunicated by the medical profession. If they have renounced the errors of Hahnemann’s system, they ought not to retain its name, but frankly acknowledge their error and return to rational medicine, of which Hippocrates is regarded as the father.”

In 1883 a discussion arose at the Medical Societies of New York on the subject of consultations between “homœopathic” and “orthodox” practitioners. In a paper on this subject contributed to the *New York Medical Journal* of the 7th of April, 1883, Dr. Austin Flint, a highly respected and

well-known physician and an opponent of "mixed" consultations, writes :

"The objectionable point in the (old) code (of medical ethics) is that which makes 'a practice based on an exclusive dogma' the ground of a refusal to meet practitioners in consultation. This is not a valid objection. Any physician has a right either to originate or adopt an exclusive dogma, however irrational or absurd it may be. Dogmas have prevailed more or less in the past history of medicine. If in a consultation there be lack of agreement respecting either diagnosis or treatment, the code indicates in another article precisely the course to be pursued. The true ground for refusing fellowship in consultations, as in other respects, is *a name and an organization distinct from and opposed to the medical profession*. Whenever practitioners assume a distinctive appellation, thereby assuming to represent an essentially distinct system of practice, taking an attitude of antagonism to the regular profession, seeking popular favour on the ground that they belong to a 'new school' based upon truth and productive of good, whereas the regular profession belong to the 'old school,' based on error and productive of harm, how can there be fellowship either in consultation or in other respects?" In a leading article of the 9th of March, 1887, the *Medical Press and Circular* says :

"There is nowhere desire to impose any particular doctrine or mode of treatment; this is left to the conscience and skill of independent practitioners; what we deprecate is, in the language of the Royal College of Physicians, 'the assumption or acceptance of designations implying the adoption of special modes of treatment.' Homœopaths are not the only, though the most obvious, sinners in this respect."

And again :

"They (medical men) must convince the public that their attitude does not arise from any wish to restrict or limit the scope and field of practice, but simply and purely from a dislike for the use of designations which are misleading and contrary to the respect and dignity of the profession."

There is also a journal called the *Hospital*, which summarizes the opinions more lengthily stated above when it says :

"The truth is that so-called 'homœopaths' cut themselves off from the great body of scientific practitioners by a voluntary and useless act of schism. If they were content to be medical men like others, they could practise according to any principle they pleased, and nobody would say a word."\*

\* *The Hospital*, February 12, 1887.

Thus, then, we have at last reached the real battle-ground of to-day. The "law of similars" is admittedly to some extent true; to what extent, each practitioner is free to decide for himself as the result of his own experience. The question of dosage is also not an article of faith, but a matter to be decided by each one for himself. Even the confining of practice to a special or exclusive method is not universally admitted to be a valid objection, and indeed owns but one leading authority as its supporter. So long as the practitioner does not claim that his rule is the only true therapeutic rule, as long as he does not "trade upon a name" implying such a claim, or, by the formation of organizations distinct from and opposed to those of the regular profession, take an attitude of antagonism thereto, there is no ground for refusing him the full rights of professional fellowship.

Now let us look back a little into the history of medicine. A therapeutic rule by no means novel, but which had for centuries remained practically buried, was unearthed as it were by a certain section of the medical profession and proclaimed afresh. That rule was the "law of similars," and the application of it is fitly called "homœopathy," and those who use it to any extent are *to that extent* "homœopaths." Its applicability, either partial or universal, was at first flatly denied and pronounced absurd by the mass of the profession; and it therefore not unnaturally came about that those who acknowledged it, independently of the extent of their claim, were dubbed "homœopaths" *by their opponents*. They were also, as a matter of history, anathematized and excommunicated, were deprived of their posts in hospitals, of their chairs at universities, of membership of medical societies, and were thus, in accordance with a law of nature, driven into combination and organization *in self-defence*. There was then no question of the ethical aspect as a ground of objection; it was purely and simply a refusal to recognize as professional brethren those whose practice was based to any extent at all upon the despised "law of similars." On that ground Dr. Rapp, Professor of Pathology and Therapeutics in the University of Tübingen, was dismissed from his chair; Dr. Reith was removed from the staff of the Aberdeen Infirmary; while virulent but unsuccessful attempts were made to deprive Dr. Henderson of his post as Professor of Pathology at the University of Edinburgh, and Dr. Tessier of his staff appointment in the Paris Hospitals.

Moreover, to show that the present ground of objection

is a complete change of front, I would point out that the Provincial Medical and Surgical Association—the progenitor of the present British Medical Association—passed in 1851, at Brighton, under the presidency of Dr. Horner, of Hull (who by the way was a few years later deprived of his post in the Hull Infirmary and struck off the list of vice-presidents of the association for becoming a “homœopath”), resolutions stating that professional intercourse with “homœopaths” was “derogatory to the honour of members of the association.” It then defined:

“That there are three classes of practitioners who ought not to be members of this association, viz., 1st, Real homœopathic practitioners; 2nd, Those who practise homœopathy in combination with other systems of treatment; 3rd, Those who, under various pretences, meet in consultation, or hold professional intercourse with those who practise homœopathy.”

The second of these classes clearly ostracises even those who acknowledge only a partial application of the “law of similars,” while the third enunciates a course of bigotry and intolerance which I believe it was reserved for the year 1887, in spite of the much wider views we now hold, to attempt to put into action.

Now I am free to admit that had the separation originated as a consequence of the antagonistic organizations, instead of, as in point of fact, *vice versa*, no condemnation could have been too strong for those who thus wantonly destroyed the unity of the profession. But in the face of the facts I have just related, I would ask “Ought we to complain, can we ever be surprised, at the existence of a sectarian designation or of independent organizations?”

It may be objected that with reference to the differences of opinion above alluded to concerning the merits and extent of application of “antiseptic surgery,” there are no Listerian hospitals or societies, no men who dub themselves or permit themselves to be dubbed Listerians or Antiseptists. Granted: but are we so certain there would not have been if Lister had been deprived of his chair at Edinburgh, and if those who did not believe in or use his method had cast out those who did from their societies, dismissed them from their posts in hospitals, and refused to hold any professional intercourse with them whatever?

And how stands the case now? Is there any justification, any excuse, for the maintenance of a designation, of special organizations, at the present time? We are told that if those whose practice is more or less based upon the “law of similars” will only abstain from calling themselves

“homœopaths,” give up their special organizations, directories, and societies, and dismantle their hospitals, the hand of professional fellowship shall be once more extended to them. Individuals have tried it, and with what result? Why, that they are immediately accused of dishonourable conduct. Call yourself a homœopath, and you are “trading on a name” that is derogatory to the profession. Do not call yourself one, and you are sailing under false colours. “Heads I win, tails you lose!”

What was the case with Dr. Kidd at the death-bed of Lord Beaconsfield? He had, I believe, discarded the appellation of “homœopath,” and removed his name from the homœopathic directory, and he notoriously did not admit the universal application of the “law of similars” or the necessity for infinitesimal dosage. Yet Sir William Jenner felt it his duty to refuse to meet him, and Dr. Quain only felt justified in so doing when armed with a special dispensation from the Royal College of Physicians.\*

Again, in the case of the institution with a reference to which I commenced this article, while the incriminated members certainly did offend by being connected with “homœopathic” institutions and figuring in the “homœopathic” directory, the whole spirit of the complaint lay in the fact that their practice was, at any rate to some extent, based upon the application of the “law of similars,” a law which is admitted (Dr. Lauder Brunton tells us) as of partial application by the ordinary practitioner, and about which the only dispute is to what extent it applies—a question of infinity, and one to be determined only by the possession of infinite knowledge. In evidence of this statement let me adduce facts.

In a circular addressed to the governors, the executive committee state that they have called upon the offending members not merely “to remove their names from the homœopathic register” and “to resign any appointment they may hold at any homœopathic institution,” but also “to desist from the said practice [of homœopathy] in future.”

In a letter addressed by six members of the medical staff to the chairman of the executive committee they consider

\* The late Sir Richard Quain wrote to us on the publication of this article informing us that this belief was a popular error; that he did not either seek or obtain any dispensation from the Royal College of Physicians for meeting Dr. Kidd in consultation. He asked us, moreover, in case the article should be reprinted, that we would make public his statement. The article has not hitherto been reprinted, but we gladly take this opportunity of complying with his wish.

the fact "that for some time past patients of the infirmary have been treated homœopathically" renders it "highly desirable that an enquiry should be made into the matter."

In a further circular addressed by a section of the executive committee to the governors, a complaint is made of "the introduction of homœopathy as a method of practice by certain members of the medical staff," which will induce "a large majority of the medical staff to resign if such practice be continued."

The resolution moved at the meeting of governors (the rejection of which resulted in the resignation of seven of the medical staff) calls upon the offenders, among other things, "to cease from practising homœopathy." I fail to see any compliance in these acts with "the absence of any desire to fetter members of the profession in the theories of medical practice they may adopt."\*

The present writer, who happened at the time to be on the medical staff of another hospital, applied for and was appointed to one of the vacancies created by the resignations referred to above. Whereupon a committee meeting was called at the other institutions, and a resolution was passed in these terms :

"That no member of the staff of the Queen's Jubilee Hospital be connected with a homœopathic establishment, or with any institution in which homœopathy is either a recognized or an optional mode of treating the sick, or at which avowed or known homœopaths are office-holders."

On the strength of this resolution the writer was called on to resign, and refusing to do so was suspended; the subsequent events are on record in the Law Reports and the columns of the *Times* for December, 1887, and January, 1888.

Surely this case was the *reductio ad absurdum* of anti-homœopathic bigotry and intolerance. The writer did not acknowledge the homœopathic law as being one of general application any more than would Dr. Brunton or Dr. Ringer. yet, because he even chose to associate on the staff of a charitable institution with homœopaths, it was attempted to extend the boycotting principle to him.

In the face of evidence such as this, is it to be wondered at that the so-called "homœopaths" hesitate to respond to the invitation to disorganize themselves, or to hasten with rapturous enthusiasm "to frankly acknowledge their error and return to rational medicine, of which Hippocrates is regarded as the father"? What amount of credence

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\* Resolution of the Royal College of Physicians of London, December 27, 1881.



can they place in the promises that are held out to them that if they disband their own organizations, dismantle their own special hospitals, discard their special designation and directories, they will once more be restored to full professional fellowship, or stand upon their individual merits when seeking public appointments ?

To summarize : Objections to professional intercourse between the majority of the profession and so-called " homœopaths " have been based on the following grounds :

(1) Their special method of treatment depends upon a rule which is an axiomatic absurdity.

(2) They are essentially bound to a *reductio ad absurdum* in the question of dosage.

(3) They claim an exclusive possession of the only true rule of practice.

(4) They trade upon a separatist designation, and form societies and organizations distinct from and opposed to those of the regular profession, and are thus the originators of a schism.

On the first two of these grounds it is alleged that professional intercourse must be futile ; on the last two that it is derogatory.

In reply I have attempted to show :—

(1) That the great authorities amongst the majority admit and prove the said rule *not* to be an axiomatic absurdity, but to some extent true ; and that a mere difference of opinion as to the *extent* of its application does not destroy the possibility of a harmonious consultation.

(2) That the *reductio ad absurdum* of dosage is not essential, and consequently cannot be a valid reason for ostracising homœopaths *en masse* ; and, being a question of degree and not of kind, is always open to adjustment.

(3) That the so-called homœopaths do not in theory claim possession of the only true rule of therapeutics, and do not in practice discard other methods, rules, and auxiliaries. That the exclusiveness, if exclusiveness there be, lies with those who practically admit every method and rule *except* the " law of similars," which, however, they verbally accept as " true to some extent."

(4) That all those who admit the truth of, and apply in practice—to whatever extent—the " law of similars," are to that extent *ipso facto* practising " homœopathy," and are therefore " homœopaths." No exception can, therefore, be justly taken to this appellation, unless it be held also to imply the rejection of all other rules and methods, which it is shown not to do ; that the name was conferred, not

assumed, at a time when even the partial truth and application of the "law" were scouted as absurd and denied, and that the separate organizations were originated at the same time, and solely as a means of self-defence; and, finally, that their present maintenance is excusable when we consider the fact, of which ample evidence has been supplied, that even now, in spite of liberal professions and an acknowledgment of the partial truth of the homœopathic law by the leaders of the profession, there is still on the part of the rank-and-file a disposition to make its acceptance and application—nay, *even to make association with those who accept or apply it*—a ground of professional ostracism.

In the discussion in the *Times* in December of last year (1887) we were told by two of the writers, as certain medical journals never tire of telling us, and as the seceders from the Margaret Street Infirmary assured us, that the medical profession has long since "definitively spoken" on the subject. It is just such absurd and pitiable dogmatism as this which does more harm to the medical profession than any amount of quackery. On how many subjects has the medical profession yet spoken "definitively" in regard to which it has not seen fit to change its opinion in course of time? This attempt to bar appeal, to stop discussion, is a most narrow-minded policy, and one which has proved disastrous in all times to every organization that has tried it.

KENNETH MILLICAN.

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#### OPEN WINDOWS v. SUFFOCATION.

THE following letter from our veteran colleague, Dr. J. W. Hayward, of Birkenhead, appears in the *Liverpool Daily Post and Mercury* of October 10th. Dr. J. W. Hayward has long been known, from his able writings and otherwise, as an authority on the subject of ventilation, and consequently, everything he says on this topic is correct, and well worth making a note of. The point of detail he insists on is really a very important one, and we reproduce his letter:—

TO THE EDITOR OF THE LIVERPOOL POST AND MERCURY.

"Sir,—The letter of your correspondent 'Horace Splinps' in to-day's issue deals with a practical question, and one of real importance to the health of the community. He draws attention to the well-known fact that 'the atmosphere in a closed-up bedroom becomes most offensive and injurious to health,' and he repeats the advice to remedy this by 'always having the windows of the bedroom open at night.' But.

unfortunately, he says this opening should be 'preferably at the top, as thereby ventilation is more thorough, and the sleeper is less likely to be exposed to a draught.' Now, here his advice is not good; for by opening the window at the top the sleeper is certainly more likely to be exposed to a draught, because the outer air being cold, or at any rate less warm than that within the room, is heavier, and so drops downwards in its passage across the room, and consequently falls upon the sleeper as a dangerous draught. Hence the rooted objection to having the bedroom window open. The proper place for the opening is at the bottom of the window, so that the incoming air in its passage across the room may pass underneath the bed, to rise up round the bed to replace the air that, having been warmed and so made lighter by the sleeper, is constantly rising up towards the ceiling.—Yours, etc.

“JOHN W. HAYWARD, M.D.”

October 8th, 1906.

THE “CHEMIST AND DRUGGIST” AND DR. E. A.  
NEATBY'S PRESIDENTIAL ADDRESS.

THE following appears in the issue of *The Chemist and Druggist* for Sept. 22nd, 1906:—

SMALL DOSES OF DRUGS.

“The grinding up or dissolving of a medicinal substance subdivides it, and the finely divided particles are brought into contact with living cells which act the part of liberators of the latent intra-atomic energy. Such liberation of energy goes on everywhere, under all circumstances. How much more favourably when subdivision renders possible ionization by the tissues. As regards the preparation of homœopathic medicines by trituration and solution, it is not contended that the drugs are ionized, but that their minute subdivision renders them capable of ionization by the tissues. Nor is it necessary to suppose that before administration drugs are ionized. . . . Our knowledge of cellular physiology and cellular pathology demands a cellular therapeutics, and in this domain bulk gives place to speed. Herein lies the scientific justification of the clinical use (long verified by experience) of minute doses of finely subdivided substances. Thus spoke Dr. Edwin A. Neatby, in his presidential address to the British Homœopathic Congress. It is a clever adaptation of the ionic hypothesis to the Hahnemannian doctrine.”

" A STRANGE HOSPITAL PATIENT."

THE following appeared in the *Times* of October 18th.—

" A STRANGE HOSPITAL PATIENT.—Mr. Edward A. Attwood, Secretary of the London Homœopathic Hospital, Great Ormond Street, W.C., writes, under yesterday's date.—' A pigeon bearing a metal band round its leg, with the number 1905Z in yellow lettering, followed by 12 in black lettering, suffering with a badly lacerated leg, claimed admittance to the London Homœopathic Hospital, Great Ormond Street, W.C., to-day, by flying in at one of the windows. After receiving treatment it was offered its freedom, but will not leave us, following the custom of the majority of the thousand and odd in-patients we admit each year, in being sorry when the time comes to take their discharge from our comfortable wards. In view of our constantly increasing work among the suffering poor, the Board of management of the Hospital is at the present time appealing for £30,000 (of which some £13,000 is already conditionally promised) to extend the Hospital accommodation. The work has been carried on in the present building for 11 years with marvellous success, but further progress in the present restricted area is not possible. More accommodation is wanted in the wards, in the domestic department, and more especially in the out-patient department, as well as extra consulting rooms for the use of the medical staff. It was thought that the pigeon might have been the means of communication adopted by some " anonymous " donor to send a cheque to Lord Cawdor, the Treasurer of the Hospital, for this extension appeal fund, but, alas! no communication other than the metal ring was found upon it. The owner can have the pigeon by giving a description of it, and if the anonymous donor forgot to attach the cheque to the bird, it will be gratefully received.' "

CASE OF SKIN ERUPTION FROM THE USE OF  
MERCURIC CHLORIDE.

By ROCEO BELLANTONI, M.D.

New York City.

M. C., Italian girl, aged twenty years, of very robust and healthy constitution. Was operated on by me for subaxillar abscess. I used a dressing of solution of corrosive mercuric chloride (one one-thousandth), using less than one litre of the solution. The medication was very simple, as I placed upon

the skin sterilized gauze wet in the same solution, after which I applied dry, sterilized cotton and band.

Next day, when I saw the patient, I found the skin of the entire axilla of the subaxillar region portion of the near lateral anterior and posterior regions of the forearm of scarlet colour, and sprinkled all over the surface with small vesicles, which contained pus. There was aggravating itching, almost unbearable, and the appearance of burns of first degree. This appeared wherever the corrosive sublimate flowed.

The same lesion was also on part of the anterior and posterior face of the axillar walls, where the gauze had settled down.

The girl told me that several years ago she had suffered the same injury from the use of the other solution of mercuric chloride, used on her by a physician who was surprised at the results. After three days she had almost recovered from the operation for the abscess, but on the surrounding surface she had ulcerations exuding pus.

After this experience I shall not use such a drastic remedy, but a milder antiseptic, in such cases. I cleaned these ulcerations each day with sterilized water, and covered with sterilized gauze and cotton, and cured the lesions with powder of bismuth subnitrate sprinkled on sterilized gauze, and cotton well-padded on, and the trouble disappeared in a few days.—*The Medical Brief*, Sept., 1906.

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## DIETETIC PREPARATIONS.

### “BISQUIT’S OWN” BRANDY.

*Messrs. Bisquit, Dubouché & Co.*

It is proverbially difficult to obtain genuine pure brandy at a reasonable price at the present time. We have had a sample of “Bisquit’s Own” sent to us. It is 14 years old, and guaranteed to be absolutely pure, and the “pure distillation of grape wine.” It is a first-class brandy, and fully bears out all that Messrs. Bisquit, Dubouché & Co. say of it. When brandy is required, we cordially recommend this brandy, and feel sure that our readers will not be disappointed in its use, and in its purity. It compares well with the best brandy that can be obtained from firms that already have a name. The London agents are Messrs. Merritt, Bird & Co., 11, Hart Street, Mark Lane, E.C. If one were forgetful its very name would serve as a reminder.

## A PROBLEM IN MEDICAL ETIQUETTE.

LITTLE Stanley : " Paw-uh ! "

Mr. Busyman : " Well, my son ? "

Little Stanley : " Paw, when a doctor is sick and calls in another doctor to doctor him, is the doctor doctored the way he wants to be doctored, or does the doctor doctor him just as he thinks he ought to be doctored ? "—*St. Louis Medical Review*, Sept. 29.

## OBITUARY.

WILLIAM BARCLAY BROWNE SCRIVEN,  
B.A., M.B. &c. (DUBLIN UNIV.).

WE much regret to have to record that Dr. B. B. Scriven of Dublin has passed away from among us. He had been in his usual good health up to July, when he got a chill at his home at Balbriggan, from the effects of which he never rallied, and he passed away on September 12th, at the advanced and wonderful age of 89.

Dr. Scriven was born in Dublin on October 21st, 1817, the son of Captain John J. Scriven of the Royal Marines. He was educated at Bedford and Oakham Grammar Schools, and afterwards at the University of Dublin, where he graduated B.A. in 1840, and M.B. in 1842. He also in the same year took the M.R.C.S. of England. In those days, when it was the custom for young students to be apprenticed to a senior, he was apprenticed to Dr. Harrison, Professor of Anatomy in the Royal College of Surgeons, Dublin, and afterwards in Dublin University.

He was first led to look into homœopathy owing to the success of Dr. Luther in the treatment of his (Dr. Scriven's) mother. He then went to Edinburgh during the cholera epidemic, and worked with Dr. Rutherford Russell. He contracted cholera himself when there, but recovered. After that experience, he travelled in Italy, Egypt, and Palestine. He at first settled in Leamington in 1849, but in the following year he moved to Dublin, his native city, where he took up Dr. Luther's practice, and where he lived and practised homœopathy till he finally retired in 1901 to his property at Balbriggan. Dr. Scriven was a staunch believer in, and supporter of, homœopathy in all his professional career, and being much beloved and trusted by all who knew him, he made a distinguished position for homœopathy in Dublin. A very interesting event occurred in his practice, which

ought not to be forgotten. The famous Archbishop Whateley was a patient of his, and when suffering from gangrene of the leg, Dr. Scriven asked a surgeon, Mr. Adams, to consult with him on the case. Mr. Adams refused to meet him in consultation, expecting, probably, that the Archbishop would dismiss his homœopathic physician. The Archbishop, however, would not hear of such a course of dastardly action, and preferring to remain under the care of his trusted medical adviser, refused to see the surgeon at all, and remained under the sole care of Dr. Scriven. Such loyal and honourable action on the part of the Archbishop deserves a permanent record, and it speaks volumes for his confidence in Dr. Scriven. Dr. Scriven was prominent, about this time, in several controversies with various Dublin surgeons who refused to meet him in consultation. The famous John Nicholson, of Indian fame, was a devoted patient of his, as was Tietjens and many of the great Italian singers, and Agnes Strickland the authoress. Dr. Scriven was a strong believer in the value of the Turkish bath, as a curative agent, and as a prophylactic for those whose sedentary occupations precluded regular exercise. In fact, he was the means of introducing the Turkish bath into Ireland, and at his own house he constructed one, which was available for horses, and by which he succeeded in curing many valuable animals which had been given up as incurable by the old school. He himself took a Turkish bath twice a week regularly, till his fatal illness, and to this, along with homœopathy, he attributed his wonderful health, vigour, and long life. In religion he was brought up in the strictest "Evangelical" school of the Church of Ireland, of which he remained, till his death, a staunch and faithful member, and of the funds of which he was a liberal supporter.

Dr. Scriven was married in 1854 to Miss Hamilton, of Tullylish, Co. Down, who predeceased him in 1902. His brother-in-law, Mr. H. A. Hamilton, bequeathed his property to Dr. Scriven, including Hampton and Rochfort House, Balbriggan, where he lived from 1905 till his death. He leaves two sons, one, our esteemed colleague Dr. George Scriven, who carries on the practice in Dublin, and who was for a time Resident Medical Officer to the London Homœopathic Hospital, the other is in the Church of Ireland, and is curate of Balbriggan Church. To them we offer our warm sympathy in the loss they have sustained, while congratulating them on their being able to look back on the very long and honourable career of their distinguished father—a thing to be proud of.

## 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 Dr. DYCE BROWN, 29, Seymour Street, London, W. Telephone, 138 *Mayfair*.

Dr. POPE'S Address is 10, Approach Road, Margate.

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.

Contributors of papers who wish to have reprints are requested to communicate with Messrs. E. GOULD & SON, Ltd., 59, Moorgate Street, London, E.C., who will arrange with the printers. Should Messrs. GOULD & SON receive no such request by the date of the publication of the *Review*, the type will be taken down.

Communications have been received from Drs. BURFORD, JAGIELSKI, Mr. J. M. WYBORN (London), Dr. GEO. SCRIVEN, (Dublin), Dr. BARROW (Johannesburg), Dr. BELLOWS (Boston, U.S.A.).

## BOOKS RECEIVED.

*Behaviour of Organic and Inorganic Phosphorus Compounds*, by F. W. Tunncliffe, M.D. *Golden Rules of Medical Evidence*, by Dr. Atkinson. *De L'Iboga et de Obogaïne*, by Dr. Laudin, Paris. *Operative Treatment of Uterine Displacements*, by Dr. E. A. Neatby. *Guide to Urine Testing*, by Dr. Mark Robinson. *Reports from the Research Laboratory of the British Homœopathic Association*:

*Homœopathic World*, October. *Journal of the British Homœopathic Society*, October. *Vaccination Inquirer*, October. *The Business Man's Magazine*, September. *Calcutta Journal of Medicine*, August, September. *Indian Homœopathic Review*, August. *The Therapist*, October. *St. Louis Medical Review*, September, 15, 22, 29, October 6. *Homœopathic Recorder*, September. *Medical Brief*, October. *Pacific Coast Journal of Homœopathy*, September. *Medical Times (N.Y.)*, October. *Homœopathic Envoy*, October. *Medical Century*, October. *The Chironian*, September. *Hahnemannian Monthly*, October. *American Physician*, October. *Homöopathische Monatsblätter*, October. *Allgemeine Homöopathische Zeitung*, October 4, 18. *L'Art Médical*, September. *Revue Homœopathique Française*, July, August, September. *Rivista de Med. Hom. Porto Alegre*, July, August. *Rivista Homœopathica do Parana*, 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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AN OBJECT-LESSON.

IN our *Review* we rather avoid controverted subjects when they are not specially connected with homœopathy. But the subject of vaccination is, to an important degree, intimately connected with homœopathy, and it is only in recent years that we find certain homœopaths taking up the anti-vaccination position. Of course, vaccination may be carelessly and badly done; bad, diseased lymph may be, and has been, carelessly used, with results which are, undoubtedly, the consequence of such criminal carelessness. This is, it goes without saying, admitted as having not infrequently occurred, and with consequences which everyone regrets. No voice, in fact, is strong enough to condemn such grossly negligent practices, which land those who are healthy and innocent in a state of artificial disease. But it is quite another matter when, because ill results have followed the use of diseased lymph, the whole practice of vaccination for the prevention of small-pox is run down and vehemently opposed. A black sheep may exist in a fold, but the whole fold should not be labelled or maligned because of it. And the curious thing, and one which we have difficulty in understanding, is that any homœopaths should rank themselves as opponents of the practice of vaccination. It would make too long an article

were we at present to show proof, from going into the whole subject, that vaccination is not only homœopathic, but one of the prettiest practical and successful illustrations of the law of similars of which everyone sees and benefits by, the beneficial effects. We propose to do this at another time, though it might seem to most of us that it would be a work of supererogation. Nor do we intend to bring forward any facts, figures, or statements to show the efficiency of the practice hitherto, both in this country and in foreign countries. The results are well known to everyone who is not hopelessly prejudiced. Were it not that we know for a fact that certain homœopaths, medical as well as lay, strongly oppose the employment of this beneficent illustration of the law of similars, we would let the subject alone for the present. But when we find men of the old school saying, as one recently gone to the majority once said to us, that he wondered that homœopaths did not push the question of vaccination more strongly before the public, as it was a beautiful example of homœopathy, there is need to speak of it now and then, and to act on the principle which homœopaths pride themselves on adopting and acting upon—*Audi alteram partem*.

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We therefore extract for the delectation of our readers, both vaccinationists and anti-vaccinationists, the following from a Leader in the *Times* of September 22nd, on the Report for 1904-5 of the Medical Department of the Local Government Board. It is a very instructive object-lesson for all.

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“We have lately had occasion to refer to the relative expensiveness of small-pox and vaccination; and an important section of the Report is devoted to the history of a small-pox epidemic in the union of Dewsbury. It seems that the Board of Guardians of Dewsbury have for some years set themselves up as systematic opponents of vaccination, and have not only neglected, but positively refused, to discharge their duties with regard to it; and, at the same time, the surrounding sanitary authorities have been remiss in providing hospital accommodation for

dealing with the inevitable consequences. For many years outbreaks of small-pox have occurred from time to time in Dewsbury; in 1892 there were 272 cases and 45 deaths; in 1903 there were 240 cases and 17 deaths. In 1904, up to September 14, there had been 260 cases, and Dr. Wheaton was sent down to report. He found that the epidemic was fast passing beyond the control of the sanitary authorities, and that the Dewsbury Guardians were abstaining from doing anything to help them. The town small-pox hospital was over full, and its administration completely disorganized; while no provision could be made for the isolation of the numerous cases occurring in the surrounding districts. At Dewsbury itself there was no efficient disinfection of the clothing of 'contacts,' and no provision for the reception of people from infected houses while these were being disinfected. At Ravens-thorpe the district council had no disinfecting apparatus, so that the clothing of 'contacts' and the clothing and bedding of patients could not be disinfected; and, for lack of hospital accommodation, small-pox patients were being kept in their own houses, while their families were being maintained in quarantine at the expense of the sanitary authority. The general state of the locality is described as being 'altogether pitiable.' Nurses had not been provided, and convalescents were in attendance upon the sick. The conditions arising when several cases of small-pox had occurred in the same household were often 'such as would hardly be credited as possible of existence in a civilized country.' In one small bedroom Dr. Wheaton found three adults suffering from small-pox, one single woman, aged twenty-five, in one bed, and two single men in another; another healthy woman shared the bed of the female patient at night. Dr. Wheaton asked a father if he were not convinced of the protection afforded by vaccination by seeing the immunity of the medical men, and the man replied that the medical men were 'protected by a charm, with which they would not part.' We are not told whether this authority was a member of the Board of Guardians, or only one of the enlightened persons by whom they were elected. At length, finding the Guardians utterly impracticable, the Local Government Board conferred the necessary powers upon the Dewsbury Town

Council, by whose prompt action as a vaccination authority the plague was shortly stayed. But in the course of the year ended March 25, 1905, over 1,600 cases of small-pox occurred in the sanitary districts comprised within the unvaccinated Dewsbury Union. Of these 1,600 cases, over 1,000 occurred in the boroughs of Dewsbury and Ossett and in the Ravensthorpe urban district. During this period of twelve months the extra cost to these sanitary authorities of combating small-pox was, for Dewsbury, £12,397; for Ossett, £4,615; and for Ravensthorpe, £3,386; in all £20,398, without reckoning the expenditure of the rest of the Union. The Board of Guardians, by whose obstinate refusal to discharge a statutory duty the whole calamity was occasioned, are permitted to rest upon their laurels and to incur no penalty! Nobody can be compelled to be a Guardian against his will; and to accept a public office with a determination, or even under a pledge, to violate the legal obligations which it entails is a course of conduct which ought to be followed, not only by condign punishment, but by punishment bearing some proportion to the suffering, the misery, the bereavements, and the inordinate expenditure entailed by the offence. The example of Germany has long ago deprived anti-vaccinators of their last argument. It has shown conclusively, not only that the occurrence of small-pox can be prevented, but also that thoroughly effective vaccination and re-vaccination have no injurious influence of any kind upon the communities in which they are enforced. Nothing can be urged in favour of allowing anti-vaccinationists to fill public offices the duties of which they refuse to discharge. In such positions they not only inflict grave injury upon the community, but they bring the law itself into contempt."

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## BRITISH HOMŒOPATHIC ASSOCIATION.

### FIFTH ANNUAL MEETING.

WE wish to draw the attention of our readers, and of all interested in the British Homœopathic Association, and in its valuable and excellent propaganda work for the spread of homœopathy, to the Fifth Annual Meeting of the Association. It is to be held this year at the town

residence of the Right Honourable the EARL CAWDOR, 7, Prince's Gardens, S.W., on Wednesday, the 12th of this month, at 2.30 p.m.

It is most generous on the part of LORD and LADY CAWDOR thus to open their town house for this admirable object, and their kindness will, we are sure, be much appreciated by every one whose aim is the advancement of homœopathy in every possible form. LORD CAWDOR'S enthusiasm in the cause is well known, and he now shows it anew in a way that appeals to every one. We have no doubt that there will be a large and representative attendance on the 12th, not only for the sake of the cause of homœopathy, and of the militant work of the Association, but to do honour to his LORDSHIP and her LADYSHIP, who thus set an example of activity and energy for the cause we all have at heart. Former annual meetings have been a great success, and we feel sure that the Fifth one will be as great a success as on former occasions. All who are interested in the spread of homœopathy, and its propaganda as carried out by the Association will be welcome.

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## THE SEVENTH QUINQUENNIAL INTERNATIONAL HOMŒOPATHIC CONGRESS.\*

HELD AT ATLANTIC CITY, U.S.A., SEPT. 10-15, 1906.

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By GEORGE BURFORD, M.B.,

Senior Physician for Diseases of Women to the Lond. Hom. Hosp. ;  
One of the Delegates to the Congress from the British  
Homœopathic Association.

### PART III.

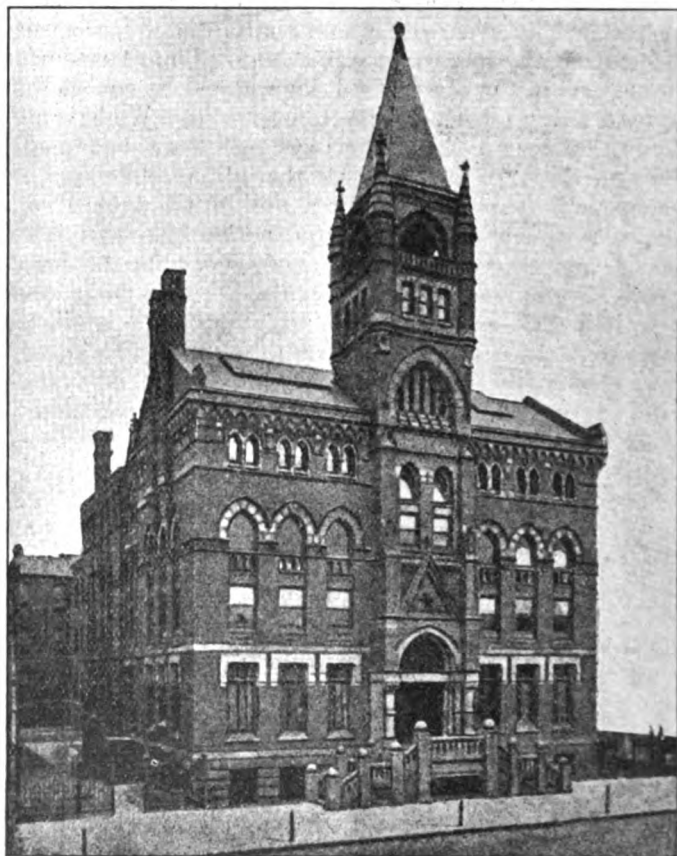
OUR POST-CONGRESSIONAL AMERICAN VISITATION, AND  
ITS ISSUE.

“WAKE UP, JOHN BULL”! WITH A BRITISH PLAN OF  
CAMPAIGN.

YES, wake up, John Bull! It is high time to awake thoroughly and to some purpose; and, for the sake of homœopathy, to study American methods. For it is

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\* In the account of the “Hands across the Sea” dinner in our last month's issue the name of Dr. J. Richey Horner should be added to list of guests.



HAHNEMANN MEDICAL COLLEGE, PHILADELPHIA.

(Two Hundred Students are qualifying this year for its degrees.)

American methods that have placed our science and practice in the commanding position I have sketched in the New World. And, viewed as favourably as you please, English methods are certainly *not* carrying the day in England as regards homœopathy.

Let us now bring our misdoings to judgment, that our ways may be amended, and wiser paths chosen.

#### THE PROBLEM OF THE HOMŒOPATHIC CHEMIST.

Instance our homœopathic chemists—who ever expends a serious thought on their welfare? *Eight homœopathic pharmacies in London alone have closed their doors within the last few years.* Let not the enemy blaspheme—this is no obvious proof of the waning prospects of homœopathy in this city: collateral evidence, fortunately, is dead against that. With the proximate causes of this untoward occurrence we must leave the chemists themselves to deal. What it does betoken is that touch has been lost in some way between the homœopathic chemists, who are lessening, and the homœopathic laity, which is increasing. Possibly there may be some lack of adaptation, some British rigidity of method, in countering the increasing Americanization of old-school domestic practice, tabloidian and other, so familiar on this side of the herring pond. But the fault is not all on the side of the chemists.

Turn now to the provinces, and a parallel state of suspended animation is demonstrable there. Homœopathic chemists find themselves operating in an increasingly limited sphere of action—as regards homœopathy. The honourable avocation of homœopathic chemist, at one time well represented in certain towns, now knows them no more: or is existent only as part of a double unity, in which homœopathic medicines and allopathic drugs are partners under the same roof. In yet other cases, it is said that the phenomenally low prices of wholesale dealers to outsiders crib, cabin, and confine the *clientèle* of a homœopathic chemist within a narrowing circle. Yet, without doubt, the public interested in homœopathy, or ready to be interested in homœopathy, is as numerous, and probably more numerous, than ever.

## THE FUNCTION OF THE HOMŒOPATHIC CHEMIST.

· Why, then, this rift in the lute? Where, in the present general revival of homœopathy does the homœopathic chemist come in? The perception of the older homœopaths was right, which recognized for him a definite and necessary function in the spread of homœopathy. What that function is, is clear beyond dispute when we reflect that *as is the activity of a homœopathic chemist in his centre, so is the local appreciation and understanding of homœopathy by the general public.* And where the influence of a homœopathic chemist is lacking or is declining there also is homœopathy shorn of one of its best propagandist forces. This is the chief function of the chemist in the homœopathic body politic—the adjustment of homœopathy intimately to the manifold lesser ills of daily life.

And here a widespread deficiency obtrudes itself. Touch has been lost in some way between the chemists and much of the homœopathically inclined laity. Twenty years ago in the days of Ruddock's *Stepping-Stone*, *Lady's Manual*, and *Text-book*, innumerable households were fully provided with up-to-date information and up-to-date material for dealing with the ordinary minor ailments of the home. The pocket-case and medicine chest were well to the fore in many households not fully homœopathic. Before that era, Laurie and Epps had occupied the same position, to be displaced in the march of progress by their newer rivals. Now this wholesome method of supplying the medical wants of the community seems to have cried a halt. The enthusiasm of homœopathic domestic practice has largely died out. When one holds a court of enquiry, the causes are plain and palpable. Stereotyped methods—that is the canker worm. For the most part the medicine chests are the same, the pocket-cases are the same, even the domestic handbooks are the same, as those of a quarter century ago. This, too, although the ceaseless hustle of American methods has created a new domestic practice, in which cascara and soda-mint figure largely, whose triturates and hundredth-grain tablets are so obviously filched from the homœopathic idea, that there seems great danger of their filching the homœopathic domestic practice too. And with perpetual new adapta-



tions to all phases of life at home and abroad, the new allopathic domestic practice has been garnering our field while we slept.

#### A CALL FOR STATESMANSHIP.

But this question, like many others, is more complicated than appears on the surface. It is no secret that the professional relations of these two members of the homœopathic body politic—chemists and professional men—are often somewhat strained. Viewed as part of the competitive necessities of daily life, this is quite understandable; but viewed as part of the absolutely essential co-operation of two great factors in a homœopathic whole, this is wholly deplorable. As intermediates between the medical profession and the laity, homœopathic chemists have a propagandist, as well as a merely pharmaceutical rôle; and some latitude should be left to them in developing the former side of their double function. We are concerned, and deeply concerned, that the relations of the two main pillars of the homœopathic cause should be even temporarily disjointed. We would strongly urge that through the statesmanship of such a representative body as the British Homœopathic Association, the discrete functions of both wings should be merged into a balanced whole, that the cause of homœopathy may flourish. Here and now the moral is to wake up, that there may be, as our American cousins say, no landslide.

#### WHAT HAS SAVED THE ALLOPATHIC SITUATION.

Criticism is wholesome; so we extend our review to the fine flower of homœopathy, the Profession itself. Ten years ago, the members of the British Homœopathic Society resident in the British Islands numbered 205. To-day they total some 190. The proportion to population a decade back was one to 150,000; in the present year, one to 180,000. The study of this problem, apart from its overwhelming practical importance, is

absorbingly fascinating as a psychological enquiry. In the earlier days of homœopathy, converts were not infrequent among professional men in good practice. In the heyday of successful and often brilliant practice, the homœopathic law was deliberately chosen, by men of acknowledged ability, as the better way. Of late years this method of accession to the homœopathic ranks has fallen into desuetude. Nor is the reason far to seek. Apart from the unconscious homœopathizing of the profession, which, as Dr. Dyce Brown has shown, has gone on pretty thoroughly, the introduction of antiseptic surgery has turned the attack, and saved the allopathic situation. In any recount of the progress of the healing art in the last hundred years from the orthodox point of view, the triumphs of antiseptic surgery lead the way. Advances in medicine are either spoken of, in Mr. Toots' classical phrase, as of "no consequence," or, if glorified, are on such obvious homœopathic lines that common sense refuses to be deceived with the hands of "*œqualia œqualibus*"\* when the voice is that of "*similia similibus*." The old school has much to be thankful for in antiseptic surgery, which, by diverting attention from the parlous state of orthodox medicine, has staved off for a few decades the dominance of homœopathy all along the line. To 'vert from the old practice to the new law, when medicine slew its thousands and surgery its ten thousands, was no great effort; but to 'vert from a medicine homœopathized plus a surgery antisepticized is a much greater strain. And for these conversions to be renewed, homœopathy must wake up, bestir itself, develop much more thoroughly its powers of constitutional treatment. A new era of the greatest promise is dawning in the control, on what are truly homœopathic lines, of pathological conditions by nosodes. When these new methods have been defined, and their scope increased by being homœopathized, then an enormous area of disease, temporarily occupied by antiseptic surgery, will revert to medicine; and conversions become thick as leaves in Vallombrosa. But for this, Research in homœopathy must be up and doing.

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\* See article by Dr. Bulloch in the *Practitioner*, early in the current year.

### WHAT HAS RETARDED THE HOMŒOPATHIC ADVANCE.

Another let and hindrance to the rapid growth of the homœopathic body is its supineness. Where, until the repeated issue by the British Homœopathic Association of Dr. Dyce Brown's pamphlet\* was any condensed up-to-date statement of the value of homœopathy for professional men? And what do we personally do for the enlightenment of the Egyptian darkness of the medical men in our own sphere of influence? Their ignorance of homœopathy is usually abysmal. A professional man in the provinces called one night to see a homœopathic colleague on some independent matter. The opportunity was taken to direct his attention to homœopathy, and the well-chosen and extensive library was shown. "Really," said the visitor, "I had no idea you had a literature like this." Look on this picture and on this. Another colleague, in narrating his fraternal relations with a local allopath, said, "I have known him for so many years, and the question of homœopathy has never been raised between us." Who can blame the allopath, not allowed to know anything of homœopathy, if he takes us at face value, and concludes that there is nothing in a subject eternally silent about itself?

But supineness is not all. It is to be feared that cold water has once and again been thrown on the aspirations of young professional men to enter the homœopathic body by faint-hearted advisers who should have known better. Mr. Timorous is occasionally still in evidence. The homœopathic professional life has been deemed too isolated, too strenuous, for the neophyte; cold comfort has been given him, and it has been conveyed that homœopathy had no opening for him worth serious consideration. Nor is this feeling extinct among us. It is not every soul that is strenuous enough to bear the cold shade of opposition without flinching. But no man worthy of the name, having clearly caught the truth, can draw back therefrom, or advise others to do so, without playing fast and loose with the cause of humanity.

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\* *On the Permeation of the Medical Profession by Homœopathy.*  
London: The British Homœopathic Association.

## A NEW VIRTUE.

On one point we have at length woke up : the actual settlement of young homœopathic practitioners in suitable localities is engaging the sympathetic attention of our leaders. For some time past the problem of making easy the domicile of a homœopathic practitioner in a new locality has been prominently before the British Homœopathic Association. Practical results have followed ; and what a field for judicious advice and practical assistance there was in enabling neophytes to cross the Rubicon, and, having crossed, to make the next serious step of settlement, has been simply astonishing. This is a work which will be continuous, and of the highest importance in the diffusion of homœopathy in the British Islands.

## HOW TO COMMENCE THE CAMPAIGN.

But still the paramount question remains : *How may we best augment the adherents of Homœopathy in the profession ?* The experience of the last fifty years is fruitful in suggestions how *not* to do it. Some new element will have to be infused into our propagandism to make the flowing tide be with us.

Dissect the problem, and it immediately discloses itself under separate heads. First in point of time is, *How may we best incite professional men to examine Homœopathy ?* To the orthodox professional man, homœopathy is as metaphysical moonshine. He knows absolutely nothing of it at first hand, no more than did Tacitus of the character of the Christian Religion of which he wrote so glibly. Our great mistake has been to expect a spontaneous movement of professional men towards the enquiry after a thing they have been taught to hold accursed. They will not take the initiative in searching after homœopathy. Homœopathy must search after them. The way must be paved by a wholesale literary permeation of the profession, again and again, and yet again. The unconscious homœopathizing of the profession must be writ large. The universal trend of therapeutic research work toward a homœopathic centre must be put so that he who runs may read. Ensconced in our well-ordered hospitals, we have awaited the visit of the therapeutic sceptic, who, incited

by nothing in particular, is to come to us in search of something in which he does not believe. He won't come; he never has, to any appreciable extent.

What should we do? Adopt American methods, forthwith and *con amore*. Out of hospital practice prepare statistics which will bear the strictest scrutiny, and blazon them abroad, far and wide. See to it that every professional man has brought home to him such a presentment as that of Dr. Dyce Brown's "permeative" pamphlet, not once only, but more than once. Then give him the opportunity of attending again and again such explanatory lectures as the Wednesday Lectures of the British Homœopathic Association, held under non-committal conditions, in varying localities. But, above all, begin by crowding the literature of the subject on his unwilling notice. This we ought to do, for we have invaluable literature which is, at present, sealed to him. The initiative is for us to take. We have, instead, done a good deal of waiting, and wait we may, till the crack of doom, unless we adopt some more active policy of proselytism.

#### HOW TO DEVELOP THE CAMPAIGN FURTHER.

The next stage in the problem is, *How best to carry on such an awakened interest up to the actual practical proof of Homœopathy?* To the actual practical proof all our previous efforts are focussed; and would that every practitioner of medicine would make it! Four methods of personal investigation are open to him. First and foremost comes *investigation by watching Hospital Practice*. Our hospital facilities, properly organized, are incomparably superior to any alternative in affording cogent evidence of the values of homœopathy. But we insist that these facilities should be brought more to the front, and pressed upon the attention of the profession. To provide opportunity is not enough; the facilities for personal investigation should be clearly stated and constantly urged, in and out of season, especially upon the younger medical graduates. All the homœopathic hospitals throughout the country are centres of therapeutic light and leading; this is the place they do and ought to take; for they can show to all enquirers a new and better way.

And when enquirers come, let us be a little less *doctrinaire* and somewhat more painstaking than has sometimes been our wont. James Hinton came, in years gone by, to our chief institution, and watched the practice; no pains seem to have been taken with this brilliant man, who accordingly left us unconvinced, though he employed homœopathy in his own household. Not so long ago, came another enquirer to us, bent on investigation for himself. After seeing some very excellent surgery—to which he was not unaccustomed—he, on another occasion “went round” one morning with one of the seniors, and at the conclusion of the visit was courteously bowed out. Now, this may be manners, but it is nothing else. It is an enormous blunder to assume that a legion of anxious enquirers, or even men easily to be convinced, exists, desirous in any way to learn of homœopathy. Very far from it. This desire is what we have to create: and great must be our pains and patience in sowing the seed.

A second form of practical proof is best attained by filling one of the Resident posts in a homœopathic hospital, and thus thoroughly working out the multifarious detail of homœopathic practice under the direction of a hospital staff. Many of our leaders have thus obtained their early technical skill in homœopathy, whose art and practice is much more difficult to acquire than most men suppose. This mode of access is necessarily limited; and we anticipate the time when the excellent organizations of our Cottage Hospitals will be available for increasing and multiplying this excellent form of special homœopathic practice for Residents.

Yet a third solid and enduring form of homœopathic training, where proof of the adequacy of homœopathy is daily obtained, is in the sphere of Assistancy in general practice, where the chief is a born trainer of men. Such generalized experience in the varied calls of daily practice under competent guidance is invaluable; and public thanks are due to many of our provincial brethren, such as Dr. Burwood of Ealing, Dr. George Clifton of Leicester, Dr. Roche of Norwich, and other honoured colleagues, who have thus acted informally as homœopathic tutors to the profession for many years. For thoroughness and success this form of professional training leaves nothing

to be desired ; and the values of homœopathy are thus well and truly proven at many a bedside.

But the line of least resistance will best suit the majority of enquirers ; and this line is in that investigation which each medical man can and should make for himself. If, as is probable, a man elects to do this by himself, he is almost sure to go wrong unless his working directions are clear and explicit.

It is a new world he is entering. Homœopathy is not an easy thing to practise ; and for the experiment to be well and truly made, the conditions must be scrupulously adhered to. Now, for this test to be of any marked service, the procedure must be simple, the materials easily obtained, the method of use made lucid. In fact, a special arrangement must be devised for the *experimentum crucis*. We must have a concise pocket-book, written *ad hoc*, round the use of a dozen remedies for the suitable types of every-day disease. A typical case for the prescription of given remedies should in each instance be given. Narrow the issue at first to a few diseases and a few remedies. Bring down the trial to the well-understood daily work of general practice. This will eliminate the most probable pitfalls.

To bring this trial about, the materials must be actually placed in the hands of every practitioner. The probability with which this, or any trial, is made, hangs largely on the facilities to hand for making it. When one recalls the ceaseless persistence with which professional men are bombarded with specimens of new drugs, with special journals devised for the records of practice therewith, with the description of the newest batch of synthetic products or visceral extracts from German laboratories, one wonders why similar American methods were never invoked on the side of homœopathy.

#### THE PROFESSION ON THE ONE PART.

The homœopathizing of the profession is, however, not enough. Of the unacknowledged form we have had galore of late years, and it has not helped the science one iota. Nor would the general open acknowledgment of the value of homœopathy on the part of the profession forward the

cause much more. It would not imply substitution of therapeutic law all along the line for empiric procedure ; it would not imply predominance, it would merely connote a more thorough and open admixture than at present. That is, unless some new influence were instilled into the broader situation, by which the scientific law of *similia* should, with increasing force, be assured predominance. Short of this new influence, all that would have been gained would be the *terminus ad quem* of our amalgamationists, the fusion of the scientific with the empiric.

But how will this advance the science of homœopathy ? Not in the least, unless some new influence be brought to bear on the broader situation thus created, leading to the "scrapping," American wise, of out-worn belief and practice, leaving the finer adjustments of the newer method to occupy the situation.

#### AN ENLIGHTENED PUBLIC OPINION ON THE OTHER.

Now in a similar situation the air has been cleared, and continuity of progress assured, by some outside influence which has urged, to the definite retention of the best elements, and the wholesale discarding of conflicting or diluent matter. That outside influence is an instructed and forceful public opinion ; not the opinion of the man in the street, but the cool conclusions of the brainy men of the race.

Why, indeed, the brains of the country have not been enlisted on our side before now passes comprehension. Of homœopathy, like all other intellectual subjects of which intellectual men take account, some working conception has already been formed by these, based on the evidence easiest available. That evidence is often incomplete and distorted : hearsay and half-truth are usually its components, and it behoves us, to maintain our self-respect, that we put ourselves right with the thinking community. Nor is our case a unique one. Precisely such a mis-judgment was rectified by Grant Allen some years ago on the subject of evolution. Here, said this distinguished scientist, are gross mis-judgments and ludicrous perversions current on a highly technical matter, owing to the lack of a simple authoritative exposition of the chief features of the case. And that reading public, which insists on having



*some* opinion, right or wrong, on the topic of the day, has, since reliable, understandable evidence was submitted to it, gone bodily over to the evolutionary side, and all the great weight of educated opinion is now cast in its favour.

So, too, Mr. Froude, in one of his "Short Studies," gives another typical instance of the submission of a reasoned statement of a technical matter to the reading public, to eliminate erroneous opinions. Economic questions such as Free Trade, scientific questions such as evolution, are each detached from their context and made vivid by the luminous exposition which great masters of prose bestow on ill-understood points, so that erroneous ideas shall not confuse the public mind.

#### WHAT TO DO.

Now, if erroneous ideas on homœopathy were dislodged from the public mind, and replaced by the simple facts of the case, this would be the work of just such a reasoned presentment as I have described in similar cases. What all men recognize as deplorable is that error should have a start: and error, in the common misconception of homœopathy, has had a pretty long start. The sooner, for our self-respect, this is dealt with the better.

We require (and the Americans have done this) a brief, clear statement of what homœopathy is and what it does: a lucid exposition of the findings of modern science in its favour: a statistical review of how it comes out in the cure of disease: and last, but not least, an indication of its great value as an asset in the Commonwealth. Such plain and verifiable facts for plain people it is our duty to make known: for it is the forlorn hope of the reactionary to withhold knowledge from the people.

We are glad to know the British Homœopathic Association, recognizing the importance of the crisis, are printing and issuing on lines such as these a special pamphlet.

#### PLAN OF CAMPAIGN.

##### *Axiom I.—Funds.*

The homœopathic pocket in this country is ample enough, and the homœopathic following enthusiastic and

important enough, to finance sufficiently and increasingly all voluntary homœopathic activities where good work is done without stint. The more effective the public work, the more effective the public subscription list.

*Axiom II.—Federation.*

*L'union fait la force.* The cause of British homœopathy is many-sided and many-placed; a division of labour is essential for thorough development. Yet unification of units is still more essential; a working co-ordination is the head and front of our politics.

*Axiom III.—Public Service.*

Homœopathy is what its hospitals make it. What its hospitals do, determines, in fine, its serviceableness to the community; and on its serviceableness to the community the existence of homœopathic practice depends.

*Axiom IV.—Propagandism.*

Only a well-informed and forceful public opinion can break down that official, narrow exclusiveness which starves the growth of homœopathy. To make public opinion on this point forceful, it requires to be correctly informed what homœopathy is and what it does.

*Axiom V.—Science.*

“To the solid ground of Nature trusts the mind that builds for aye.” Without research work into the great problems of disease, without materia medica investigation, continuous and extensive, we make no progress, we fail to make our art and science contemporary. Our inspiring spirit, the cultivation of materia medica, requires, and at once, the simplest culture and nurture.

*Axiom VI.—Dissemination.*

“Give us more medical men and women.” Give us the requisite training facilities; establish an academic as well as a clinical department; let these two independent elements work interdependently. Assist every settlement in new ground.

### WORKING DETAIL.

*Integration.*—All the independent homœopathic interests in Great Britain: the medical profession, homœopathic chemists, homœopathic hospitals and dispensaries, the homœopathic press, and the homœopathic public with its working association, to be represented in the British Homœopathic Association as a co-ordinating and energising union of parts.

2. Connected with each other by the Association as a common centre, all the independent forms of British homœopathic work: the societies, the hospitals, the homœopathic chemists, the working guilds, should be encouraged to form their own associations; (1) That all units of the same work may be brought together for mutual help; (2) That diverse branches of work may urge for concentrated action.

### EXTENSION.

1. Each voluntary department of British homœopathic work may thus organize itself with the British Homœopathic Association as a *pied-à-terre*, and in addition to developing the influence of its constituents, may inaugurate new branches in new areas. Thus a hospital association, by virtue of its special knowledge and experience, may materially aid its newer components and help to found new hospitals in suitable towns.

2. By virtue of such connection of each form of homœopathic work with a central organization, the powers and resources of the central body are to be utilized for the furthering of the departmental work. Each section would then have the collateral aid of the affiliated sections, and of the general association behind all, in its extensive work.

### A BRITISH SCHOOL OF HOMŒOPATHIC MEDICINE.

Abandon all isolated efforts: these in Great Britain have invariably proved failures.

1. Enlarge the foundations. Co-ordinate into co-operation the three chief Homœopathic Hospitals—London,

Liverpool, Birmingham—for clinical lectures and demonstrations. Each hospital should organize its resources definitely for this: and not take the casual showing of professional visitors round the wards as systematic teaching.

2. Establish in a fixed centre, e.g. London, a single Academic College, where the academic half of the school can be systematically worked by a Professoriate.

This Professoriate may best be constituted of representatives from each hospital giving systematic clinical instruction.

3. The financial basis of the School of Medicine should be endowments, accumulated in course of time; special subscriptions for current work, and the annual deficit, if any, covered by grants from the British Homœopathic Association.

The commencement has been made by Dr. J. H. Clarke, in raising funds for the permanent endowment of a Burnett Professorship. We would strongly commend to our London colleagues a similar course to found a Dudgeon Professorship; to our Liverpool colleagues the same, for a permanent Drysdale Professorship; to our Birmingham colleagues the same, for a Gibbs-Blake Professorship.

4. The complement of professors is students. We are committed for many reasons and for many years to post-graduate work. The post-graduates desirous of seeing and hearing for themselves what homœopathy is and does do not as a class exist: the desire has to be created. With a school so constituted at our command—college and hospitals, independent, yet co-operative—we may essay to create this desire, much better equipped than ever before.\*

First, both the academic side and the clinical side would have each their separate specialized institutions; this has not been the case before. Next, all the important educative homœopathic powers in the country would be co-ordinated; this has not been the case before. Again, the collateral activities of the Association—the journalism, the technical

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\* Those who wish to study how the elements of a School of Medicine are best dovetailed, should read the yearly statement of the Boston University School of Medicine—one of the foremost Homœopathic Schools in America.

professional publications, the research bulletins—all these engage the attention and prepare the way for enquiry into homœopathy, and this has not been the case before.

5. The machinery of education thus established on this co-operative basis, the detail of special propaganda for all the graduates of each year, the graduates of two or three years' standing, and the graduates personally known to our colleagues can be readily worked out. This naturally becomes Association work.

#### PROFESSIONAL PROPAGANDA.

A detailed presentment of the scientific warrant for homœopathy, direct and collateral, should be prepared without delay, as a complement to Dr. Dyce Brown's pamphlet, and circulated freely among the members of the profession. This work, finely done, would be a powerful technical buttress to present-day homœopathy. It should be prepared without delay.

#### PROPAGANDA AMONG THE LAITY.

A lucid consecutive statement of what homœopathy actually is and what it actually does, should be prepared for the intellectual rectification of erroneous views on the subject among the educated men and women of England. We owe it to ourselves to set ourselves right with them.

#### HOSPITAL FEDERATION.

True to the current homœopathic policy of disjunction, our hospitals, each doing excellent scientific and State work, might almost as well be in different islands. To obviate this great waste of national influence and initiative we advocate a policy of solidarity. All our hospitals, of course possessing to the full the independence and separate administration of each, should for national homœopathic purposes be federated on a basis of co-operation. The heightened public influence that would then follow from a combined front would be enormous. The lesser hospitals could to a much greater extent than at present work in touch with the greater, and have their work supplemented

where necessary by assistance from these greater centres. The preparation of homœopathic statistics—a work of the greatest consequence—can alone in this way be made representative and inclusive. Our American colleagues again set us the example in various Inter-State societies for federating divers homœopathic forms of work. Let us here again profit by American methods.

#### HOSPITAL EXTENSION.

Where two homœopathic professional men work, there should be a hospital. How creative hospitals are in increasing the sphere of homœopathic influence, and enlarging the circle of professional men, can be demonstrated by the simplest methods.\* For the very much-needed multiplication of our provincial hospitals, such a federated association as that just sketched would give the greatest stimulus and aid. The experience of many would be freely given for the advice of how best to go to work where a new hospital was contemplated; and the assurance of the solid backing thus practicable could not but be a stimulus of the most potent order. Here the generalized work of the British Homœopathic Association may find abundant scope.

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Were the issue at stake merely a matter of the wordy triumph of one dialectic over another, we would not call for the strenuous life and the pouring out of personality to ensure a merely verbal victory. But where the issues are those of the wide dissemination of a verifiable natural law, of heightening the powers of humanity in its pathetic struggle with sickness and pain, of the emancipation from a professional helotage of the therapeutic pioneers of the time, then the din of battle and the noise of armed men are distinctly called for. "Who would be free, themselves must strike the blow." Let every man clearly and fully see his duty in the movement and, having seen it, do it.

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\*Interesting detail by graphic methods may be given in a later reprint of these articles.—EDS.

REVIEWS.

*Reports from the Research Laboratory of the British Homœopathic Association.*

We have received a copy of the above, and it shows what careful and elaborate work has been done, and is still being carried on in the Research Laboratory of the Association. The contents are : (1) On Certain Crystalline Precipitates (other than Phenyl-Glucosazone) obtained with Phenyl-Hydrazin Hydrochloride in Urine, by C. H. Collings. (2) Fallacy of the Phloroglucin-Vanillin Test for Free HCl. Confirmatory Experiment, by C. H. Collings. (3) A Short Investigation of Acid Intoxication of the Blood, by Dudley Wright, F.R.C.S. (4) A New Stain for Phagocytosis, by C. H. Collings. (5) Some Observations on the Action of Chloroform on the Body during Anæsthesia, by Arthur Beale, M.B., C.M. Glasgow. (6) On the Phosphate Precipitate of Walker Hall's Purinometer. A note as to its approximate quantitative value, by C. H. Collings. (7) A Note on Colloidal Uric Acid, by C. H. Collings.

Most of these seven reports are rather "stiff" reading; But Mr. Dudley Wright's paper is very interesting, instructive, and important from a homœopathic therapeutical point of view. In our issue for August, 1905, we published a paper by Mr. Wright, which is a full summary of his present contribution to the Reports, and which, perhaps, is more easily read than the other, and we commend this form of it to our readers. The paper, also, by Dr. Beale is interesting and important. The other papers by Mr. Collings (Mr. Dudley Wright's expert assistant) are, perhaps, a little too technical for general reading or consumption.

*Lectures on Massage and Electricity in the Treatment of Disease.*

By Thomas Stretch Dowse, M.D. Aberd., F.R.C.P. Ed.  
Sixth Edition. Revised. Bristol: John Wright & Co.

In our issue of September, 1903, we reviewed the fourth edition of Dr. Dowse's book. A sixth edition being called for in this short space of time shows how the work is valued, read, and appreciated. In 1903 we had pleasure in speaking in the highest terms of it, and we refer our readers to our previous notice, simply stating that all we then said might be repeated now. We cordially recommend the work to all who wish to be up to date in these subjects.

*The Value of Accurate Diagnosis in Homœopathic Prescribing.*  
By John Henry Clarke, M.D. London: John Bale,  
Sons, and Daniellson, Ltd.

This is a reprint of an interesting paper by Dr. Clarke, from the *Journal of the British Homœopathic Society*, for October, read before the Society in July. As the *Journal* is in the hands of all our professional readers, it is unnecessary to say more here.

*A Guide to Urine Testing for Nurses.* By Mark Robinson, L.R.C.P., L.R.C.S. Edin. Third Edition. Revised. Bristol: John Wright & Co.

In April, 1904, we noticed the second edition of this little book with commendation, so it is needless to repeat what we then said. The fact of a third edition being called for is a sufficient proof of its large circulation, and of the value placed on it by those for whom it is written.

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## MEETINGS.

### BRITISH HOMŒOPATHIC SOCIETY.

THE second meeting of the session 1906-1907 was held at the London Homœopathic Hospital, on Thursday, November 1st, 1906, at 8 p.m. Dr. J. H. Clarke, President, in the chair.

#### NEW MEMBERS.

Charles Edward Ham, M.D.Lond., and Henry Prescott Fairlie, M.B., Ch.B.Glas., were elected members of the Society.

#### EXHIBITS.

BY THE PRESIDENT AND DR. BURFORD. Two large panoramic photographs of San Francisco: (1) Just after the earthquake; (2) During the fire. Forwarded by the Hon. J. W. Ward, M.D., Health Commissioner of San Francisco.

By Dr. Goldsbrough and Dr. Eadie, an enlarged prostate, weighing several ounces, removed from a man aged 71, suffering from prostatic retention.

#### SECTION OF MEDICINE AND PATHOLOGY.

Under the auspices of this section, Dr. W. Theophilus Ord, of Bournemouth, read a paper entitled, "The Curability



of Phthisis in the Light of Modern Research," of which the following is a synopsis :

Professor Wright's opsonic discoveries have raised hopes as regards the curability of phthisis. This method advances on undoubted homœopathic lines. In the light of this fact Dr. Ord briefly examined the present homœopathic treatment of consumption. He also enquired what place in the methods of homœopathic practitioners the new opsonic treatment might be expected to take, and considered what deficiencies—if any—it supplied. He likewise suggested special points in phthisis which call for attention from those who are experimenting in opsonic investigations. One of the most important lines of treatment in connection with this subject is the treatment of the diathesis in tuberculous families. By steady and persistent homœopathic treatment members of such families have thrown off their weakness. The time may come when the children of phthisical parents may be required to undergo a course of inoculations to bring their opsonic power to the normal. But as far as present knowledge goes, what effect opsonic inoculations may have on the diathesis has yet to be learned. The best results may be obtained by a combination of opsonic inoculations with other homœopathic medication. As regards the homœopathic treatment of actual lesions, Dr. Ord considered that tuberculinum fell behind other remedies, such as iodide of arsenic, iodine, and phosphorus. He believed the former remedy to be more useful in the tubercular diathesis, and in diseases of gland, joints, skin, and bones. No appreciable difference is to be discovered between the effect of bacillinum and tuberculinum. In cases of pleurisy, pneumonia, or influenza where patches of weakened lung tissue were left, Dr. Ord thought valuable help might be obtained from testing the tuberculo-opsonic index, and resorting to tubercular injections if indicated. It is not tubercular bacilli which cause death in phthisis, but poisoning from other germs, streptococci, etc. Dr. Ord thought that on the analogy of the tuberculous injections, some serum or vaccin might be discovered as an antidote to this poisoning. In conclusion, he thought that opsonic injections had come to occupy a similar sphere in tuberculosis and certain other diseases in relation to homœopathic treatment, as that now occupied by antidiphtheritic serum in some cases of diphtheria.

Dr. Charles E. Ham followed Dr. Ord with a paper entitled, "A Sequel to Things New but Old." The following points were dealt with, namely :

(1) Tubercular disease may often be prevented if those having a predisposition to the disease are treated with small doses of tuberculinum: e.g., the children of tubercular parents should be carefully examined, the opsonic index taken, and tuberculinum given if indicated.

(2) Tuberculinum is the most useful remedy in chronic tubercular disease. Koch's "New Tuberculinum" 3-6 by the mouth, at intervals of two to three weeks, gives splendid results.

(3) In some cases of tubercular disease secondary infection with some other organism has occurred, and for complete cure injection of the appropriate organism should be given as well. This is probably necessary in many lung cases.

(4) Other drugs, if indicated, will raise the opsonic index and cure the disease, but tuberculinum is probably the most usually indicated remedy.

A discussion was taken on both of the foregoing papers together, in which the following Fellows and Members joined: The President, Dr. C. E. Wheeler, Dr. Watkins, Dr. Roberson Day, Dr. Eadie, Dr. Moir, Dr. Hayle, Dr. Alexander, Dr. Goldsbrough, Dr. Miller Neatby, and Dr. Granville Hey. Dr. Ord and Dr. Ham replied on the discussion.

## NOTABILIA.

### LONDON HOMŒOPATHIC HOSPITAL.

WE understand that Mr. Alfred James Woodhouse, of Helenslea, Finchley Road, N.W., who formerly practised as a dentist in Hanover Square, left estate of the value of £46,355. Among numerous bequests to benevolent objects, he bequeaths £200 to the London Homœopathic Hospital, and "an additional £200 to be applied towards the special research made in connection with cancer and other diseases in which Dr. E. A. Neatby is now engaged." The passage in inverted commas is in the wording of the will.

### LAUNCESTON HOMŒOPATHIC HOSPITAL, TASMANIA.

#### SEVENTH ANNUAL REPORT.

YOUR Board of Management have pleasure in submitting to you the seventh annual report of the hospital. Eleven meetings have been held by the Board during the year, the average

attendance being ten members, showing that those elected to this responsible position take keen interest in the management of the institution. The reports of the House Committee have been regularly submitted, and the Finance Committee have held regular monthly meetings. Early in the present year, Dr. Maffey, one of the honorary medical officers, resigned his position on the staff, and since then the whole of the work has devolved upon Dr. Douglas Smith, who has nobly filled the breach, and placed us under further obligation to him, as he has devoted a large amount of his time, as well as his experience, to making the hospital successful during the year under review. Mr. A. J. Hall has again generously acted as honorary dental surgeon, and Miss M. Button as honorary masseuse. Our thanks are also due to the honorary auditors, Messrs. H. C. Littler and N. Weetman. In February last Miss I. Harrison tendered her resignation as matron, which was accepted with regret. Miss A. Sargent was then appointed matron, but, in order to allow her to qualify in a special subject in Victoria, she was granted six months' leave of absence, and Miss A. Okines was appointed matron, *pro tem.*, and has fulfilled her duties to the entire satisfaction of the Board and medical officer. Nurses Newman, Ransom, and Curtain, having successfully passed all their examinations, were presented with their certificates of competency, Nurse Curtain remaining for a further term on the nursing staff. Misses Elletson, Sydes, and Bogle were appointed as pupil nurses to undergo a course of training. The whole staff has worked harmoniously together, and the thanks of the subscribers are due to them for their loyal assistance. During the last twelve months the hospital accommodation has several times been taxed to the utmost, and we regret to say that during the busy season several patients had to be refused admission, owing to the lack of room, some of these being typhoid cases. As in former years, a number of free cases have received treatment, about one out of every five cases being admitted without payment of any fees. The treasurer's balance-sheet will show that the hospital is in a sound financial position, but it will be necessary again for our friends to subscribe liberally, and enable the Board to carry on the useful work, especially as regards free patients, whose admission must necessarily depend upon the state of our funds. We should like to see our country constituents come forward more readily with subscriptions to the hospital funds, as again it is the case that a very large proportion of cases from the country districts have been admitted as in-patients. Many letters have been received during the year from grateful patients who have benefited

by skilful treatment and nursing. These are very gratifying, as it shows that the efforts of those interested in the hospital have been appreciated. As stated in former reports, no suitable case is refused admission : several that were recognized to be hopeless were admitted for palliative measures that would relieve their sufferings, though again this class of cases has gone to swell our death-rate.

The work of fencing the hospital grounds, rendered necessary by the terms of the lease, was completed at the commencement of the year, under the supervision of Messrs. Magnus M. Smith and J. Piper, to whom we are indebted for their interest in this matter. This heavy item of expenditure was very considerably reduced by the efforts of Mr. Magnus Smith (with the kind co-operation of Messrs. W. T. Bell and Co., Limited, and other friends), who raised a sum towards this object. During the year the hospital funds received a most welcome addition in the legacy left under the will of the late Mrs. James Room, for which we are very grateful to the memory of the late lamented lady, who was always a generous and energetic supporter of the hospital. We also owe grateful thanks to the Government of Tasmania for again granting us the subsidy of £200 on the £ for £ principle. We are grateful to Mr. A. J. Hawkins for the proceeds of an entertainment ; to Mr. Thos. Squires, of Black Sugar Loaf (an old patient), for the results of a social ; to the ladies of Chudleigh for another most welcome donation of provisions and produce ; and to the annual and other subscribers and donors of gifts, too numerous to mention, we here return our sincere thanks, they having done so much to help us in doing good work for the suffering and afflicted. We also thank the proprietors of the *Telegraph*, *Examiner*, *Courier*, and *Mercury* for space in their columns, and notices concerning the hospital. Once more we appeal to your liberality and those of other friends and sympathizers, to enable us to continue our work of mercy, and feel sure that in the future, as in the past, you will not let us call upon you in vain.

F. STYANT-BROWNE,  
*Hon. Secretary.*

#### MEDICAL REPORT,

July 1, 1905, to June 30, 1906.

I have pleasure in reporting that during the twelve months included in this report we have had under treatment at our hospital a greater number of patients than in any previous year. The total number treated was 83, of whom 10 remained in hospital at the end of the previous year, and 73 were

admitted during the year. Six remained in the hospital at the close of the year, and 77 were discharged. Of those discharged 57, or 74 per cent, were cured, 14, or 18·2 per cent, were improved, 2, or 2·6 per cent, unimproved, and 4, or 5·2 per cent, died. The deaths were due to phthisis, severe burn, heart disease, and gastritis in a very young infant. During the autumn the capacity of the hospital was quite overtaxed, and it is to be regretted that we were obliged to refuse admission to many who sought the benefits of our institution, and, in consequence, we were obliged to secure an extra nurse for a time. It would be well if we could make some arrangement for additional accommodation during next autumn, when we may expect another influx of typhoid patients. We had during the past year 17 sufferers from typhoid fever under treatment, which brings the total from the opening of our hospital up to 47, all of whom have been discharged cured. The majority of our patients were this time admitted from the town, there being 37 Launceston residents, 35 from the country, and one from Melbourne. I have again to acknowledge the conscientious care and skill of the matron and nurses throughout the past year.

P. DOUGLAS SMITH, M.B., C.M.

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“THE WILL TO BE WELL.”

WE have much pleasure in reprinting an article under the above heading, written by our colleague, Dr. John D. Hayward, of Liverpool, and which appears in the October number of *Chambers's Journal*. We do so with the kind permission of the Editor of that excellent journal.—(Eds. *M.H.R.*)

The medical world has for some years past been paying special attention to what is known as psychotherapeutics, or the treatment of disorders of health by means of mental impressions suggested to the patient (hypnotism, faith-healing, Christian science, etc.), or voluntarily induced by the patient (auto-suggestion).

This latter portion of the subject has recently obtained considerable popularity among the lay public, as evidenced by magazine and newspaper articles, and even by the publication of a novel which is said to have aroused great interest in our highest circles of society. In the *Contemporary Review* for January, 1906, an excellent paper by M. Jean Finot, entitled, “The Will as a Means of Prolonging Life,” draws fresh attention to one branch of the subject.

It is of the greatest importance that this power of the will, or voluntary auto-suggestion, to subdue diseased sensations and conditions, should be advocated by our medical men, and should be practised by us all. The object of this brief paper is not to find any fault with the popular interest and discussion of the subject ; on the contrary, it aims at encouraging such interest. However, it has been asserted or implied that this power of the will is of recent recognition, or at least of recent employment ; and my more immediate purpose is to show that this is far from being the case.

It has often been remarked that discoveries which have proved of considerable importance at some period of history have been mysteriously neglected and forgotten ; until, in course of time, they have been again announced, advertised, and cackled over as something new and strange. Many of our most valuable mechanical and physical devices were apparently known to and used by races of mankind thousands of years ago ; their use has been neglected and forgotten by intervening dark ages, and when some comparatively modern investigator reannounces the discovery we become enthusiastic. With regard to many of nature's laws we confer on them patriotically the name of some countryman of our own, and contest hotly the claim of some foreigner ; ignorant that the infant whose birth we have announced, and about whose paternity we are quarrelling, is of hoary antiquity, and that the name of its human father is lost in the mists of time. This reflection, so well recognized in the physical world, applies equally to the domain of psychology. Views, doctrines, and theories have their day and are forgotten ; but when they again come into vogue, as they will if there be any truth in them, there is some slight literary interest to be obtained by looking up their previous history as recorded in the literature of the time.

Upon noticing the present interest in the employment of the will, or of voluntary conduct, to materially influence the life and health of each individual, and so to induce happiness and good health in those exercising it, where otherwise misery and disease would be present, I was forcibly reminded of a pamphlet I read over thirty years ago when a student at the University of Bonn. This essay made a strong impression on me at the time, and I endeavoured to make practical use thereof during the years when I was in medical practice, having found its suggestions of value in the conduct of my own life.

A few extracts from the pamphlet may show how parallel are the views there published with those expressed to-day ;

while the very titles and applications are identical with those of modern essays on the subject.

The pamphlet is entitled, *I. Kant on the Power of the Mind by Simple Determination to Conquer Diseased Sensations*; and on the cover is printed a testimonial from a Prussian Minister of State, stating that but for Kant's essay he would have died long ago. Inside the cover of this pamphlet is the advertisement of a book by a Dr. Hartmann, formerly Professor of Medicine at the University of Vienna, entitled, *The Art of Enjoying Life, and thereby Securing and Retaining Health, Beauty, and Strength of Body and Mind*. The pamphlet is in the form of a letter to the celebrated medical editor Hufeland, and was due to Kant's study of a book by Hufeland, the title of which closely resembles that of M. Finot's recent essay in the *Contemporary Review*, being *The Art of Prolonging Human Life*. Hufeland writes an introduction and numerous notes to the essay, so that it may be almost considered the joint production of Kant and Hufeland. In the introduction Hufeland mentions that the essay was the last production of the philosopher's pen, and was written in 1797, when he was seventy-three years of age.

Hufeland then adds :

“ The life of the body must be subordinate to and governed by each of us if we would lead a true existence ; the mental condition must not be subject to the humours, whims, and suggestions of the body. How often are the most obstinate diseases cured by nothing else than joy, enthusiasm, or mental excitement ! I do not assert too much when I declare that the great majority of our chronic nervous diseases and so-called spasmodic affections are due to an indolent and passive condition of the mind, the result of a degenerate surrender to bodily sensations and influences.

“ Every one knows the power of imagination. No one doubts that there are imaginary diseases, and that multitudes of beings have no other disease than that they imagine themselves diseased. Is it not, then, as possible, and ever so much better, to imagine oneself healthy ? And may we not in this way increase and preserve health, just as by the contrary plan we can increase or produce disease ? ”

Most people have noticed that paying attention to sensations and impressions increases the effect these have on the body ; witness the coughing in church at a pause in the sermon. The morbid effects of cold and other agents upon the system are certainly less when the corresponding sensations are not excited or not attended to. It undoubtedly requires a firm and reasonable man—when plagued with

sensations for which no cause can be found, or where, if a cause be present, nothing can be gained by thinking about it—to voluntarily banish it from his mind and proceed about his duties unembarrassed thereby, although this is the best way to cure, or render as harmless as possible, the trouble he has or imagines. Kant mentions that he himself almost got to desire death in the condition to which he was brought by thinking about his narrow and flat chest, which scarcely allowed room for the functions of his heart and lungs ; but, on considering that this feeling of oppression in the chest was only mechanical and could not be altered, he soon got to disregard it ; and, while there might be palpitation in the chest, all was calm and cheerful in the head ; and this philosopher lived to a ripe old age. Kant writes : “ Even in real diseases we must separate the disease from the feeling of sickness. The latter generally much exceeds the former ; indeed, one would not notice the disease itself, which often consists of a locally deranged function of an unimportant region, were it not for the general unpleasant sensations and pains rendering us miserable.” These sensations, however—this action of the disease on the system—are often for the most part under our control. A weak, enervated spirit, with its increased sensitiveness, becomes completely prostrated ; a stronger, more resolute one, resists and subdues these sensations.

Every one allows that it is possible to entirely forget one's bodily troubles when anything occurs of a startling or pleasant nature, anything which conducts the mind from itself. Why, then, cannot one's own mental power bring the same result about by its own determined effort ? Kant mentions cases in which he and others have done so, to which Hufeland adds : “ It is incredible what a man can effect by the power of a determined will, even in his physical conditions, and similarly by hard necessity, which is often the cause of the exercise of this determined will. Most striking is the power of the mind over infectious and epidemic diseases. It is a well-established experience that those are the least liable to be infected who have good humour and do not fear or grieve over the disorder. But I am myself an example that an infection which has actually taken effect may be removed by cheerful mental excitement.” And so on.

I quote these extracts merely as samples ; the whole essay is well worth study. No doubt the views preached and practised by our authors have cropped up in literature at various times since history began ; the Stoics taught and practised similar precepts, and Asiatic races for ages have done the



same. The recognition of the power of the will and of imagination over definite physical and physiological conditions in the animal body is as old as religion, as old as quackery.

The power of the will in influencing bodily conditions depends on the determinate direction of the attention to or from the sensations or ideas presented to the mind ; and, as Dr. Carpenter says, this capacity "depends, first, upon our conviction that we really have such a determining power ; and, secondly, upon our habitual use of it." It has been proved that this attention, however induced, changes the local action of the part ; so that, if habitually or repeatedly exercised, it may produce important modifications in its nutrition, probably through the so-called trophic nerves and through the vasomotor system of nerves which control the capillary circulation of the region concerned. In this way it often happens that a real malady supervenes upon the fancied ailments of those in whom the mind dwells upon its own sensations ; while, on the other hand, the strong expectation of benefit will often cure diseases that involve serious organic change. Doubtless, most of us remember where our reading or hearing of some case of illness has caused us to recognize symptoms of severe diseases in ourselves, and where disregard to these sensations, either voluntarily or as a result of a medical verdict, has removed all evidences of disorder.

Among the bodily changes more obviously directly resulting from mental influence, especially sudden emotions, may be mentioned fainting, vomiting, change of the colour of the hair, and of the nutrition of other parts, St. Vitus's dance, indigestion, important changes in the secretions and excretions, brain-disease, and death itself. On two occasions the writer has seen well-marked jaundice follow in two or three days after the individuals had been plucked at examinations, no other cause than the despondency produced being evident.

Undoubtedly many of the good effects attributed to magnetism, belts, pads, and the nostrums of the day are due to their mental influence ; and much of the doctor's cures are due to the same "expectation" of benefit from the drugs and rules of diet and conduct he recommends. The physician's personality and individual tact, the "bedside manner" which has been ridiculed, is often of more importance to the patient than all the drugs in his pharmacopœia. The marvellous therapeutic effect of many a placebo astonishes the physician and should cause him thought. One of the worst signs in many diseases is despondency or fear or the lack of a desire to recover ; while we are often surprised at

the tenacity of life evidenced by the hopeful and by those who have determined not to die. The desirable mental state may be induced or aided by the physician and by others about the patient, and is largely under the patient's own voluntary control.

There may be danger of exaggerating the capacities of this voluntary direction of the will towards the benefit of the economy, and such exaggeration can only cause disappointment. The power differs greatly in different people, and develops marvellously by practice. It is not sufficient to cry "peace, peace, when there is no peace"; and Shakespeare tells us

" There was never yet philosopher  
That could endure the toothache patiently ";

but in the large class of functional disorders of the nervous system, including the fashionable nervous breakdown and neurasthenia, the first thing is to remove the causes where possible, and improve the habits where necessary, and the next thing is to strengthen the determination to be well. Sleep is largely under the control of the will, and so is pain, as are the various sensations known as symptoms. One method by which the will can act is by switching the attention off from such symptoms by interesting studies or light literature, by music, theatres, cheerful company, and travel, and especially by congenial employment, physical and mental. Ennui, worry, lack of interest and employment, are more common causes of nervous breakdown than the unjustly maligned overwork. How rapidly the man ages, and how easily he dies, who has retired from business and not secured employment!

To imitate the child and play at "let's pretend" is an excellent game. Smile and you will soon feel cheerful, frown and you soon will fret; say and think "I am well and happy," say it firmly and often, and you will excel Mark Tapley as an optimist. "Laugh, and the world laughs with you."

Let us recognize the undoubted benefit derived from the mental influence of relics, shrines, faith-healing, Christian science, quacks, nostrums, and similar stimuli in all ages, and let us determine to have a "bit on our own." Recognizing the power of voluntary conduct to materially influence happiness and good health, let us determine to be happy and well.

" It is the mind that maketh good or ill ;  
That maketh wretch or happy, rich or poor."

## PROFESSOR VON BEHRING ACKNOWLEDGES HOMŒOPATHY.

IN a recently published pamphlet Professor E. von Behring, of antitoxin fame, made the following statement, which must be startling to our "regular" friends :

The scientific principles of this new tuberculo-therapy are yet to be established, just as the scientific principles of my antitoxic serum therapy remain to be explained, notwithstanding the assertion by many authors that the therapeutic action of my diphtheria and tetanus antitoxins is clearly understood since the promulgation of Ehrlich's side-chain theory. For speculative minds the new curative substance will undoubtedly become a most interesting object of scientific investigation, but I do not believe that medicine will profit much by it. In spite of all scientific speculations and experiments regarding small-pox vaccination, Jenner's discovery remained an erratic block in medicine, till the biochemically thinking Pasteur, devoid of all medical classroom knowledge, traced the origin of this therapeutic block to a principle which cannot better be characterized than by Hahnemann's word :

*"Homœopathic."*

Indeed, what else causes the epidemiological immunity in sheep, vaccinated against anthrax, than the influence previously exerted by a virus *similar* in character to that of the fatal anthrax virus? And by what technical term could we more appropriately speak of this influence, exerted by a *similar* virus, than by Hahnemann's word :

*"Homœopathy"?*

I am touching here upon a subject anathematized till very recently by medical pedantry; but if I am to present these problems in historical illumination, dogmatic imprecations must not deter me. They must no more deter me now than they did thirteen years ago, when I demonstrated before the Berlin Physiological Society the immunizing action of my tetanus antitoxin in infinitesimal dilution. On this occasion I also spoke of the production of the serum by treating animals with a poison which acted the better the more it was diluted, and a clinician, who is still living, remonstrated with me, saying that such a remark ought not to be made publicly, since it was grist for the mill of homœopathy. I remember vividly how Dubois-Reymond, who during the progress of the demonstrations and discussions had become drowsy,

suddenly sat up all attention, when I replied in about these words :

“ Gentlemen : If I had set myself the task of rendering an incurable disease curable by artificial means, and should find that only the road of homœopathy led to my goal, I assure you, dogmatic considerations would never deter me from taking that road.”—*Homœopathic Envoy*, Sept. 1906.

## TWO BERBERIS CASES.

By JOHN S. HUNT, M.D., Santa Monica, California.

CASE I.—Mrs. S., æt. 45. Came under my care in February 27th last. History of impaired health for two or three years, and rapid increase in severity of symptoms during past year, with corresponding decrease in strength and avoirdupois. Weight, 87 pounds; countenance haggard; body greatly emaciated; face pale; cheeks and eyes sunken. Had been confined to her bed for several weeks as a result of continued suffering and weakness.

Enquiry as to subjective symptoms brought out the following : Sticking pain in region of kidneys, extending to bladder, with painful urination and deposit of bright red sediment. Occasionally she suffered intensely from the passage of particles of calculi.

Nausea and vomiting were not uncommon, but the most striking symptom, aside from those directly related to the vesical and kidney regions, was a persistent but not continuous vertigo and faintness.

Patient was not aware that any voluntary action of her own had anything to do with bringing this about. Attacks appeared at intervals of a few hours, at times of absolute quiet or upon motion in about equal proportion.

Frontal headache and backache were likewise extremely troublesome symptoms. Loss of appetite, fitful sleep, and extreme nervousness accompanied the above-named symptoms, but appeared to be secondary to them. The patient had been under old-school treatment for several months, but had had no remedies or treatment of any kind for three weeks prior to date given above. She remarked that she had no faith in medicines and preferred not to take any more; that she was certain that nothing but an operation would help her. To this she was resigned, and desired that arrangements be made for the ordeal as soon as possible. Former physicians had advised it, she said, although she could not tell the nature of the operation they intended to perform.

She only knew that all other treatment and Christian Science had failed; that an operation offered a possible chance for relief, and if this was unsuccessful she hoped that death would end her sufferings. In her state of mental depression and physical pain it was difficult to persuade her to allow another attempt at remedial treatment.

It has been the good fortune of the writer in a number of instances to watch with utmost satisfaction the action of the indicated remedy in similar cases, and the truly marvellous results usually attained were sufficient cause for the very urgent appeal which was made to give the remedy a few days' trial. To this the patient finally assented, but with positive belief that it would do no good. The opportunity was certainly a favourable one for a test of the efficacy of the law of similars, and it is gratifying to relate that homœopathy was once more triumphant.

*Berberis vulgaris* covers this train of symptoms so perfectly that it was given with full expectation of success, but the celerity of the action was magical. Patient reported on the following day that the pain had almost entirely ceased, and marked improvement was noticed in every way. Recovery continued without interruption and with absolutely no return of unfavourable symptoms to the present time.

CASE II.—Mrs. K., æt. 56 years. Consulted me about three months ago on account of frequent attacks of vertigo and feeling of general debility. Occasional pains in region of kidneys and bladder, loss of appetite and weight; face pale, cheeks sunken, etc. To be brief, the symptoms in general were very much the same as in Case I, save as to the degree of intensity.

This patient had likewise been in the hands of our friends of the opposite persuasion, and had received the comforting assurance that her trouble arose from a serious heart ailment which some day would prove suddenly fatal. This discouraging prognosis was doubtless influenced greatly by the knowledge that the patient had fallen several times from sudden seizures of vertigo and faintness.

Following the treatment of Case I, *berberis* alone was given, with instructions to save the urine for the next twenty-four hours, and note if a red deposit appeared.

On the second day thereafter the patient reported in person, bringing with her nearly a teaspoonful of red sandy substance which had been collected from the specimen. She expressed a feeling of relief from all her troublesome symptoms, including vertigo, and thus far there has been no suspicion of return. In fact, her recovery appears to be perfect.

I will add in closing that berberis 3x dilution was the only remedy given in either case, and its use was discontinued after three or four weeks' treatment.—*Pacific Coast Journal of Homœopathy*, October.

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### GENERAL NEUROSIS.

By DR. K. KIEFER, Nuremberg.

"I WAS called to Mrs. M. K., the wife of a manufacturer, by her daughter, who told me that her mother was forty-two years of age, and had for some time been extremely nervous; she had consulted a number of doctors, but had only really grown worse in the course of time. She complains that the daylight gives her intense pains, and therefore she has not had her shutters opened for a year, but lies in bed most of the time and cannot be induced to open her eyelids; she says the lids feel as if they were paralyzed, and she has no power over them. The patient is very melancholy, very receptive of sympathetic treatment, and also has a desire of being restored, but she shows an incredible lack of energy. She has had eight children, complains of weakness in her abdomen; a dragging sensation therein when she is up; the menses are still quite copious. Having heard this account, I came to the patient and found her as had been stated—in a dark room, lying in bed with closed eyes. With gentle persuasion I attempted to open her eyelids, but without effect; here a little trick proved of use. I said, with a good deal of sympathy, that I hoped the lids had not grown together from being closed such a long time. The fright at such a possibility exerted such a powerful suggestive influence on the patient, that with a loud scream she tore her lids wide open. This won my point. I made her practise steadily active and passive motions, first while sitting down, later on while standing, exercising all her muscles, also those of the face, so that the patient soon regained her self-confidence. There continued for some time, indeed, a great photophobia, but this yielded to atropin 6, and after two or three weeks I had the pleasure of seeing the patient in her garden when I called to see her. From that on she rapidly improved. Stannum and aurum contributed in curing the troubles in the abdomen, so that this case of severe neurasthenia and hysteria took a very satisfactory course."—*Homœopathic Envoy*, Sept. 1906.

## A SCHOOL OF MEDICINE: HOMŒOPATHY FOR MISSIONARIES.

UNDER the above heading, the following interesting and appreciative article appears in the *Christian World* of Oct. 25th, signed with a well-known name. It requires no comment from us.—*Eds. M. H. R.*

“ We are probably all convinced that a medical missionary is quite the highest type of person and the best equipped to send to any part of the mission field. It is equally probable that the secretaries of all our societies would be very thankful if it could be in their power to send such men and women, and no others, to do this great work of the Church—the healing of sick bodies and bringing sick souls to the Great Healer to be saved. But it would be a too gigantic task to make fully trained doctors and surgeons of those who have been solemnly set apart to preach the Gospel to those who have not yet heard it. A few there are in the great centres of population of India and China on whom is placed the great honour of being at the same time a devoted missionary and a doctor of medicine or surgery, but they are necessarily scarce, for neither time nor money can be spared for the purpose. Yet how often must the ordinary missionary passionately desire to possess the knowledge necessary to cope with an emergency. We who are not missionaries, but live humdrum lives at home, mostly within reach of half a dozen doctors, are made more comfortable by the thought of ‘ first aid ’ and all that it means. But think what it must be to live five hundred miles from the nearest doctor! A lady missionary of twenty-five years’ experience in India, says ‘ Oh! the painful and trying uncertainty as to what one ought to do or leave undone in many a sudden emergency when natives turn instinctively to the European missionary, whether he or she be trained in matters medical or not. What would I not give even now for even a *little* training in a hospital! Often have I wished earnestly that before going out into the foreign field I might have had some of those golden opportunities of training which are now open to intending missionaries. *The need for training is too obvious to demand any urging or explaining.*’

“ Having felt for a long time that it must be so, it is with very great pleasure that from the London Homœopathic Hospital, Great Ormond Street, I have received a programme of the *Elementary Training for Foreign Missionaries*. The design of the school is thus explained:—

“ *For whom intended.*—This course of training in the elements of medicine and allied subjects is intended for foreign missionaries and bona-fide accepted missionary students. *It*

does not entitle students to assume the title or position of medical missionaries, and it in no way competes with the work of medical missionary societies.

“*Objects of the course.*—The curriculum, comprising lectures and clinical teaching, is designed to impart to missionaries in a practical way, and *without needless technicality*, such knowledge as will enable them to safeguard their own health, and to render intelligent assistance in cases of common illness or casualties that may arise in regions where qualified medical aid is not obtainable.

“*Length and cost of the course.*—The course extends over three terms, and is so arranged that it may be carried out without materially prolonging the ordinary educational course of a missionary. The fees, payable on registration, are: complete course, twelve guineas; per term, five guineas; single subjects on application.

“Where possible, the complete course should be taken. Otherwise, subjects should be chosen with reference to the student's future sphere.

“For the benefit of those not able to take the complete course, the course of lectures on anatomy and physiology, which is essential to the understanding of the later lectures and the clinical work, is repeated in the winter term.”

“Rev. James Calvert, working in the Fiji Islands, wrote: ‘There was no medical man within 1,200 miles, and we were sometimes compelled to act whether we knew or not, and found a small smattering of information was of the utmost use to us. I hope that all missionaries who go where there is no doctor at all will get as much knowledge as they possibly can.’

“What can our students do? is a question easily answered. They can dress a wound, bandage a leg, apply a splint, stop bleeding, extract a tooth, treat cases of cholera, give correct doses of quinine for fever, make a poultice or an invalid's bed. It is said sometimes that a little knowledge is a dangerous thing; but if I were attacked by any of these ills, and there was no other doctor within five hundred miles, I think I would be very grateful to have within reach one of the students from this school of medicine, and I should expect to find that a little knowledge was far less dangerous than none.

“I am glad to find this enterprise approved by the Bishop of London, Dr. Clifford, Rev. F. B. Meyer, and the Governor of the Wesleyan College, Richmond, as well as by many missionary students themselves. How happy it would make a rich man or woman interested in missions, to send the fees for half a dozen students, or even for one, to this school of training!



“Anyone who wishes to know more of this beautiful ministry toward those who are themselves to minister to others can gain all information from the hon. secretary of the school, Dr. Neatby, London Homœopathic Hospital, Great Ormond Street, London, W.C.

“MARIANNE FARNINGHAM.”

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### HOMŒOPATHY IN THE ROUGH.

IN the October issue of the *Medical Brief*, St. Louis, U.S.A., we find a paper by M. B. Tuller, M.B. Gibbs, Ky., on “Cholera Infantum.” We are always glad to see the advance of homœopathy in principle and in practice, even though it should be rather in the rough form. The form will improve, but the adoption of homœopathic remedies is the main point for notice, even though the word homœopathy is, as usual, omitted, and also all reference to the sources of the information given and acted upon. In the section on “Treatment” we have the following:—

“*Treatment.*—The usual treatment for the active congestion is, of course, that for collapse, which it greatly resembles, with sedation of the gastric mucosa. Inhibition of the pneumogastric nerve and cardiac stimulation by the use of atropine in doses suitable to the child’s age has been recommended. But there is one remedy that I have used so often and so successfully that I have discarded everything else, and that is aconite. There is no remedy in the materia medica which has as thorough a control over congested areas, wherever found in the human body as the one mentioned. The guide to its use in congestive cholera infantum with me was the character of the pulse.

“Arterial tension always calls for aconite, and the tenseness of the infantile pulse first led me, years ago, to prescribe it, and the success following its use was so gratifying that I have continued to use it ever since.”

Again:—

“For the state of passive congestion there are three remedies that have served me well, viz.: calomel, chamomilla, and belladonna. Probably a majority of these cases will be promptly cured by three half-grain doses of calomel, combined with two grains of calcium carbonate or soda bicarb. given an hour apart and followed two or three hours after the last dose by a teaspoonful of castor oil. This will cause a good cleansing of the alimentary canal, removing the offending

material, which has been exciting fermentation, irritation, or hyperæmia, when a few powders of bismuth and salol, or calcium sulphocarbolate, will complete the cure and avert a possible long and troublesome sickness.

“Chamomilla cures many such cases. When the child is teething, with sour vomiting, offensive green, watery stools, slightly feverish and irritable temper only pacified by being carried around, a few drops of the tincture of chamomile in half a glass of water, a teaspoonful hourly until improvement has well set in, will speedily restore the equilibrium.

“Belladonna is indicated by feverishness, with hot head, cold hands and feet, and the predominance of nervous symptoms, startings, twitchings, grinding of the teeth, with occasional vomiting and watery, offensive diarrhœa. Given as above described for chamomilla it has done effective service.”

Again :—

“If the patient fails rapidly, with green or brown mucous stools smelling like carrion, with restlessness and unquenchable thirst, a few sips of cold water pacifying it, arsenic has been very useful, often curing, and at least stopping the rapid progress of the disease. Fowler’s solution has served me best, and I have sometimes given as much as one drop every two hours, for a few doses, with only favourable results.

“Should dysenteric symptoms become manifest, with severe and prolonged tenesmus, calomel one-twentieth to one-hundredth grain hourly until bile appears in the stools, then less frequently, will prove of great advantage, and often cure the case without further medication. Bismuth subnitrate five to ten grains and ipecac one-quarter grain hourly, will often do excellent service in dysenteric colitis. Atropine will frequently retard peristalsis and will serve as an injunction on proceedings in many cases.

“If exhaustion should appear imminent, the red tincture of cinchona, or elixir calisaya, in doses suitable to the case, with or without strychnine, will prove very effective in many cases. Should typhoid symptoms develop, baptisia may prove useful, but my favourite for such condition is a combination of salol one grain, sulph. one grain hourly, until improvement sets in, then less frequently. Antisepsis and systemic support are the watchwords in the treatment of these cases.

“Opiates should mostly be conspicuous by their absence from the treatment. If needed, codeine one sixty-seventh grain hourly, until effect, is the safest, and should be discontinued early.”

Comment from us is needless.

### THERAPEUTICS OF ÆTHUSA.

From a paper by DR. EDUARD FORNIAS, in the  
*Hahnemannian Monthly*, November, 1906.

IN the pathogenesis of æthusa we find a variety of related symptoms sufficiently important, indeed, to point out with precision its curative range. Its irritative action upon the gastric mucosa leads us at once to malnutrition, with all its dystrophic phenomena. The athreptic condition noticed, under its action, seems to rise principally, if not solely, from the inability of the infantile stomach to retain and digest milk. Its sudden expulsion by vomiting is, after a short period of slumber and reaction, soon followed by a craving for the very food rejected, and this, I think, does not indicate the existence of any organic trouble. In some cases, however, which I have observed carefully, I have concluded that the intolerance of milk and its sudden rejection was due, not to gastric irritation directly, but to reflex influence, and this has been particularly the case with adults, where the intolerance of food is not limited to milk, and where the repeated vomiting seldom exhibited any signs of retrograde metamorphism or waste of tissue. In view of what I have stated, the question naturally arises: Is the projectile and persistent vomiting of æthusa due to a hyperesthetic gastric mucosa, or does it depend on reflex bulbar irritation? My answer is, to both; for while there are cases in which no wasting takes place, there are others, especially children, presenting a marked wasting process, which cannot be ascribed to anything but to a destructive metabolism, as the conversion of matter especially protoplasm into a lower state of organization and ultimately into waste products, is evident through the whole pathogenesis of this drug. At any rate, the catabolic changes noticed, particularly in connection with the nervous system, point directly to the stomach as the organ more frequently affected by æthusa, a remedy which appears to have a favourable influence upon nutrition, to disintegrate cellular structures and to stimulate the formation of new. In fact, the uses we have made of this drug and the results we have obtained with it abundantly confirm this opinion.

A constant source of error in prescribing is our ignorance as to the relative value of symptoms; and vomiting of curds, especially, has a clinical significance, much overlooked by some, and overrated by others. In the first place, in infancy, all that is usually regurgitated and vomited is milk, more or less coagulated, of course, for milk cannot be returned by

a healthy stomach without being curdled; but what the physician must consider is, the class of the milk taken, the frequency of its expulsion, the size of the curds and the attending phenomena. If cow's milk has been taken, we know that casein from this source readily coagulates into large indigestible masses, rich in fat, while if human milk, the casein then coagulates into fine flocculi containing much less fat and easily acted upon by the gastric juice. These are facts which should guide our efforts in nursing children properly. Then, again, the stomach contents of a child after half an hour or so of a bottle of cow's milk, invariably show casein clots still undigested, but, apart from these abnormalities, we should never forget that frequent vomiting in children is of much less diagnostic value than in adults. The stomach of a child empties itself of its contents so readily, because of the more vertical position of the organ, and absence of the greater and lesser curvature, because of the comparatively slight development of its cardiac sphincter and, in part, no doubt, on account of its excitable nervous system. Regurgitation and even ejection of curdled milk, when the child sucks at all greedily, is extremely common, and we all have observed easy vomiting supervene the shaking motion of the infant immediately after feeding. Moreover, many children who readily vomit the milk without any obvious cause are found, after careful examination, to be suffering from dyspepsia, which is usually dependent on congenital debility, insufficient nourishment, and early weaning, singly or combined, and to them we should add the abuse of farinaceous, and principally overfeeding, the infant receiving irregularly the bottle to quiet its cries, and not having the time to digest during the intervals. In these cases the ejected substances are very acid, and not always due to free H. Cl., but more frequently to the acids of fermentation. Diarrhœa usually attends them, but the stools are not frequent: they vary in colour from yellow to green, and, above all, contain grains of indigested casein.

So I think that the *rationale* of æthusa's vomiting-therapy does not rest upon solid bases, for while often the projectile vomiting is undoubtedly directly due to gastric hyperesthesia and attended by atrophy, not infrequently the symptoms clearly indicate that the origin of the vomiting is cerebral, not exhausting and enervating the cells, or producing wasting. At least, in some cases under my observation, the repeated vomiting of curdled milk was not followed by emaciation, nor associated to symptoms of gastric derangements, or preceded by a sensation of nausea. Sudden.

projectile vomiting, such as would indicate the drug, may have nothing to do with the intolerance of milk, and may occur in neurotic children or in hysterical females. Persistent projectile vomiting, then, when not associated with any gastro-enteric trouble and loss of flesh, is often the prelude of cerebral disease, and has a great significancy; but this is not always the case, for vomiting, even projectile, may be a pure neurosis, unattended by other symptoms either of brain or gastric disease, and last for years. The paroxysms of this habitual or cyclic vomiting, as it has been called, are severe and exhausting, and pass off gradually after lasting from one to several days. It is seen in children of gouty or nervous heredity. In cerebral vomiting, as a rule, the rejection of food takes place soon after it has been taken, and it is decidedly uncommon for cerebral vomiting to occur on an empty stomach. It is an early symptom of tumour and meningitis, and combined with headache may anticipate by a considerable time the development of further symptoms. Paroxysms of vomiting (gastric crises) sometimes occur in the course of *tabes dorsalis*, but they are generally accompanied with severe pain in the epigastrium and sometimes with nausea.

Nervous vomiting may be alimentary, bilious, and lead to hematemesis. When bilious, repeated, and accompanied with a marked febrile state, we should think of peritonitis (porraceous vomiting), or a cerebral affection, as meningitis, for instance. Repeated vomiting of large quantities of greenish mucus is indicative of mucous disease, which principally occurs after the first dentition. Pituitous vomiting is usually observed in simple chronic gastritis, but principally in alcoholic gastritis, on rising in the morning; it consists of a transparent, serous, acid fluid, often whitish in colour, formed by a mixture of the gastric secretions with the saliva, swallowed during the night. It is serous, whitish, riziform in the advanced stage of cholera. In enterocolitis or enteritis, especially in children and in the aged, the gastric irritation is reflex, and the vomited matters are serous and discoloured. In such cases, the vomiting is associated with diarrhœa, aphtha, etc., and as in acute gastritis, milk should not be prescribed unless it has been boiled, skimmed, and guarded with barley water, or made alkaline with lime water, for, certainly, the resulting curds will irritate the stomach, and sometimes lead the inexpert to an unsuitable remedy. This rule has most application in infancy.

The origin of the reflex, besides the nervous system

(meningitis, tabes, etc.), may be in the respiratory tract (pneumonia, phthisis, whooping cough), and sometimes vomiting seems to depend upon an alteration of the blood, producing an especial irritation of the vomitive centre (uræmia, eruptive fevers, etc.).

But, projectile vomiting of curdled milk, when there is a history of dyspepsia and obvious wasting, means always a serious trouble, and then the common attendants are, acidity, fermentation, green diarrhœa, and anal eczema. In all cases in which the child is incapable of digesting cow's casein, we should aid internal medication, by taking away the casein altogether and give whey as a substitute. This can be obtained by curdling the milk with rennet and then stirring and straining it. To destroy the rennet it contains, Hutchinson advises to scald the whey before use, and as whey is insufficient alone, because it contains little fat, add one part of cream to four or eight of whey. We should not lose sight of the fact that such intervention is almost imperative, for when a child is progressively wasting and on the road to dissolution, there is withdrawal or failure of the nutritive process, and the consequence naturally is atrophy or degeneration. If our remedies, aided by proper nourishment and hygiene, cannot check these degenerative changes, that is, if a change from a lower to a higher form of tissue is not obtained, the inevitable result is death, and it could not be otherwise, as the system is constantly drained of its water and robbed of its fat and other anatomical elements. The best selected food often fails to support the system, much less to arrest the ravages of catabolism, and this when, even in preparing such food, we take into account the milk-digesting capacity of the child. Under such circumstances the child loses ground every day, for, I repeat, a tissue that is not nourished, starves, wastes, and finally succumbs. I remember a case which nearly ended fatally, by the view of a homœopathic physician of one of our seashore resorts, who would not permit the addition of lime-water to the milk of a child suffering from acute gastritis, for fear, as he stated, of spoiling his case, and who kept on giving *æthusa* for a repeated vomiting of curds, which he himself created by an improper milk diet, and which the irritable stomach could not support. This is the way some of our enthusiasts understand Homœopathy!

The forcible and inevitable expulsion of the contents of the stomach a few minutes after food has been taken, and yet no decided emaciation being obvious, is a condition frequently noticed in young women who show some evidence

of an hysterical tendency and menstrual irregularity. I have treated successfully with *æthusa*, two cases of the kind, guided by the prostration, dozing, and returning appetite, occurring after paroxysms of vomiting.

Probably in infantile atrophy is where *æthusa* has been employed with most success, and next in order comes cholera infantum. In both, the intolerance of milk and the exhaustion and semi-comatose condition, after vomiting or stool, have been the leading indications. But no less characteristic is the peculiar craving for a food that has been rejected, which recurs after each paroxysm of vomiting and a short period of repose. The dilated pupils, cold sweat, sunken, withered face, the green stools, tenesmus, and the spasmodic hiccough, complete the syndrome of this interesting remedy.

What has led to its employment in gastritis is the inability of vomiting, while the severe painful contractions of the stomach last. During lactation, while the babe cries, takes the breast with avidity, nurses well, vomits copiously, is exhausted, dozes, rallies, craves for a fresh supply, and does not seem to thrive; the poor mother may be a physical and moral wreck as well, full of anxiety and apprehensions; her lochia is thin and watery, her taste is bitter, she is constipated, her abdomen is tympanitic, and, like her child, has no power to retain or digest milk. Under these circumstances, both mother and child should receive *æthusa*. In stomatitis, besides the painful aphthæ, profuse salivation, and diarrhœa or constipation, the sudden rejection of the milk, and the temporary exhaustion and drowsiness, after vomiting and purging, are again the indications of *æthusa*. It is always called for in the simpler forms, which more generally complicate the process of dentition.

Undue excitement of the motor centres occurring at or near the period of dentition, and producing general irritability of the system, with strong tendency to spasms, should direct our attention to *æthusa*, whenever the gastro-enteric condition usually accompanying this process should comprise the persistent vomiting of milk, or substance resembling milk, and the short-lived or transitory exhaustion, somnolence, and reaction, so characteristic of this drug.

It is an excellent remedy in the diarrhœa of children due to acidity (lactic and butyric acid fermentation), and attended by gastric hyperæsthesia, intolerance of milk, and sudden ejection of this food in a curdled condition, especially if the stools are serous, discoloured, containing grains of casein, or thin, greenish, excoriating the anus, and associated with colic or tenesmus.

It has been recommended in bowel-trouble of old age, with vertigo, debility, and somnolence; and in gastric derangements of adults, when the food regurgitates some time after eating, and then the projectile vomiting ensues, with tearing pains in the stomach and œsophagus, cold sweat, anguish, distress, and general debility with drowsiness.

It has been an efficacious remedy in the spasms of dentition and summer complaint, and other gastro-enteric troubles of childhood, with stupor, delirium, and squinting; or in epileptiform convulsions, with clinched thumbs, red face, dilated staring pupils, foam at the mouth and trismic closure of the teeth. If delirium is present it may be attended by hallucinations (sees rats, cats, dogs, and other animals), and automotor impulses to jump out of the window.

As seen above, *æthusa* is essentially a remedy of childhood, but the adult, and particularly the aged, have been benefited greatly by it. I would not like to close this paper without specially mentioning the sensation in the back as if screwed up, which has been so little utilized in our practice.

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### ANTIMONIUM CRUDUM.

By S. H. AURAND, M.D., Chicago.

**ANTIMONIUM CRUDUM** has a therapeutic scope which may be represented by the figure 4. First, the mental symptoms. Second, the symptoms of the mucous membranes. Third, the gouty or rheumatic symptoms. And fourth, the skin symptoms.

The picture of this remedy is not hard to retain if we try only to remember the most prominent or characteristic symptoms.

First. The mental symptoms which are peculiar to it are: The absence of a desire to live. Life seems a burden to the patient, she says, "Oh doctor, if I could only die." There is a loathing of life. Then, too, the patient has over-excited, ecstatic, or intensely nervous spells, which cause a peculiar susceptibility to mellow or bright light. The light of the moon, from an open grate, or shining through stained glass, seems to have a peculiar effect. Especially is this markedly shown on hysterical young females. They are strangely moved to disorderly outbreaks of the affections. "Sentimental mood in the moonlight." Looking into the bright light of an open grate will aggravate many symptoms, such as nervousness, headache, whooping cough, etc.



Second. The second set of symptoms are those of the mucous membranes, and are usually of a catarrhal nature. The stomach seems to be the organ which is most affected. "All symptoms seem to centre about the stomach." With all complaints there is more or less nausea and vomiting. The tongue is covered with a thick milky-white coat, which is markedly characteristic. The patient has loathing of food—everything disturbs the stomach. The thought of food or the smell of food causes nausea and vomiting. The patient will retch and gag with the least provocation. The stomach feels overloaded, distended and full even when empty. Headaches, rheumatic attacks, or catarrhal difficulties are liable to suddenly terminate in a spell of continued nausea and vomiting. Cold bathing, cold, wet weather, and sour wines or foods always aggravate the symptoms of the antimonium crudum patient.

Third. The gouty or rheumatic symptoms, so far as the pains are concerned, are not very characteristic. The chief guiding symptoms are, worse from cold bathing, worse in cold damp weather, worse from taking sour wines or stimulants, and better from a hot bath.

Then too, the gouty symptoms are liable to change suddenly into a fit of persistent nausea and vomiting.

Fourth. The skin symptoms are peculiarly striking. The skin becomes unhealthy and tends to become callous, crack, ulcerate, and grow warts. The nails and hair are rough, hard, brittle, and poorly nourished. Hard, horny excrescences grow from under the nails. Hang-nails are abundant and extremely painful. Little, horny, hard, rough places appear on the ends of the fingers. The slightest pressure will produce a callous or sore place. Therefore the soles of the feet are liable to become thick and sore. The large calloused surfaces have small corn-like centres which are very sore and sensitive. If pustules appear they always have an inflamed and very sensitive base. These patients have periods of great exhaustion, when they perspire copiously from the least exertion, from exposure to heat or at night.

The above are the principal factors in the antimonium crudum individuality. There are many conditions and symptoms which naturally will associate themselves. Remember the mental symptoms, and then enquire into the deep-seated symptoms of the mucous membranes, the gouty conditions, skin troubles, and finally the aggravations, and you have it.—*The Clinic*. (From the *Hahnemannian Monthly*, November, 1906.)

## AN EXACT CURE BY MEANS OF RHUS TOXICODENDRON.

By DR. GOULLON, Weimar.

Translated from the *Leipzig Pop. Z. f. Hom.* June 1, 1906.

MRS. S. had been suffering for several weeks from a constant tearing in the hands and arms. This phenomenon she connects with a large wash, during which she was occupied for hours with rinsing the wash in cold water from the hydrant. Her sensation is as if her hands were still immersed in ice-cold water. When her wrist is firmly grasped there is also pain, although the joints do not appear to be swollen.

The patient received the remedy which has so high a reputation in homœopathy against evil consequences of wet, namely, *rhus*. The indication is, indeed, rarely as pronounced as it was in this case. I, therefore, confidently sent her three powders of *rhus* (for I did not get to see this patient); the powders were moistened each with four drops of *rhus* 4 D., to be put in sixty grammes of water, two teaspoonfuls to be taken morning and evening. And the result?

The treatment began on February 19th. On the 6th of March the report was: "Many thanks for the medicine you sent me, for the tearing was removed at once, and I am also now converted to homœopathy. As a further precaution, I would request you to send me three more powders."

In homœopathy, different from other curative methods, we have still many examples in which the original cause decides the choice of the remedy. So I would mention causticum against the consequences of burning; aconite against the consequences of a simple cold (interruption of perspiration, in which even acute blindness has been cured, while the perspiration returned).

Very important is the action of *Thuja* against the consequences of vaccination (*vaccinosis*); specific also, and, indeed, popularly acknowledged, we may say, is *Arnica* in all cases of lesions and wounds. Here, therefore, the original cause prescribes the remedy. But in allopathy this principle of healing nowhere is exhibited in so striking a manner, although allopaths are wont to boast of the removal of the causes and their consequences.—*Homœopathic Envoy*, Aug., 1906.

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### LONDON HOMŒOPATHIC HOSPITAL. ANNUAL MEDICAL STAFF DINNER.

THE Present and Past Medical Officers and their friends dined together in the Oak Room, at the Trocadero on Thursday, November 22nd, Mr. Knox Shaw being in the

chair. The toasts were in the hands of Dr. Blackley, Dr. Johnstone, Mr. Eadie, Dr. Clarke, Dr. C. I. Wilkinson, Dr. Moir, and Dr. Cox, and were well received. As usual, entertainment was provided by those present. Dr. Blackley delighted the company with his concertina, whilst Drs. Rouse and A. Beale contributed capital songs, a "topical" song, written by Dr. Wheeler and sung by Dr. Rouse being vociferously encored. Excellent recitations were given by Dr. Wheeler, Mr. Clifford, and Dr. Cox. Dr. Wheeler rendered the musical accompaniments, and Dr. Compston gave a short pianoforte recital.

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### THE WONDERLAND OF ALASKA.

UNDER the auspices of the Hampstead Branch of the Ladies' Guild of the London Homœopathic Hospital, a most fascinating Lecture by Mr. James E. Liddiard, F.R.G.S., entitled "In the Far North-West; the Wonderland of

Alaska: the Country, its People, and its Treasures," was delivered at the Hampstead Conservatoire on the evening of November 19th, in aid of the Building Extension Fund of the Hospital. There was a large attendance, and Sir Henry Tyler (the Chairman of the House Committee) presided, and on behalf of the audience extended a very cordial welcome to the Lecturer. Several slides showing the outside of the hospital building, together with some of the wards, were shown upon the screen, and Sir Henry stated that the Hospital was in want of money for carrying out the proposed extension of the building. Pointing to a picture of the entrance to the Hospital then upon the screen, he said, that through its "open door" the Institution received, yearly, over eleven hundred poor patients to its wards, and over twenty-five thousand to its out-patient department, for medical and surgical treatment, and the time had now arrived when it was necessary to increase the accommodation both in the wards and out-patient department.

Referring to the Children's Ward, the speaker said that in this ward alone hundreds of little sufferers receive careful nursing and treatment and are sent away healed.

The Board also contemplate the establishment of wards for middle-class *contributing* patients, both male and female, there being at present no such accommodation for treatment by Homœopathic practitioners in London. The middle-class patients are not able to afford the fees which specialists expect, and they shrink from the "charity" side of the Hospital, while they require proper nursing and attention, which is not obtainable in their own homes.

Mr. Liddiard then delivered his lecture, a feature of which was his graphic and poetic description of the wondrous and majestic beauty of the far-away land of Alaska. In an imaginative journey he conducted the audience up the St. Lawrence, which had fitly been described as "a preface to a grand volume of geography," past the cities of Quebec and Montreal, and then along the five days' journey by rail to Vancouver. Excellent photographs of the magnificent mountain and fjord scenery of Alaska was shown by the lantern, and frequently the views were applauded, as a tribute not only to their artistic merit, but to the vivid description of each one by the lecturer. Mr. Liddiard spoke of the vast size of Alaska, which, he said, was known to the Chinese so early as the sixth century, and which was acquired by purchase by the United States from Russia in 1867, and he enlarged upon its boundless mineral resources and

possibilities of development. He mentioned that sometimes the temperature was as low as 70 degrees below zero, but in summer there was a profusion of flowers. Its piscatorial wealth was great, and he had been reminded when there of the phrase that "there were more fish than water." The Yukon river, of gold-mining fame, was illustrated, and described as one of the greatest rivers in the world, and among the most interesting photographs were those of the White Pass, the Chilcat Pass, and the White Horse Rapids. St. Paul's Islands, and the great gatherings of seals which annually take place there were shown on the screen, and Mount St. Elias, 18,000 feet, a stupendous peak, scaled by the Duke of Abruzzi, was also a most interesting picture. The strikingly wild and sublime scenery, and the immense glaciers of Alaska were the subjects of further photographs, as was also the settlement of Port Chester, founded by Wm. Duncan, a Yorkshire missionary.

The Board consider that it will be necessary to raise for the purpose of extension a sum of £30,000, and towards this sum Sir Henry Tyler promises a sum of £10,000, and Lord Dysart, a constant benefactor, £2,000, on condition that the remaining £18,000 shall be raised on or before December 31st, 1907, and several other friends have promised smaller amounts.

This is the third lecture Mr. Liddiard has given for the Hospital, and he has given them gratuitously, raising for the funds by the two previous, over £60. He has kindly allowed the proceeds of this lecture to be put to the Building Extension Appeal Fund.

### THE EXTERNAL USE OF ECHINACEA ANGUSTIFOLIA.

By HARVEY WICKES FELTER, M.D.

No remedy, not in itself a powerfully poisonous agent, introduced in recent times has given such universal satisfaction as a medicine, or shown such decided therapeutic value, as has echinacea. When introduced, it was the intention of Dr. Meyer, of Nebraska, to place it upon the market as a secret remedy under the name Meyer's Blood Purifier. Upon advice of Prof. John King and others who had the interests of eclectic pharmacy at heart, it was brought out in the usual way and was developed and first used by eclectic physicians. Of its superlative value as an internal antiseptic, for use in septic conditions, all eclectic physicians are well aware; therefore it is not my purpose to dwell upon its worth as an internal

remedy in blood depravation. Rather is it my intention to urge its more extensive employment as a topical remedy in injuries and unhealthy local sores. A long experience with it has taught me to rely upon it as the first agent to be tried upon wounds. It may be used diluted or full strength upon cuts, lacerations, dog bites, and crushed or bruised parts. The results are so positive and prompt that one is led to believe that it must surely contain some wonderful principle, most likely of an alkaloidal nature, but chemistry has thus far revealed the presence only of a resinous body. To this body its therapeutic value is due. I know of no remedy of greater value for septic wounds so often received by butchers, or by those who scratch themselves with a pin, or upon handling tin or glass. These cases come to us when infection has taken place and the parts are badly swollen and often of a livid colour. Squeeze the parts gently and a sanious serum exudes. Often the maceration of tissues is so great that extensive patches of skin are loosened. With such cases my first application is somewhat as follows : specific echinacea,  $\frac{1}{2}$  ounce ; asepsin, 5 grains ; glycerin 2 drachms ; water ad 4 ounces. M. Sig. : Apply by means of gauze saturated with the lotion and changed every hour.

With a similar lotion, and the addition of a few drops of carbolic acid, I have had excellent results in suppurative bunions, first opening the cavity by a liberal incision. In no case of gunshot wound, from toy pistols, cartridges, or from dynamite caps, has tetanus developed where I have freely used echinacea as a local dressing. Bites of insects are speedily rendered painless by the use of full strength specific echinacea. One remarkable property that I have observed is its power to deodorize foul wounds or sores. Healing under its use is prompt where healing is possible, and if there be those who have not used it I would urge a single trial of it in suitable cases. It must be remembered that other drugs of the *Rudbeckia* species have been used by unscrupulous manufacturers in the preparation of fluid preparations of echinacea, and that good results can be expected only from good medicines.—*Medical Brief*, October, 1906.

### PNEUMONIA.

PROF. H. P. LOOMIS concludes an article entitled "The Present Treatment of Pneumonia as Exemplified by the Routine Treatment of the Disease in Four of the New York Large Hospitals (*Therapeutic Gazette*, Feb., 1906) with the following sentences : "The mortality to-day in the various

hospitals seems to me unusually high. In the four New York hospitals which I have investigated the mortality varies from 35 to 40 per cent. At the Presbyterian Hospital, in six hundred cases, the mortality was 34·8 per cent; at the Roosevelt Hospital, from 1903 to 1905, the mortality was about 40 per cent; at the New York Hospital, from 1893 to 1904, 38 per cent."

There is no denying the fact that pneumonia under any treatment is a terribly dangerous disease, but under homœopathic treatment the chances of recovery are far greater than under the modern allopathic treatment, which seems, from the figures given above, to have actually retrograded in the matter of the death rate.—*Homœopathic Envoy*, Sept. 1906.

### NUTMEG POISONING.

SOME time ago I received an urgent message about 11 p.m. to see a woman who had been taken ill during the evening, and was said to be dying. I found the patient, a woman of about 34, in bed; she was perfectly conscious, though markedly collapsed. Her face was very white, with pale mucous membranes, and her hands, feet, nose, and legs nearly up to the knees stone cold and clammy. She was restless, and complained of a weight on the chest. The pulse, about 98, was very small and weak. Respiration was shallow, and rather rapid and irregular. The pupils were normal.

The history was that she had been quite well until that afternoon, when she had taken, on the advice of a neighbour, one whole nutmeg, crushed up, and swallowed with some water. This was by way of treatment for menstrual "irregularity." The nutmeg was taken about 5 p.m., "just before tea," and about 8 p.m. she began to feel "queer," becoming rapidly worse and so giddy that she could not stand. About 10.30 p.m. she had vomited, and since then had felt a little better. The vomited matter was shown me; it contained bile, with some mucus and a quantity of the nutmeg, of which it smelt strongly.

I administered a dose of liq. strychninæ hypodermically, covered her up with blankets, and had hot bottles applied. She also took and retained some hot whisky and water by the mouth. She was not given an emetic in view of the amount already vomited and the state of collapse. After about an hour she was distinctly better, and said she could sleep. Next day she was apparently quite well except for the feeling of weakness.—P. W. Hamond, M.B. Lond., M.R.C.S., L.R.C.P., Thornton Heath, in *Brit. Med. Jour.*, Sep. 29, 1906.

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## BOOKS RECEIVED.

*Lectures on Massage, etc.*, by Dr. Stretch Dowse. *The Value of Accurate Diagnosis*, by Dr. Clark. *Urine Testing*, by Dr. Mark Robinson.

*Homœopathic World*, November. *Vaccination Inquirer*, November. *Calcutta Journal of Medicine*, October. *Indian Homœopathic Review*, September. *North American Journal of Homœopathy*, October, November. *St. Louis Medical Review*, October 13, 20, 27, November 3, 10. *Medical Brief*, November. *Homœopathic Recorder*, October. *Medical Times* (N.Y.), November. *The Post-Standard*, Syracuse (N.Y.). *Hahnemannian Monthly*, November. *Pacific Coast Journal of Homœopathy*, October. *Homœopathic Envoy*, November. *Medical Century*, November. *American Physician*, November. *The Chironian*, October. *Allgemeine Homœopathische Zeitung*, November 1-15. *Homœopathische Monatsblätter*, November. *Homœopathisch Maandblad*, November. *L'Art Médical*, October. *Revue Homœopathique Française*, October. *Revista Hom do Parana*, October. *Annaes de Med. Hom.*, September.

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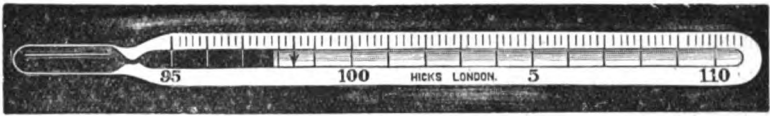
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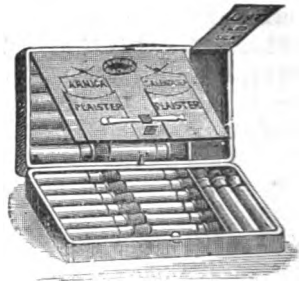
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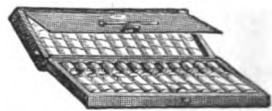
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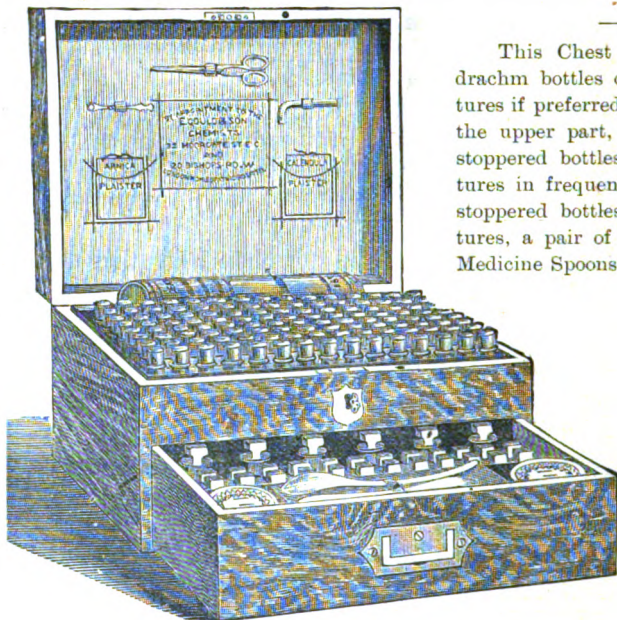
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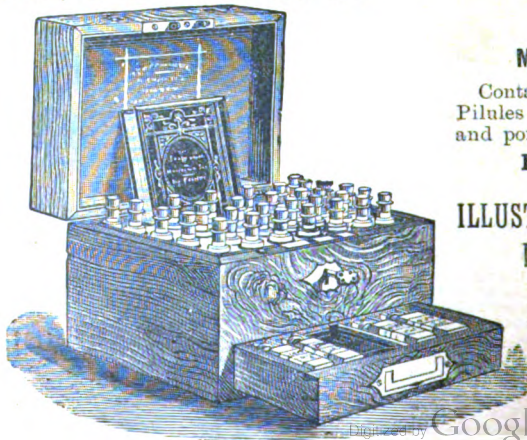


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