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THE  
MONTHLY HOMŒOPATHIC REVIEW.

EDITED BY

ALFRED C. POPE, M.D.

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AND

EDWIN A. NEATBY, M.D.

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THE MONTHLY  
HOMŒOPATHIC REVIEW.

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HOMŒOPATHIC HOSPITAL WORK.

It has been customary with us, for some years, to welcome the new year with a retrospective glance at the progress our therapeutic views have made in various directions during the preceding twelve months. On the present occasion, we purpose devoting the space, hitherto given to such reflections upon the past, to the consideration of a suggestion made at the last Congress for the further development of the opportunities, presented by our hospitals, for cultivating therapeutics and for extending the knowledge so obtained among our professional brethren. Union is proverbially associated with strength, and we hope, by uniting more closely and distinctively those engaged in performing their responsible and useful duties in the wards of our hospitals, that we shall obtain a means of making the value of homœopathy more clearly and more widely known than we possess at present.

Not unwatched by us, a movement has of late been made in medical politics for the co-ordination of the educational, financial and clinical resources of the great London hospitals. Of the waste involved in segregation, and the enormous gain secured to all by aggregati-

there needs no argument to tell. On the other hand, we may well reflect on how much our own hospitals lose, in many directions, by their isolation, and how greatly they would gain in their influence upon the progress of therapeutics by a closer union and a better defined co-operation in their medical and surgical work, provided that such co-operation is based upon lines that are practicable.

Homœopathy owes much to her hospitals. Where these are numerous, there our therapeutics flourish; where they are few in number, there our views maintain a struggling existence. Of the first importance, therefore, in the polity of homœopathy is the existence and spread of hospitals, and in a public life where our ceremonial appearances are all too few, they constitute the outward and visible sign of our existence and importance.

If homœopathy owes much to her hospitals, conversely the hospitals owe as much to homœopathy, the demonstration of which is their *raison d'être*.

The members of each medical staff are, almost without exception, united through the medium of the British Homœopathic Society, and, whether we wish it or not, not one of our public institutions lives alone, but the public value and the therapeutic standard of any one are intimately bound up with the public value and therapeutic standard maintained by other homœopathic hospitals in other places. Hence, has arisen in the minds of some of our body the question: "Are we utilising to the full the great power which these, our institutions, members of a common body, could exert unitedly for the prestige and the furtherance of homœopathy as an increasing factor in public life?" And having satisfied themselves that the answer must be in the negative, they have formulated a scheme whereby they hope to remedy this defect in our organisation, whether for offensive or defensive alliance.

This scheme was first sketched in a short paper by Dr. E. M. MADDEN, written for the current volume of the *London Homœopathic Hospital Reports* (which ought, ere this, to be in the hands of our readers), and constituted a strong plea for a Federation or Union of all British Homœopathic Hospitals, the root idea being that members of our hospital staffs should so combine as

to produce the feeling that they were rather members of one large corporation, carrying out its work at different centres, than that they were isolated and altogether independent one of another as at present; that all doing good work at any one hospital should feel certain that it would be known and appreciated at all the others, while the members of the staff of one hospital would be conscious that they equally shared in the successes of their colleagues at other centres, each feeling that he must do his own work so thoroughly as to be worthy of the corporation to which he belongs. Advantage was taken of the recent Congress at Clifton to call a meeting of the medical staffs of our Homœopathic Hospitals, and they were unanimous in the view that these institutions have a national as well as a merely local value. They are not only admirable retreats in which to heal the sick, they are the outposts and the beacon lights of scientific medicine, so that they have a common base and a definite relationship. A second meeting, to formulate a programme and to construct an executive, is to be held during the first week in the new year, when the chief propositions for discussion are these:—

“To constitute the Federation by the establishment of a Common Council Board, consisting of delegates from each hospital.”

“To suggest that a uniform scheme for reporting the essential details of cases be tabulated for all the hospitals, and that these records be permanently preserved for after reference and use.”

“To provide for an annual summarised report of all the work thus done in the British Homœopathic Hospitals; and also for the detailed report of cases of special importance and interest.”

“To arrange a practical scheme by which the medical staffs of the provincial hospitals may receive any desirable assistance from the hospitals in the larger centres in the way of consultation, or operative measures, or in the exhibition of cases.”

“That the Federation should also constitute a body for the promotion of homœopathic principles by assisting in the establishment of Homœopathic Hospitals in new centres, preferably in those where Dispensaries already exist.”

It might readily be conjectured that the bulk of hospital work in England is done at the London Homœopathic Hospital, this being the only hospital which issues professional reports of its cases. But according to the statistics compiled by Dr. Madden, nearly two-thirds of the cases treated in homœopathic hospitals in England do not come within the scope of the London hospital work. The great majority of cases thus treated in our educational institutions are unknown to the public and the profession at large, except by sporadic appearances in the homœopathic journals; and the absurd notion often heard expressed, even in London, that our hospital cases are all mild cases, stalks unabashed through the land. We think it would be of the highest value if a journal, similar in conception to the reports of the London Homœopathic Hospital, could be so planned as to represent in due and fitting proportion the technical work of every homœopathic hospital in England, and we throw out the suggestion to our London colleagues whether it were not possible so to broaden the scope of their annual publication as to represent in a more comprehensive volume the similar work done in sister institutions. It is impossible to rate too highly the effect which laudable emulation would have upon all.

As with individuals, so with aggregates, isolation is a penal infliction. The stress of professional interdict has been felt by every colleague throughout the land; and a striking tribute it is to homœopathy that it has flourished in spite of such ostracism. The Federation plan seems to amplify the resources of our hospitals in fraternally supplementing, as occasion arises, the needs of one by the aid of another. In such co-operation the London Homœopathic Hospital naturally takes the lead; and our other large hospitals at Liverpool and Birmingham might usefully be the *foci* of cottage hospitals in their associated districts, and render reciprocally any desired professional aid in the conduct of cases. Within our own fold professional culture ranks high, and every department of special practice is well represented; and there is no longer the least need for patients to drift from either hospital or dispensary to old school practice in search of special or surgical aid. We trust that such a plan will be devised as will lay the

resources of our well-equipped hospitals open to the smaller institutions when these require co-operation. In special, or critical, or obscure cases it would be a seemly and graceful act for the staff of the larger hospital to assist, in consultation or by operation, the staff of the smaller one, and increasing interest and value would be lent to consultation days by the exhibition of uncommon or doubtful cases on the part of the provincial hospitals.

This movement, like all initiated for the advancement of homœopathy, has our hearty sympathy. What the Federation scheme will actually accomplish depends on the amount of discreet and enthusiastic work put into it; but that its basic principle—the union of units for individual expansion and aggregate advance—is right and practical, there can be no doubt.

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#### THE USE OF HIGH POTENCIES IN THE HEALING OF THE SICK.\*

By JOHN McLACHLAN, M.D., B.Sc., Edin.; F.R.C.S., Eng.

It was with considerable reluctance that I consented, at the request of the Committee, to give a paper on the above subject. The subject itself is full of interest as a purely *physical* study, but it has often given rise to bitter controversy, in which the disputants have not always used "Parliamentary language," and good men have allowed themselves to become estranged by reason of such bitter contention. So strongly at times has the controversy raged that the perennial Scotch heresy hunts are tame in comparison. For these reasons I rather fought shy of the subject; but, having taken the matter in hand, I will do my best, and I would warn you all that I myself am a man of peace, and will not willingly hurt anyone's feelings. After all, the subject is essentially a practical one, and no amount of *controversy* can settle the point. For my own part, I do not care one iota what potency a man may use provided always that he (1) has a reason or reasons (be they right or wrong) for what he does, and (2) uses only *one* medicine at a time. I may possibly revert to this subject before I close my paper.

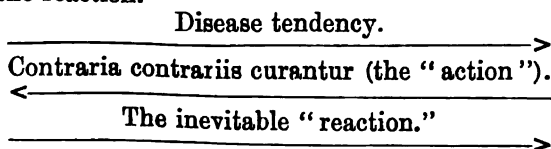
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\* Presented to the British Homœopathic Congress, Bristol, September 16th, 1897.

The use of high potencies seems to me to be but a very natural corollary from the main proposition (*similia similibus curentur*), for if a given drug can produce such and such a state of suffering during its "proving" in a healthy man, *i.e.*, one whose vital force has no present tendency in the direction impressed upon it by the drug in question, how much easier must it be for this same drug to produce its effects in the sick man, whose vital force has already a present tendency to go in the same direction, and, therefore, how much less of the drug should be required. In the first case—that of the healthy man—it is like two forces acting along the same straight line in *opposite* directions, where the resultant is equal to the *difference* between them, and has the direction of the greater component.

Now the drug will always form the greater component, and so it has first to bring the other force (health) to rest, as it were, and then impress upon it a force, causing it to move in the opposite direction (away from health). In the second case, that of the sick body, it is like two forces acting along the same straight line in the same direction, and the resultant, therefore, is equal to their *sum*. Now, it is evident that a very much smaller force will be necessary to produce the same change of velocity in the second case than in the first, *i.e.*, a much smaller dose will be required.

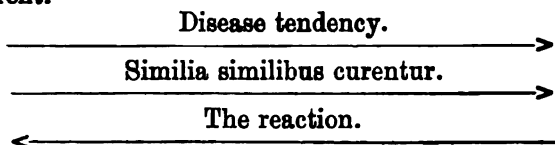
It has always seemed to me that Newton's *third Law of Motion* really underlies our great *Law of Cure*. This law, as you remember, states that: *To every action there is an equal and opposite reaction, or, action and reaction are equal and opposite*. Our allopathic friends use the "action" or primary effect of the drug, whereas we use the "reaction" or secondary effect; and the serious question arises whether *we* ought not really to be called *allopaths*, and the allopaths to be called *Homœopaths*. For observe the state of the case in *Allopathy*, using lines with arrow-heads to show the natural tendency of the disease, the primary effect of the drug (the *action*), and the reaction.





The "reaction," it will be observed, is in the *same* direction as that of the original disease tendency.

Now in *Homœopathy* the state of things is slightly different.



The reaction is in the *opposite* direction to that of the original disease tendency.

Another point in favour of high potencies is this: We are taught that disease is not a *material* entity, but only a derangement of the spirit-like *immaterial* "vital force." If we therefore oppose to this deranged immaterial vital force massive *material* doses or low potencies, can we be said to be carrying out our principle *similia similibus curentur*, for we are opposing something that is *immaterial* with that which is *material*? Again, in using material doses what proof have we, and how can we as scientific men know, that we have given the remedy homœopathic to the case? The feelings of the patient? No! For however convenient these may be in general every-day practice, yet they do not form a *scientific proof*. In using massive doses the patient may *feel* better for two possible reasons:—

1. The medicine may really be the one homœopathic to the case, and effect a cure in the usual way.

2. It may not be homœopathic to the case, but may merely be working in some "other" way, *i.e.*, it may have no *direct* effect at all on the suffering part of the body, but may be simply making some other part of the organism *ill*, withdrawing attention, as it were, from the part really *ill* till Nature unaided works a cure; just like the lizard, who, when too hotly pursued by an enemy, breaks off a part or the whole of its tail, and leaves that part to jump about and attract the attention of the enemy while it itself, *the real lizard*, makes good its escape. This is in reality the favourite method of old-school therapists, though, of course, very naturally they will not admit this.

In all probability, the aggravation produced (slight or otherwise) by high potencies is the best proof that the medicine is the correct one. We find something

analogous to this in electrical science, viz., when we use the *gold leaf electroscope* to detect the existence and kind of electricity on any body. For the rule is—If when an electroscope is charged the approach of an electrified body causes the leaves (a) to *diverge more*, the approaching body and the leaves are *similarly* electrified; (b) to *diverge less* (or collapse) the approaching body and the leaves are *oppositely* electrified, or else the approaching body is *uncharged*. Repulsion, therefore, is the only sure test of electrification. This corresponds to the aggravation produced by the medicine. But collapse of the leaves does not necessarily indicate that the body to be tested is charged, for they may collapse if the body presented to the electroscope is an uncharged conductor. In like manner a feeling of “betterness” on the patient’s part caused by the use of material doses is no certain proof that the medicine given is the correct one.

Some object to the use of high potencies out of respect for the “atomic theory.” To such I would say—You may safely leave the “atomic theory” and everything relating to chemistry to take care of itself. I often think that the atomic theory, as propounded by DALTON, has had its day. But, apart from that, what have we, as *therapeutists*, to do with *matter*. In the Physical Universe there are but *two* things, *matter* and *energy*; to these two, either separate or combined, we must trace all phenomena in the Physical Universe. Now, *matter* is *indestructible i.e.*, there is “conservation of matter,” for on this fact chemistry is based. Again, it is *perfectly impassive*, and can neither originate nor change anything. On the other hand, *energy* is associated with every change in the physical universe. It is the active part of the universe, and all change is due to it; and, just as in the case of matter, there is also a “conservation of energy.” *Matter* is that which has weight, and can thus be made evident to our senses by that property. *Energy* we cannot perceive by our senses, *except in the act of transformation* from one form to another. Now, as *chemists*, we have to do with *matter* beyond everything else; but, as *therapeutists*, we have to do with *energy*, for the healing power, manifested by drugs, must be a form of *energy*. But this can never by any possibility be detected by the chemist (who has to deal with *matter* only). In fact, as I said a minute ago about energy in

general, so now I say about this special form of energy ; we can only perceive it in the *act of transformation, i.e.,* in bringing about some change, as in the healing of the sick. The grotesque absurdity, therefore, of chemists trying to analyse our medicines to find out what is in them, and then when they can find no *matter* present (not enough, that is, to be detected by their comparatively crude apparatus) stating that the medicines can have no healing powers, is at once apparent. As well might one try to analyse a piece of a copper conductor in order to find out what electricity is.

[I ought to remark here, however, in passing, that though formerly current electricity was supposed to *flow through the substance of the conducting wire*, it is now a pretty well-established *fact* that the "conducting" wire, though it guides, does not carry that form of energy we call electricity, the energy paths lying outside in the surrounding medium ; in other words, we may state, that the copper wires of the Atlantic cables do not carry the current at all, but that its path lies outside the wires altogether.] We can thus see that if we are to measure anything we must use appropriate *units*, and to try to estimate the healing power of medicines in *grammes* is as absurd as to express the height of a steeple in *ampères*.

1. The first case is one of that common and troublesome complaint, eczema. In 1892, about three months after I came to Oxford, a young lady, 18 years of age, consulted me for this complaint. She had suffered from the eczema since she was a baby, and about two years ago asthma was superadded to it. The eczema was worst in the hollows of the joints, legs, neck, and face, and in the right hand ; and, as she was learning the violin, the latter situation caused her a great deal of annoyance. It was worst in spring and autumn. It itched a great deal, especially about the neck, and this was worse in the evening, but more so still on undressing, when she itched all over, but this passed off when once she was *warm in bed* ; but there was much smarting after scratching.

The asthma was most marked at or about the time of the "monthly periods" ; was most troublesome about 8 a.m., when she frequently had to sit up in order to be able to breathe at all. It was very difficult to be

quite sure whether or not the itching was aggravated or ameliorated by heat, but this difficulty may have been caused by her previous free use of arsenic (from allopathic hands). The medicine seemed to me to be either *arsenicum* or *sulphur*; and I tried both of them diligently at various times and in various potencies, though never going above the 200th potency. I had come to the conclusion that *sulphur* was almost certainly the remedy for her, and I was, therefore, very much disappointed at its very partial success, for the relief never lasted very long, there being constant and very annoying recurrences, I then wrote to a friend of mine in London, stating the case to him as briefly as possible. He kindly replied as follows:—

1. *Asthma before menses*—cupr. puls. sulph.
2. *Asthma during menses*—china, cupr. sulph.
3. *Itching when undressing*—ars. amm. m. cocc. dros. dulc. gamb. ham. hyper. mezer. nux. oleand. rhod. rumex. silica. stann. sulph.

Therefore, *sulphur* is the only *one* remedy that corresponds to these, and it agrees fairly well with the other symptoms. Give one dose of sulph. *m.m.*, (F.C.), *i.e.*, the *millionth potency*, the highest yet made, and let it act a long time.

I sent her one dose of this potency, and told her not to be in any special hurry about coming to see me again. Six weeks later she was very much better, and the improvement continued to progress steadily though slowly for several months. All this time the only medicine she had was *sac. lac.* After that I gave her an occasional dose of the *d.m.*, potency of sulph., she all the while steadily advancing towards cure. About a year and a-half from her first visit she ceased her visits, considering herself *cured*. Of course, a year and a-half seems a long time, but you must not forget that the disease had lasted 18 years.

The marked connection that often exists between asthma and eczema is peculiar, the two affections frequently alternating with one another—catarrhal inflammation of the skin with catarrhal inflammation of the lungs. I have known some rapidly fatal cases of catarrhal phthisis to follow cases of “cured” eczema—cured by *external applications*. It is such knowledge that makes one very chary indeed about using external

“curative” applications in cases of eczema. Most old-school dermatologists, of course, sneer at such fears, and deny that there can be any possible connection. The reason of this is not far to seek, for once admit that fact, and the *raison d'être* for their existence as “specialists” at once disappears. Nature nearly always sends chronic diseases to the least fatal situation, *e.g.*, eczema to the skin surface. But the dermatologist does his very best to drive it from that surface; if, unfortunately, he succeeds, in some cases there may be no great harm done, but in others it may mean *death*, though, of course, the patient dies “cured.” I believe that in all cases where such “cures,” or suppressions, are made *from without inward*, even though they may escape immediate evil results, yet a depraved constitution in some form or other will almost certainly result, which will be transmitted to their children and their children's children. This way of looking at the matter is of the greatest practical importance, in considering the important question of *præ-natal medication*. For such maltreatment is, I believe, the origin of the “psoric” constitution. As I have elsewhere remarked, to treat a “diseased skin” successfully, *and safely*, we must treat the body that has produced it; the skin eruption is merely an effect—the outward and visible sign of an internal dynamic derangement. A perfectly healthy body must possess a perfectly healthy skin, and a diseased skin cannot possibly exist upon a perfectly healthy body; there is a very wide difference between a disease *of* the skin and a disease *on* the skin. I doubt if the former can exist, *per se*. In the treatment of skin diseases, just as in other diseases, the “totality of the symptoms” must be our guide, and that includes *everything that can be learned by every sense we possess about the patient and his disease*, not only subjective symptoms, but objective as well, together with its cause and all that can be known of its pathology and pathological anatomy, so far as these can aid us in effecting a *cure*.

2. The next is an “eye case” in a lady, 56 years of age. She suffered from frequent attacks of sore eyes, especially the right one, and the allopathic oculist, who attended her before I was called in, used to keep her in a dark room for 10 weeks at a time, together with the

assiduous application of a zinc lotion and atropine drops. The eye trouble was a frequently recurring one, and was getting worse and more frequent every year. The attacks were often about March and April, and again perhaps in the fall. The cure in this case has not been so complete as in the previous one, as there have been one or two *slight* relapses since, though, curiously enough, much later in the year, and the eye that used to be the worse (the right) seems to be less liable to be attacked now. At the same time I thought it was worth while mentioning the case on account of the very marked improvement all round. The eyes during these attacks were very red, there was intense photophobia, and a great deal of very acrid watery discharge. The surface of the cornea very rapidly became cloudy and opaque (like ground glass), though I do not remember ever being able to detect a definite ulcer at any particular spot. Very soon after the attacks came on blood vessels began to shoot across the surface of the cornea through the opaque region, not so much at the lower segment of the cornea, but at the outer or inner side where the lids could not rub much—not like in ordinary *pannus*. As the eyes got better the blood vessels on the surface of the cornea shrivelled up, and the opacity disappeared to a great extent, though even when they are at their best there is a slight permanent opacity in the right eye—the eye that used to be the worst.

There was one very definite symptom that she did not tell me of for some time after I began to attend her, and after she did tell me it was some time before I recognised its full significance, viz., *that during these eye attacks, at any rate when the photophobia and pains were at their worst, she always had a peculiar rushing noise in her ears.* If you consult that most excellent edition of Hahnemann's *Materia Medica Pura*, issued by the Hahnemann Publishing Society, you will find the above symptom under arsenicum, s. 176, "Roaring in the ears at each attack of pain," and then as a foot note, "The occurrence of other symptoms during the pains is quite peculiar to arsenic." In the beginning of my treatment of this case, before I knew of the above symptom, the medicines I chiefly used were euphrasia and arsenic (not alternately, but at different times), though with the latter I did not go higher than the 30th potency. There was some

improvement undoubtedly, but it never lasted very long, and it was only when I used arsenicum m.m. (F.C.) potency that steady and permanent improvement began to show itself, and I think that for about a year and a-half I heard no more of my patient; though, as I said, since that time there have been one or two slight relapses, though she has not had the ear symptom—except on one occasion slightly—since she received arsen. m.m.

3. *Alopecia Areata*. This is a case already reported in the *Monthly Homœopathic Review*, but I introduce it here as being a very fair illustration of my subject, and also to bridge over the gap between my two previous cases and my next one, lest the drop from the *millionth* to the 200th potency prove too much for my hearers.

W. C., aged 11, was brought to the dispensary last August, suffering from the above complaint. He was said to suffer from "worms," his appetite was capricious, and after meals he suffered from a hardness and fulness in the region of the stomach (a not uncommon thing for boys). The bald patches were in the usual position, and of the usual appearance; there were several large patches behind the ears and on the occiput. They were circular, sharply circumscribed, perfectly bald, of ivory whiteness, smooth and shiny like a billiard ball. The skin had the usual white, shining, atrophic appearance.

In this case the subjective symptoms were very meagre, so that one had to trust almost entirely to the objective. In Vol. I. of the *Medical Counsellor* (1879), Dr. H. N. Guernsey, writing about *tinea decalvans*, says: "When the denuded part or parts of the scalp present the appearance of *clearness, whiteness, and smoothness, phos.* will pretty certainly be indicated by all the other symptoms, when a very few doses of this remedy in the 19 m. will be sufficient to set up such an action as to cure the patient and restore the hair as in health." Not having the above attenuation, I gave the boy one dose of the 100 m. In the course of three weeks there were distinct signs of a growth of hair on the bald patches, and by the end of two months it was almost impossible to make out the position of the patches, they being completely covered with a good growth of hair.

There are two theories as to the immediate origin of this disease:—

(1.) It is believed to be due to some *nerve disturbance*,

leading to atrophy of the roots of the hair and sometimes of the skin.

(2.) The old idea was that the disease was due to a parasitic fungus (the *Microsporion Audouini*). This idea has now for the most part been given up, as the so-called contagious cases were probably cases of ringworm.

Does the fact that phosphorus cures this disease lend support to its probable origin in a "nerve disturbance"?

To be sure, the amount of phosphorus present could not be looked upon as a *massive* dose, nor could it in any way act as a "nerve tonic" according to old-school ideas of the term. At the same time it should be remembered that what is wanted in such cases is not to supply the *material* (phosphorus) to the patient, but to give him the *power* to take up, or assimilate, the material already present, in a comparatively large quantity, in ordinary every-day food—in the form of phosphates. The same is true in regard to many other important medicinal agents, as iron, lime, sulphur, &c.

4. In August, 1892, a lady in her fifth pregnancy came to consult me concerning lactation. Her chief complaint was that hitherto all her children had refused to suckle her; some of them would not even attempt it, and others, if they did try it once, after long persuasion, they would not be beguiled into doing it again. She said her milk was watery and blue, that it was apt to run away of its own accord and disappeared altogether soon after she got up at the end of the usual month. She had a genuine desire to be a real *mother* to her children, and not merely to bring them forth, and it quite naturally, therefore, caused her many jealous pangs to see her child prefer a stranger (the nurse, who had charge of the bottle) to herself. She wanted to know if anything could be done to correct this abnormal state of affairs. I explained that while one could not be absolutely certain of putting the matter right, yet I believed that it was possible, and, in any case, that it was very well worth trying. I find that pregnant women make the most docile of patients if one explains to them the special object in view, and how it will in all probability be to the benefit of the unborn babe. The minute details of the symptoms I need not go into further than stating a few of the leading points. In her non-pregnant state menstruation was rather profuse and lasted too



long, with white-of-egg-like acrid "whites" during the last half of the menstrual month, and then there were such sulphur symptoms as pressure and burning on the top of the head, burning of the hands and feet, and a heavy, head, exhausting sleep. But for success in treatment I founded my hopes chiefly upon the teaching of Hahnemann (as I understand it) in regard to "psora," or the previous suppression of chronic affections by external methods of cure, not in *herself*, for I could discover no sign of such in the *anamnesis* of the case, but almost certainly in her parents or grandparents. The medicines I determined to give in the few months at my disposal—she was four or five months "gone" when she consulted me—were sulph., calc. c., calc. phos., and silica, and in that order, giving each about a month to do its work. Sulph. was given in the d. m. potency, all the others in the 200th. I gave two or three doses during the first two days, and then let the medicine do its work undisturbed for the rest of the month. Under the circumstances, I did not see what else I could do. I have already explained why I gave sulphur. In regard to the other medicines mentioned, we find in the *Guiding Symptoms* under:—

*Calc. Ostrear.*—"Profuse secretion of watery milk, which the child refuses to take." "Milk disagrees with the infant." "Milk has a disagreeable nauseating taste, the child will not nurse, but cries much." The same medicine has also *galactorrhœa*.

*Calc. Phos.*—"Child refuses the breast; milk has a saltish taste."

*Silica.*—"Aversion to mother's milk, child refuses to nurse, and if it does nurse it vomits."

*Cina, lach, nat. m., and rheum* all record the fact that the "child refuses to nurse."

The result was far beyond anything I had dared to hope, for not only could she suckle the child, while he on his part never showed any sign of refusing the breast, but in size, general build, and health he far surpassed all her previous children, and this was well shown at a later period, when he produced a crop of healthy teeth. He leaves the various babies used for the purpose of advertising the well-known infant foods far in the background. She has had other two children (both girls) since then, and continues to be able to suckle them.

I do not have a great many midwifery cases, and only such as are my own patients, but in all first cases I make it a *sine qua non* that they will pay me a visit every month or six weeks during their pregnancy, and when I explain why, they are perfectly willing to do so. There can be no time so appropriate for the eradication of evil constitutional tendencies and for building up a sound constitution as the time when the body is in the actual process of formation. By adopting such simple means, I believe we would gradually sweep such scourges as phthisis, cancer, &c., from the face of the earth. I consider the subject of *Præ-natal Medication* well worthy of a very prominent place in any system of therapeutics.

5. This last case is chiefly of value to show how an allopath may at times unknowingly stumble upon a homœopathic cure. It was a case first of gonorrhœa, then of syphilis. The young man had 3 or 4 hard chancres on his penis, in the neighbourhood of the corona glandis and frænum. He came as soon as he noticed them, and I at once put him upon merc. sol., 12th potency, in infrequent doses, and, later, on the 30th potency of the same medicine. The sores were kept clean, but no medicated washes were used. They slowly healed, taking several weeks in the process, but there was never the faintest sign of any secondary skin eruption or other secondary symptom, unless bone pains in the occiput and loss of hair are to be regarded as such. The case seemed to be getting on beautifully when he began to suffer from very persistent and severe pains in the occiput—they began about six weeks after the chancres appeared, and a couple of months later the hair began to fall out. The pain was like toothache, he said, was worst at night, and was, on the whole, better when the head was wrapped up warmly. The scalp in that region was sore to the touch, and the pain was aggravated by cold air. It was ameliorated somewhat by clasping his two hands behind his head so as to grasp the occiput, and then *rocking his head from side to side*. I tried on many occasions to give him relief, but failed. He would come in day after day, sit down on a chair in my consulting room, clasp his occiput, lean forward, and rock his head from side to side in great agony. He was getting worse, but, being a very staunch homœopathist, he did not wish to consult an allopath, though his father

pressed him to do so. One Sunday afternoon his father invited him to come home to tea (he did not live with his father), and had an allopathic doctor there to meet him. This doctor examined him and prescribed for him, and told him that he must go on with the medicine steadily for months. My patient did not tell him that he was suffering from syphilis. He brought the prescription to me (I am very sorry now I did not keep a copy of it), but it contained iodide of potassium, guaiacum, and one or two other accredited anti-rheumatics. He asked me whether or not he should take it. I said by all means he might try a few doses of it, and let me know the result, but if he was distinctly better or markedly worse, in either case he ought to stop it at once. The result was that after a few doses the pain disappeared, and never returned again in the slightest degree. So that instead of going on with it steadily for months he did not half finish the first bottleful. I believe the credit of the cure is due to iodide of potassium, for the symptom about *rocking the head from side to side* occurs in Lee's *Repertory of Characteristics* under iodide of potassium and no other medicine.

We learn from this case:—

(a.) *The impartiality of Law.* Law is no respecter of persons. If I, professing to follow the Law, yet do not conform to its requirements, it will not "stretch a point" just to save the credit of a member of the *British Homœopathic Society*. On the other hand, if an allopath, who sneers at our Law, unconsciously conforms to its demands, it will nevertheless promptly honour that obedience.

(b.) *The absurdity of the methods of the Old School.* This doctor, who is a shining light in the Old School, an F.R.C.P., &c., could have known very little about the real power of drugs or the principle on which to select them for any given case of disease, for, professing to be a follower of the impossible "*contraria contrariis curantur*" rule, he nevertheless selects a drug according to the never-failing principle of *similia similibus curentur*, with the result that he effects a speedy and permanent cure. What could be more absurd and unscientific than to mix four or five drugs together and tell the patient that he *must* go on steadily with this mixture for months? Clearly he could have had very little conception of what

he was doing. I suppose the reason for this allopathic absurdity is because they hope that before the three or four months are up, Nature herself will step in and effect the cure. A very convenient method certainly, but not scientific. If I find that a medicine has to be kept up steadily for a long time in order to give the patient relief, and that the trouble returns when the medicine is stopped, I know that I have not got the medicine homœopathic to the case, and set about trying to find the appropriate remedy.

(c.) Then again comes the fatal error of a mixture of drugs—fatal to all exact observation—and the same applies to members of our own school who alternate or mix two or more drugs either in the body or out of it. The question is not whether Hahnemann alternated or did not alternate, but simply that such a method is unscientific and cuts at the root of all exact observation. I do not of course refer to that form of alternation which simply changes a medicine because a change in the symptoms demands it; that is a necessary and perfectly proper thing to do. I have already remarked that I do not care one iota what potency a man may use, but I do plead most earnestly in the interest of *scientific medicine* that from henceforth only *one* medicine be used at a time; if this is done I am convinced that the potency question will look after itself. Hahnemann, we know, used massive material doses in the early days of homœopathy and performed some startling cures, but then he had the good sense to stop the medicine, and did not tell his patients to go on with it for weeks or months irrespective of effects. Then, again, the medicines one is most tempted to alternate are those that have a very close resemblance to each other, and which are in most cases *mutual antidotes*.

In drawing my paper to a close, let me remind you of John S. Mill's *Canons of Inductive Logic*, at least the ones that are more particularly applicable to our science.

1. *The method (or Canon) of Agreement.* When a number of cases observed agree in one point only but differ from each other in all other respects. This method gives only a *very low degree of probability*, though the greater the number of cases the more likely are the inferences to be correct. This is the method of the Old School therapist, and those of our own School

who use more than one medicine at a time. The degree of probability by this method is so low in any single case that it is a "negligible quantity." The reason of its weakness is, as Mr. Mill himself points out, the "*plurality of causes*"—that the same effect may in different cases be due to different causes.

2. *The method of difference.* This is the great method of experiment, and, properly conducted, gives *absolute certainty*. Only *two* instances are taken, and they differ in *one point only*. In performing experiments, according to this method, it is absolutely necessary to vary only *one* circumstance at a time. This canon is not liable to any such weakness as the canon of agreement, for, as there is only *one* new circumstance at work, all the others remaining unchanged, that, and that alone, must be the cause of any change. This is the method of the experimental chemist. I wish I could say it was also the method of the *scientific therapist*—I mean the therapist who only uses *one* medicine at a time, under the guidance of the law, *similia similibus curentur*. But alas! it is not, and cannot be; not because of any fault on the part of the prescriber nor of the medicine used, but because we can never find two patients exactly the same in every particular. We have, therefore, to turn to—

3. *The joint method of agreement and difference.* Here *two sets* of instances are observed, the one set positive, the other set negative, differing in *one important point* (*the medicine we give*), but in several other points beside (*the natural differences between different patients*); and, as they thus differ in more than *one* point, one can never be *quite sure*, though, when properly conducted, this method gives a very *high* degree of probability.

I trust you will pardon me thus reminding you of a few salient points in *Rudimentary Inductive Logic*, in support of my contention that we ought to use only *one* medicine at a time.

#### DISCUSSION.

Dr. HUGHES: I have read Dr. McLachlan's paper with the good expectation which my knowledge of him always leads me to form about anything he writes, but I regret to say that I have not had the satisfaction in it which most of his communications have given me. Dr. McLachlan divides his

argument into two. One section may be called theoretical argument in favour of high dilutions; the other, the practical argument derived from the cases he cites. I have roughly divided his theoretical arguments into three. The first is, that it is easier to modify disorder than to disturb order, and, therefore, that high potencies are better than low in the treatment of the sick. But surely that is only an argument for attenuated doses. It is no argument for high potencies in preference to low, but for potencies—for dilutions—in preference to crude quantities. So I think we must put that on one side as having no bearing on the question he has raised. The second is this. We are taught, he says, that disease is a derangement of the vital force, that is, of an immaterial thing. The medicine should therefore be immaterial. When Dr. McLachlan says, "We are taught," I think he must remember the old injunction that we are not *jurare in verba magistri*, even when the *magister* was Hahnemann. It is but an after-thought of his at the most. All this about the vital force, the spirit-like force, the derangement of which causes disease, belongs to the fifth and latest edition only of the *Organon*, and there is nothing about it in the earlier editions, issued when Hahnemann was at his prime. And I must say that I think we are forbidden by modern science to follow him herein—that there is no evidence of the existence of a "vital force." We need not get into the spirit-like region at all, or call for immaterial drugs. We have dynamic disturbances, I quite grant, of the living substance—the protoplasm. It is that which we have to deal with, and we can deal with that best, I take it, by the energies of minute portions of medicinal matter. That meets by anticipation the third point. Dr. McLachlan says it is energy we want and not matter; but surely a scientific man like Dr. McLachlan knows thoroughly well that there is no such thing as energy without matter; that energy means matter in motion. (Dr. McLACHLAN. No.) Surely you must have something to be energetic if there is energy. Men, like Tyndall and others, who have led the science of our day, will tell us that all energy is matter in motion. There is no such thing as action apart from matter.

Dr. McLACHLAN: It is the evidence of energy; it is not energy.

The PRESIDENT intimated that it would be more convenient if Dr. McLachlan replied after the discussion.

Dr. HUGHES: That is my point. You cannot have energy without matter. Therefore you must not attenuate so far as to lose the presence of matter, however finely attenuated it may be. Those are the arguments, in brief, which I would

advance in reply to Dr. McLachlan's theoretical considerations. I come now to the practical. I have read these cases; but Dr. McLachlan knows, as well as I can tell him, that a few cases prove nothing. Disease is such a complicated thing, and the natural history of disease is so little understood, that whatever presumptions may be raised by two or three successful cases are merely presumptions, and nothing more. And the great defect of these cases, if he will allow me to say so, is that there is no evidence that the medicines given were homœopathic to the disease. Let us take the first case. He gives sulphur, because a friend in London "kindly replies as follows":—Asthma before menses, three drugs, including sulphur; itching when undressing, a number of drugs, including sulphur. But what does he mean by replying thus? Does he mean that any prover of cupr., puls., or sulph. when testing the drug on her own person, had a fit of asthma before her menses, or during her menses? Or does he mean that any person poisoned by copper (people are not readily poisoned by pulsatilla or sulphur) had an attack of asthma before the menses, not having this attack before? No, there is no evidence of any such pathogenetic power of these drugs. These are mere empirical suggestions by an individual whose name is not mentioned, and therefore I will not criticise him. There is no evidence that the drugs have ever caused the ailments they are given to cure, and unless they have done so you may give them in the most infinitesimal doses possible, but you do not make them homœopathic. Homœopathy is carrying out the rule *similia similibus curentur*, and is not truly homœopathic practice unless you do carry out that rule. (Hear, hear.) So with the next. In the third case phosphorus is supposed to be homœopathic because Dr. Guernsey advised that it should be given. But Dr. Guernsey's recommendation does not make the drug homœopathic. Phosphorus has never been known to cause alopecia areata in the way arsenic has caused it; there are several cases of poisoning by arsenic in which that affection has been caused, but nothing of the kind in the extensive pathogenesis of phosphorus. There is therefore no evidence of homœopathicity there. Again, the evidence of homœopathicity adduced in the fourth case is, I suppose, that we find certain symptoms in Hering's book called "Guiding Symptoms," which were found in the case before us. But Hering's "Guiding Symptoms" does not profess to be a collection of pathogenesis, but a collection of symptoms mainly clinical, with empirical observations, and with a number of suggestions of his own and others—ideas and fancies—the

*Materia Medica Impura* which Hahnemann protested against, and published his *Materia Medica Pura* to supersede. I am sorry to say that those who call themselves Hahnemans have largely gone back to the *Materia Medica Impura* instead of using Hahnemann's pure pathogenesis as their guide in practice. We come to the fifth case. That is not an example of the action of infinitesimals. I will first note, however, that we are told that iodide of potassium must have been homœopathic to the case of syphilitic headache which it cured, because the patient, when very bad, rocked his head from side to side, and "the symptom of rocking the head from side to side occurs in Lee's *Repertory of Characteristics* under iodide of potassium and no other medicine." Well, here again, a single incidental symptom is to be taken as a guide for the treatment of such an obstinate disease as syphilitic headache, instead of the well-authenticated power of iodide of potassium to overcome such affections! Surely this is trivial. What authority has Dr. Lee for putting this symptom under iodide of potassium? It reminds me of Gibbon's epigram:—"Abulfeda vouches for this, but who shall vouch for Abulfeda?" What empirical ground even has Dr. Lee for it? What evidence is there that people who have been cured of headaches by iodide of potassium have rocked their heads from side to side more than those not cured by it? To conclude, therefore, I do not think that we can argue from such cases in favour of high dilutions. I think that for such action we want a number of cases in which the drug is selected according to the true Hahnemannian principle of *similia similibus curentur*, and in which the effects shall be so unmistakable, on a large scale, that there shall be no getting over them; otherwise the presumption is against the high potencies. It is quite obvious that all the tests which we have for determining the presence of active medicinal substances gradually lose their force as you get higher and higher. At first you have colour, smell and taste. You gradually lose them as you attenuate. Then comes the chemical test. At last you lose that. Then the microscopic test. At last you lose that. Then the spectroscopic. That gets less and less, and at last you lose that. Finally, all evidence whatever of the presence of drug-material ceases. You may have finer tests still, and may follow it up further than the highest point yet reached, but the whole evidence is that at last it must cease, and when you get up to Hahnemann's 30th, surely you have got far enough for all conceivable action of drugs. I would not allow a few individual instances, in which the homœopathicity of the medicine is very far from being proved, to outweigh such



evidence as that. I think it is a pity that we should weight homœopathy injuriously with these unimaginable potencies. It is sufficiently heavily weighted and prejudiced already. We should not overweight it farther by adopting these impossible dilutions into our practice, and so make it less and less practicable to convert our brethren of the Old School to a belief in the virtues of our system. (Hear, hear and applause.)

Dr. DYCE BROWN: A paper on "high dilutions" at the Congress now and then is extremely valuable. With all due deference to Dr. Hughes and his powerful remarks, we must remember that though the high dilution men are in a minority—yet, they are in a very considerable minority—they are men who have been educated as we have ourselves, who have had a large amount of practice, and who have the same powers of observation. It is an important fact to keep in view that they do cure cases, and sometimes very remarkable cases, with high dilutions when lower ones have been unsuccessful. For that reason I think it is so important to have a paper now and then upon that side of the question. (Hear, hear.) We ought not to have them all on one side. We should be glad to hear what can be said in favour of the high dilutions. In arguing upon the action of these high dilutions we are led into difficult ground. Dr. McLachlan speaks of the vital force; Dr. Hughes pooh-poohs it and thinks it does not exist. There is no actual proof of it. But say what we will, call it what you like, it seems to me that there is something which is immaterial and peculiar in the reaction of the body to high dilutions. We need not discuss the point whether c. m. or the millionth dilution (as in one of the cases was used) are illustrations of this or not. A sufficient illustration of the wonderful vital reaction—call it that, or vital force, or anything you like, but it is something different from chemistry or from pure materialism—(Dr. HUGHES: Hear, hear.)—is shown in the 30th dilution. If you admit the curative value of the 30th dilution I do not see where you are to stop. I should be very sorry to pooh-pooh any cases that are recorded as having been cured by dilutions considerably higher than the 30th, because if you once admit the 30th you admit the whole argument. Therefore, I think we must allow the existence of something—call it vital force or what you like—something very peculiar in the vital organism that reacts upon medicines that are absolutely inconceivable when you put them down in figures. Hence the value of an occasional paper upon this side of the subject. Of course, in a short Congress paper there can only be a very few cases given. But I think we should open our eyes and ears to take in all that can be said on the other side,

provided it does not absolutely exceed our possibilities of conception. The only respect in which I think Dr. McLachlan might have strengthened his case is by not using such severe remarks upon the subject of the tangible dose. He takes for granted, on page 8, that the tangible dose is a total mistake; that there is no proof that it is homœopathic to the case; and that it just works in some other way. It is a pity he weakens his case by thus maligning the lower dilution school. The homœopathic dose is the dose less than will produce aggravation. How much less is a question to be determined by experience. The large majority of homœopaths know that comparatively tangible doses do cure; that they are chosen because they are purely homœopathic, they cover the whole complaint, and therefore are purely homœopathic. It is a pity, as I say, that Dr. McLachlan weakened his case by hinting the reverse. He says here what is very true—that “in the treatment of skin disease, just as in other diseases, the totality of the symptoms must be our guide, and that includes everything that can be learned by every sense we possess about the patient and his disease, &c.” I quite agree with him there. We, who use habitually what may be called the more tangible doses, select our medicines on that very principle. But, at the same time, we are glad to find that there are men who attain success by the use of very much more infinitesimal doses than we are in the habit of employing. I beg to thank Dr. McLachlan for his paper. (Applause.)

Dr. E. B. ROCHE: I think we must keep clearly before our minds that we must demand from all those who bring forward these cases that there should be a real homœopathicity. (Applause.) That is the great point. I remember a little while ago, in London, raising the question, and it was simply thrown on one side by the person to whom I was speaking. A material was being dealt with that was questionable, entirely questionable, and I spoke of the importance of its being a medicine that had been proved, and that we should know what it was. The reply was, “I don't care where it comes from.” The next step from that is that there is no necessity for a clear proving. I maintain that there must be a proper proving of the very material we are to use as a medicine, never mind what the dilution of the moment may be. (Hear hear.) I can believe a man of repute who tells me that he can cure a disease with 200, if he has had sufficient experience, and has chosen the medicine that has been proved for the cure of the symptoms that have been assuredly produced by it in its provings. By way of illustration, I have had it told me, by men of experience, that calc. 200 has cleared away a crop of warts, and so on. A young

lady said to me the other day: "I am so much obliged to you; ever since you looked at my warts they have all gone away." (Laughter.) I had not given her any medicine.

Dr. ORD: I should like to add to that the example of two schoolboys who agree to "wish" their warts away, and a few weeks afterwards they are gone. A characteristic of the high dilution people seems to be that going in for these potencies undermines what I may call their homœopathic morality. They take less trouble in looking out for the homœopathic correspondence between the symptoms of the disease and the medicine, and in seeking agreement at all points. They are content to take some vague, ill-defined, and ill-substantiated symptom, which is not a true pathological symptom at all, and they also largely use symptoms observed in disease. With regard to "transcendentally" high potencies, the paper has enlightened me in that it has enabled me to more thoroughly understand where their strength resides. I have never been able to conceive how, when you put medicine in a bottle, and wash it out, and out, and out, by a machine, a thousand times or more, the remedy becomes so very much more powerful. But I see from this paper that outside the vital and material action of the medicine there is something remarkable in its influence which may be compared with electricity; and Dr. McLachlan points out the very interesting fact that electricity does not exist in the wire which conveys it, but on the outside of the wire. I can understand, therefore, that the repeated washing-out of these bottles does not affect the strength of the medicine, because it resides on the outside of the glass, and I suppose what we want to remember is to be very careful never to dust them. (Laughter.)

The PRESIDENT: I think at this stage I may ask your permission to let me close the discussion, and to do it in a word or two of my own. I forget how many years our friend Dr. McLachlan has been in practice, but he is not what we would call a senior practitioner, and I think we must not break a butterfly on the wheel. Dr. Hughes's ponderous arguments are like the Nasmyth hammer, and brought down to crack Dr. McLachlan's little nut they inflict a heavy blow indeed. I would rather say to Dr. McLachlan, persevere in the line you have taken up, and time and experience will guide you aright. But in the meantime, I would recommend Dr. McLachlan to take the advice that I have mentioned in my address this morning, and not to rationalise too much, but observe accurately more and more, and then his results will be more worthy of being recorded. With regard to Dr. Roche's treatment of warts, if he will excuse my being flippant—one is apt to get flippant towards the close of the

Congress afternoon—he really practised homœopathy when he looked at that young lady's hand and administered a high potency. (Laughter.)

Dr. McLACHLAN: I am sorry you so misunderstood me, Dr. Hughes. If I had had three minutes before you began, in which to explain matters, I could have put things all right. I am not here merely as an advocate for high potencies. I was simply asked to write a paper giving my experience in regard to high potencies. I gave all the cases I had. You must not go away with the idea that I do not believe in low potencies and that I regard them as useless. However, there are two points which, in my opinion, are of far more importance than even the question of the potency. These two points are (1) the mode of choosing the remedy; (2) a rigid adherence to the principle that only one medicine is to be given at one time. Of course, one necessarily follows from the other. Our aim is to choose the *simillimum*, *i.e.*, the most like remedy, and in the very nature of things there can only be *one most like*. I strongly insist upon these two points, because I do not believe the question can be profitably discussed until they are settled. If they are settled, I quite believe the potency question will look after itself. As to the mode of choosing the remedy, what I always try to aim at is to follow those cases of Hahneman's mentioned in the beginning of his *Materia Medica Pura*, and quoted by Dr. Dudgeon, with various comments, in the *Homœopathic World*, for August, 1890. The question of energy and matter I will not go into now. There is a great deal that might be said on it, but I refrain from troubling you further this afternoon.

The discussion then closed.

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## SOME CASES OF APPENDICITIS SUBMITTED TO OPERATION.

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In the fourth volume of the London Homœopathic Hospital Reports there appeared a paper of mine on "The Clinical Phenomena of Appendicitis, and their Relation to the Need of a Surgical Operation." Our hospital records then showed that since 1887, when reliable statistics can be first obtained, no fatal case of appendicitis or perityphlitis had occurred, and only two had been submitted to operation. Since 1894, when

my paper was written, fourteen cases of appendicitis have been admitted, upon four of which I have been asked to operate. The following seven are all the cases of operation that have passed through my hands up to the present time, and in all the result has been eminently satisfactory. Extended experience has confirmed me in the conclusions I had previously formed after a careful study of such cases as I had seen, and of the work of others in this field of surgery. I know there are some who are still opposed to operation for appendicitis, but I think a careful consideration of the following cases must convince the most sceptical that operative interference was amply justified, and that in the recurrent cases the patients were rescued from a state of chronic invalidism by means of the operation.

In hospital practice we see only the severer cases, and of course the ratio of operation to unoperated cases will be much larger than in general practice. It is perfectly certain that the vast majority of cases recover, and recover permanently; and that, taking the simple with the severe attacks, the mortality varies from 5 to 10 per cent. But should an abscess form the danger is much increased, and the mortality at once ranges from 30 to 40 per cent. Operation may be needed in two stages of the disease, and as the technique somewhat varies according to the condition for which operation is undertaken, it will be better to consider it separately. We may be called upon to operate during an acute attack, or when the disease has assumed the recurrent form. The condition for which operation in an acute attack is needed is generally localised suppuration. I am not referring now to those rarer and very serious cases of perforative peritonitis which are, alas! very fatal, and which offer one of the most serious problems of peritoneal surgery. They must be dealt with as are other cases of intestinal or gastric perforation, and will always have a large mortality. That they are, however, amenable to medicinal treatment I had a striking instance only lately, when, in consultation with Dr. Dyce Brown and Dr. Purdom, I saw a gentleman, aged about forty, in an advanced condition of perforative peritonitis. His condition was such that I considered any operation would inevitably hasten what appeared to be a rapidly approaching end, and yet, under the unremitting care

of Dr. Purdom, who never lost faith in his therapeutic measures, the patient made an excellent recovery.

Case I. shows the usual course of an appendicular abscess, and for this operation was undertaken on the ninth day of the disease; probably it would have been wiser to operate earlier. Treves considers operation most frequently needed about the fifth day. However high the temperature may rise—and it may reach  $104^{\circ}$ —it generally begins to fall after the first two days if the case is going to end in resolution. If the temperature keeps up and the local swelling becomes very tender, and the constitutional symptoms increase in severity, an abscess is probably forming, and the question of operation must be seriously considered. Fortunately, in Case I. the abscess was reached without opening the general peritoneal cavity, and this result is the more likely to be obtained if the operation is not undertaken too early. The size of the tumour in the right iliac fossa bears no relation to the question of abscess nor to the need of an immediate operation, for we see in Case II. that a swelling of very considerable size may entirely resolve.

The second class of case in which operation is needed is where the appendicitis assumes the recurrent or chronic form. Six of the seven cases were of this type. A perusal of them will show the kind of case in which operative interference may be justifiably employed. The conditions needing operation may be summarised as:—

1. Recurrent cases of some severity occurring at short intervals. Cases II., III., IV., V.

2. Cases of a milder type, but which prevent the patient from following his employment, or where from his circumstances he may not readily be able to obtain medical assistance. Case IV., VII.

3. Cases in which a recent attack has been very severe, such as being accompanied with a discharge of pus per rectum. Case VI.

CASE I.—*Acute Appendicitis; first attack; localised septic peritonitis; operation; recovery.\**

Albert R. was admitted into Bayes Ward, under Dr. Galley Blackley, on November 2nd, 1894. He had

\* From notes made by Dr. C. E. Wheeler, Resident Medical Officer.

never had any illness like the present. On October 24th he thought he strained himself when playing football; and next day noticed pain in the right groin, which continued for three days, when, October 28th, he complained of tenderness in the right iliac fossa. The bowels, which had been acting daily, were last moved on October 30th. When examined, his right iliac fossa was found to be occupied by a tender, very resistant mass, measuring four inches by two-and-a-half; the area over it was dull on percussion, whilst the rest of the abdomen was tympanitic. He lay on his side with his knees drawn up and complained of severe paroxysmal pain. His tongue was coated; his lungs, heart and urine normal. His temperature on admission at 10 a.m. was  $100.4^{\circ}$ , but it rapidly rose to  $103.2^{\circ}$ , his pulse being 120. He was ordered belladonna and nux vomica alternately; glycerole of belladonna locally, and a diet of milk and barley water. The same evening his temperature reached  $104.4^{\circ}$  when he was sponged with tepid water and bryonia given. Next day he was in more pain and red streaks were noticed on the skin over the affected area. He was ordered veratrum viride in alternation with bryonia and a compress of veratrum viride (5i.-Oss). That evening, November 3rd, his temperature rose to  $105.6^{\circ}$ , and during the night he vomited twice. In the morning his temperature was normal, but his pulse remained at 120. On November 5th he had again vomited, the breath was offensive, the tongue thickly coated, and his bowels had not been moved since admission. In the afternoon I saw him and advised operation. During the afternoon he had two loose stools within an hour of one another.

On the morning of November 6th his temperature suddenly fell to  $96^{\circ}$ , and his pulse to 62. That afternoon operation was undertaken, and an incision was made over the swelling in the right iliac fossa and before the internal oblique muscle was completely divided, pus was seen at the inner angle of the wound. Along with the offensive pus some very foul gas escaped. The wound being cautiously enlarged an abscess cavity was entered and gently explored, but the appendix was not recognised either in the cavity or in its soft and purulent walls. Fearing to break down the protective adhesions and so set up a general infective peritonitis, the search was

abandoned. The cavity was carefully washed out with perchloride of mercury lotion and a drainage tube inserted, the whole being dressed with iodoform and cyanide of mercury gauze. He was ordered belladonna and mercurius cor. The wound was dressed twice a day, but it was a week before the discharge lost its offensive character. For nearly a week the temperature remained subnormal, and the pulse ranged from 50 to 60. The condition was considered to be one of toxæmia, and on November 9th Dr. Blackley ordered the patient crota-lus 3. The case ran an uneventful course, and the patient left the hospital with a sound cicatrix, on December 16th.

CASE II.—*Recurrent appendicitis; admitted for second attack; two relapses whilst in the hospital; operation during quiescent period: recovery.\**

Hugh D., aged 8, was admitted into Bayes Ward under Dr. Byres Moir, on October 16th, 1894, with swelling and tenderness in the right iliac fossa. A month previously he had had a precisely similar attack, which had subsided under medical treatment outside the hospital. On October 9th he had another attack of pain and tenderness in the right iliac fossa, but no vomiting. Remaining ill, he came up as an out-patient and was at once admitted. In the right iliac fossa was found an indurated mass, measuring about five inches from above downwards, and three inches across; it was very tender to pressure. There was no constipation. He was ordered mercurius cor. 3x, and made a rapid recovery, and by the 26th the swelling was practically gone. On October 30th the temperature rose to 102.2°, the pulse quickened, the tongue became coated, and there was great tenderness and swelling in the right iliac fossa, with rigidity of the rectus muscle. He was first given belladonna 2x, and mercurius cor. 3x alternately, then veratrum viride 1x and veratrum viride as a compress. It was not until November 21st that all the right iliac swelling had subsided and the boy seemed comfortable and well again. On the morning of November 28th the temperature rose to 101.8° and all the old symptoms returned. The boy had been kept strictly to his bed since his admission to the hospital, with the exception of two days on the

\* From notes made by Dr. C. E. Wheeler, Resident Medical Officer.



couch and one walk round the ward. By December 8th the symptoms had subsided once more, and after a consultation of the staff it was decided to operate.

Operation was undertaken on December 11th. A three-inch oblique incision was made running upwards and backwards, one third of the distance between the anterior superior iliac spine and the umbilicus, the centre of the incision being on this line. This incision follows the direction of the fibres of the external oblique muscle, and, as far as possible, an endeavour was made to reach the peritoneum by separating the bundles of muscle fibre, rather than by incising them. On opening the peritoneum the appendix was readily found as it was presenting directly forwards, its distal extremity being adherent to the parietal peritoneum at the lower end of the wound. These adhesions, and others to the small intestine and omentum, were divided, and the meso-appendix having been ligatured and separated, a silk ligature was lightly tied around the appendix close to the cæcum, and the appendix amputated. The mucous membrane of the stump was destroyed with pure nitric acid, and then the edges of the serous coat of the appendix were brought together by a fine continuous silk suture. The whole stump was then invaginated into the cæcum and fixed there by three Lembert's sutures, by this means completely burying it within a furrow made in the cæcum. The wound was closed with silkworm-gut sutures, and gauze dressings applied. The appendix, which was of considerable size, was hypertrophied, especially the mucosa, and at the distal extremity of the canal there was marked stenosis.

The patient was ordered aconite and arnica. Nothing to note occurred until the 16th, when, as he complained of a little pain, the wound was dressed, and found to be healed; there was a little tenderness over the cæcum, but no general tenderness nor distension. As his bowels had not been moved since the operation, and his tongue was covered with a thick white fur, he was ordered mercurius dulcis, 1x, gr. x, statim, and bryonia, 1x, every two hours. In the evening he passed a large stool. On the 19th the temperature rose to 101°, due to a stitch abscess, but fell next day. On January 3rd he was taking ordinary food, and apparently quite well, but, acting on Dr. Moir's advice, he was kept quiet, and did not leave

the hospital until January 16th, when he went to the Convalescent Home at Eastbourne.

Class I. and II. were reported at length in the London Homœopathic Hospital Reports to illustrate the paper previously alluded to.

CASE III.—*Recurrent appendicitis ; third attack ; operation during quiescent period ; recovery.\**

Harold C., aged 14, was admitted into Bayes Ward under Dr. Byres Moir, on March 1st, 1895. In 1891 he had an attack of severe pain in the right iliac region, with diarrhoea and nausea, and he had been liable to occasional attacks of pain in that region since. In September 1894 he was for six weeks an in-patient of the hospital under Dr. Washington Epps, with a typical attack of appendicitis, all the usual clinical phenomena being present. He made a good recovery under belladonna and mercurius cor. When admitted on this occasion he had been ill two days with his third attack, an apparently mild one. There was, however, tenderness and swelling in the right iliac fossa, which subsided under veratrum viride, 2x, and bryonia, 3x. On March 12th operation was undertaken, the peritoneal cavity being exposed in the usual manner, the omentum was found adherent to the abdominal peritoneum ; the adhesions were broken down and the peritoneal cavity entered below. The appendix was freed with some difficulty owing to omental adhesions, there were also adhesions binding it closely to the cæcum. When freed the appendix was ligatured and amputated, the mucosa destroyed with a drop of pure nitric acid and the peritoneal end sutured. The meso-appendix, which was of fair size, was brought over the stump and sutured to the cæcum. Silkworm-gut sutures closed the wound. The wound ran a perfectly aseptic course ; some anxiety was caused by a rise of temperature to 101° on the evening of the second day, but this was found to be due to an attack of bronchitis, which somewhat delayed convalescence. He was discharged well, April 10th. This is the only operation in which the method of dealing with the stump of the amputated appendix varied from that described in Case II.

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\* From notes taken by Dr. C. E. Wheeler, Resident Medical Officer.

*CASE IV.—Recurrent Appendicitis ; admitted after the sixth attack ; operation during quiescent period ; recovery.\**

James B., æt. 30, was sent into the hospital on June 3rd, 1896, by Dr. Murray, of Folkestone, for repeated attacks of peritonitis, having had six within thirteen months, the last being in April. He said that pain was first experienced in the region of the epigastrium, and then extended over the whole abdomen; the pain was intense and accompanied with vomiting and constipation. The attacks usually lasted from one to seven weeks. The patient was married. He had jaundice when five years old, but enjoyed good health till five years ago, when he had his first attack of influenza. In March, 1895, he had a second attack, and two months after was seized with his first attack of appendicitis; this lasted a week. Two months later a similar attack. He had another slight one in October and a severe one, lasting seven weeks, in December. At the end of February he had a slight attack, and a very severe one in April, from which he has not yet sufficiently recovered as to be able to go to work. In all the attacks, except the second, he has been constipated. In the last the vomiting continued a week. Dr. Murray had made a definite diagnosis of appendicitis, and sent him into the hospital with a view to operation.

When examined, deep pressure in the right iliac fossa gave a sense of resistance, and a creaking sensation could be distinctly felt. There was no marked tenderness at McBurney's point. The patient complained that when he turned on his left side he felt a dragging sensation in the right iliac region. He was ordered nux 3x and sulphur 3x alternately.

On June 16th, under gas and ether, an oblique incision was made to open peritoneum. The appendix was found with some difficulty; it was beneath the cæcum, passing in a curved direction upwards, with its concavity towards the iliac fossa, the appendix being adherent in nearly its whole length to the psoas muscle. This fixation of the cæcum and appendix would account for the dragging pain the patient complained of on turning to the left side. The appendix was severed from the cæcum, after

\* From notes taken by Mr. C. J. Prime, Resident Medical Officer.

ligature, and then enucleated from its deep adhesions. The stump was invaginated into cæcum. The wound was closed with silkworm-gut sutures.

The appendix was short and much thickened; the mucosa was soft and thick, and the serous tissue hypertrophied. About one third of its length from the apex a perforation had taken place; the appendix at its seat of perforation had become adherent to the psoas.

The temperature rose to 99° on the 3rd and 4th days, otherwise it remained normal or subnormal throughout. The wound was dressed for the first time on the 22nd, when it was found aseptically healed; the stitches were cut, but not removed till the second dressing on the 31st. The patient left the hospital on July 11th. He was seen again in October, 1897, sixteen months after the operation, when he was found to be quite well; he had had no illness since the operation, and he had a sound scar, with no tendency to hernia.

CASE V.—*Recurrent Appendicitis; operation during quiescent period after fourth attack; recovery.\**

Christine S., æt. 15, was sent to the hospital by Dr. Hall, of Surbiton, when she was admitted into Durning Ward under my care, on May 22nd, 1897. She had enjoyed good health till August, 1894, when she had a severe illness, keeping her in bed three weeks. She complained of pain with great tenderness in the right iliac region; she also vomited. In August, 1895, December, 1896, and again in April, 1897, she had similar attacks, rather less severe than the first, and not attended with vomiting, but the bowels were constipated. During the last three attacks she was attended by Dr. Hall, and later by Dr. Hall and Dr. Wheeler, who described the attacks as being typical of appendicitis, fever, right iliac swelling, pain and constipation.

When examined, there was rigidity of the right rectus, tenderness at McBurney's point, increased resistance in the right iliac fossa, and on deep pressure an elongated hardish swelling, about the size of a little finger, could be made out.

Operation was undertaken on June 1st, the peritoneum being opened by the usual incision. The appendix was

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\* From notes made by Mr. F. A. Watkins, Resident Medical Officer.

placed superficially, greatly increased in size and buried in omental adhesions. There were signs of recent peritonitis. The adhesions being freed, the appendix was ligatured near its base and removed. The stump was touched with a drop of pure carbolic acid, sutured and then invaginated into the cæcum. The peritoneum was closed by a continuous catgut suture, and then the skin and muscles united by silkworm-gut suture, and gauze dressings applied.

The appendix presented the usual appearance found in catarrhal appendicitis; there was no stricture or concretion. The wound was dressed on June 9th, and found aseptically healed. The temperature only reached 99° on the 1st and 3rd days of the operation. She left the hospital on June 19th, eighteen days after the operation, wearing an abdominal belt. She was seen in October, 1897, when she was well and strong, and had a sound cicatrix. She had had no pain since operation.

*CASE VI.—Recurrent Appendicitis ; operation during quiescent period ; recovery.*

On October 20th, 1897, I saw, in consultation with Dr. Vincent Green, of Wimbledon, Miss Dorothy C. æt. 13, when the following history was elicited. In 1892 she had a severe attack of peritonitis, for which she was laid up in bed a month, and remained delicate all the winter. Since this attack she has had, off and on, when run down or from some slight error of diet, attacks of abdominal pain. The abdomen has also, since 1892, been sensitive to touch and has been tumid and distended. The colic would be so severe that she must either lie down or lean over the back of a chair. She is very liable to get attack of indigestion. In the beginning of 1897 she had a slight attack of perityphlitis, keeping her at home a week. Whilst on a holiday in North Wales, in August last, she had a severe attack of peritonitis. A note from a medical man who saw her in consultation stated that she then suffered from appendicitis, that perforation and a limited abscess had followed on this occasion, and that the abscess had discharged through the bowel ; and further, an operation was advised. She made a slow convalescence and had not at the time of our consultation returned to school.

When examined, the abdomen was certainly tumid, but there was no thickening to be made out in the right iliac fossa; there was some doubtful tenderness at McBurney's point.

Operation was undertaken in the early morning of November 1st, the abdomen being opened by the usual incision; no muscular tissue was cut, the fibre separating readily. The appendix was easily found and traced into the subcæcal fossa, where its bulbous end was buried in adhesions. After removal the stump was invaginated into the cæcum, the mucosa being first scraped away. The wound was closed by silkworm-gut sutures. The appendix was  $3\frac{1}{2}$  inches long, with thickened walls; its canal was patent to within  $\frac{5}{8}$ th of an inch from its extremity, where there was a stricture. The extremity was bulbous, with a dilated cavity, and at its extreme end perforation seems to have taken place, and here the most firm and extensive adhesions were found. The mucosa was thickened and in places considerably injected. The canal contained feculent mucus. The evening of the operation the patient was ordered belladonna. She was bright and free from pain, and on November 5th the bowels were relieved by an enema. The first dressing was done on the 9th, the wound being perfectly aseptically healed and three sutures removed, the rest being removed on the 11th. The patient was up on a couch on the 16th, and was sent to her own home on November 20th. The highest recorded temperature was  $99.8^{\circ}$  the evening of the operation.

CASE VII.—*Recurrent Appendicitis; operation during quiescent period; recovery.\**

Mr. E. J. E., æt. 27, was, on November 24th, 1897, sent to me by Drs. Burwood and Searson, of Ealing, for an opinion as to the propriety of operation. The patient, a well developed man, had enjoyed excellent health till the spring of 1893, when, whilst he was working in the woods and lumber camps of Canada, he was seized with severe pains in the right iliac region. He was admitted to the Homœopathic Hospital, Toronto, under the care of Dr. Hall, when a diagnosis of typhlitis was made, and he was kept under treatment several weeks. In the

\* From notes taken by Mr. P. Higgins, Resident Medical Officer.

summer of 1894 he again had a slight attack, and off and on afterwards he had what he called frequent reminders of pain. In February, 1897, he had a severe attack again; this time, he was away from hospital accommodation, in Southern Ontario, and under allopathic treatment. The pain was most acute, and for a few days he was so seriously ill that an immediate operation was contemplated. Since then he has had a great many attacks of pain, and cannot work for long or take any long walks without pain coming on. He has been obliged to give up work, and has come to this country for advice. He has been keeping very quiet since he came home, and he is at the present moment quite free from pain.

A careful examination revealed nothing especial about the right iliac fossa beyond rigidity of rectus muscle, and some tenderness on deep pressure. Operation was advised on the history of the case. He was admitted into Bayes ward, under my care, and submitted to operation December 7th.

The usual incision was made. The abdominal wall was thick, muscular and rigid. The cæcum was bound down by adhesions. The appendix, which was very long and thin, was attached by firm adhesions to the cæcum behind, and in front adhesions anchored it to the brim of the pelvis; after curling behind the cæcum, it passed directly backwards, to be attached very firmly to the peritoneum overlying the psoas muscle. Numerous adhesions were peeled off, and some were ligatured, there being more than usual hæmorrhage. On amputation, the pointing mucosa was touched with pure carbolic acid. The stump was invaginated into the cæcum. To gain better access to the appendix the wound was enlarged by a vertical incision downwards from the middle of the lower flap. Silkworm-gut sutures were used. The operation was somewhat unusually prolonged, owing to the difficulty in freeing the adhesions.

Belladonna and mercurius cor. were ordered. The temperature rose during the first twenty-four hours to 100°, but soon fell to normal. The wound was dressed on the eighth day, and found aseptically healed. The patient will be leaving the hospital this week (December 20th).

## NOTES FROM MR. WRIGHT'S SURGICAL CLINIC AT THE LONDON HOMŒOPATHIC HOSPITAL.\*

### I.—*Posterior Urethritis: Its Diagnosis and Treatment.*

GENTLEMEN,—THIS patient has suffered from a slight gleet for many years as the result of an attack of gonorrhœa. He has been treated at other hospitals for this condition, and has had catheters passed to dilate a stricture which was said to be present. He says that he has a gleet discharge from the urethra, which at times becomes thick, and can be "milked" out from the deeper parts. The urine is often cloudy. There is some smarting and stinging during micturition at the base of the bladder, and at times pain at the end of the penis. His general health is good so long as the bowels act regularly, but there is a tendency to constipation. Examination shows the penis small in size, with a much constricted meatus, which only admits a No. 5 English catheter. This passes the rest of the way easily without obstruction, but causes some pain as the deep urethra is entered. This pain lasts some time, but is relieved by making the patient hold the end of the penis in water comfortably hot. (This plan is a good one, and may be made use of to allay dysuria of cystitis and prostatitis, the patient holding the penis in hot water whilst he is micturating).

Examination of the rectum shows nothing abnormal in its mucosa, but the prostate is decidedly tender and perhaps a little larger than natural.

The first treatment to be adopted here is to slit up the meatus. Such a narrow meatus will keep up a gleet just as much as a narrowing of the deeper part of the urethra by a stricture will do the same, and with its cure the gleet will much diminish. The meatus can be incised towards the frenum with a meatotomy knife without an anæsthetic, and with very little pain to the patient if properly done. Some gauze must be inserted between the edges of the cut to prevent union, and in a week the parts will have healed, the patient being instructed to pass a bougie every day. Further treatment can then be adopted.

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\* One of the series of Post-graduate Lectures.



The next patient is complaining of exactly the same symptoms as the former one, but in his case the meatus is normal, so we can proceed to examine him, as we should have done in the former case, had the meatus not needed treatment first.

The first thing to do is to apply the "two glass test." The patient passes water into two separate glasses for examination. The urine thus passed is found to contain long thread-like bodies ("tripper fäden" of the German authors) which gradually sink to the bottom of the vessel. If the first sample only contained these, and the second was free, we can diagnose that the anterior part only of the urethra is affected, the posterior part being free. The first gush of water washes them out, and the second part is clear. You will remember that gonorrhoea starts at the meatus and spreads backwards, and may not affect the deeper parts, or may remain there after the anterior part is cured.

To diagnose a posterior urethritis, that is to say a urethritis of the prostatic inch behind the triangular ligament, we should first pass a catheter down to the bulb, *i.e.*, about five inches down, and wash out the anterior urethra through this. This is easily accomplished by means of hydrostatic pressure, the fluid running out at the meatus if the catheter be not so large as to quite fill it, as it cannot pass the compressor urethræ muscle which surrounds the membranous portion and acts as a stop-cock at this point. The anterior urethra being thus cleansed, make the patient pass water again into two glasses. If the first is cloudy and the second clear a posterior urethritis is present, as the first gush has washed this part clean, and the rest that follows is unaffected.

It often happens that the second portion is also cloudy or contains pus. This means one of three things: First, that cystitis is present, which can usually be diagnosed by its special symptoms; or, secondly, that pyelitis is present, which can also be diagnosed by its symptoms and microscopic examination of the urine; or, thirdly, that the turbidity arises from mucus or pus originating in the posterior urethra and flowing back into the bladder. This is quite feasible, since the contraction of the compressor urethræ is stronger than that of the sphincter of the bladder, and the former prevents the

discharge coming forward, and so it has to flow backwards into the bladder, and thus mingles with the urine.

In this case, after washing out the anterior urethra, the contents of the first glass only were cloudy, and the indications are plain that we have to deal with a posterior urethritis.

We will now pass a bulbous bougie to ascertain whether there is any stricture. These bougies are all the same size in the shank; but the bulbous part, which is somewhat conical in shape, is made in different sizes. The meatus of this patient will admit a fairly large-sized one—a No. 8 English—and it passes as far as the triangular ligament easily. On withdrawing it no obstruction is met with. If there had been a stricture, the blunt part of the bulb, in withdrawing the instrument, would have caught in it. These instruments are much more certain in finding out a stricture than sounds, for the latter will often pass a stricture of large calibre, that is one which is not a tight one, without giving any sense of obstruction, but a bulbous bougie will catch in it as it is being withdrawn.

We may now conclude that there is no stricture, and that we have now only to deal with the posterior urethritis, which was diagnosed by the "two glass" test. Such cases are often extremely troublesome, and they may tax your knowledge and powers of treatment to the utmost extent. They usually need both local and internal treatment. Slight cases will often be cured by the alternate application of dry heat and cold to the deep urethra. This is done by using steel sounds, which are made hot by putting into hot water, and after one hot one has been passed a cold one should follow. This may be repeated several times at a sitting, and two or three sittings a week until the symptoms show a great improvement, when less frequently will suffice. In passing these sounds do not use oil or vaseline as a lubricant, but anoint them well with soap. This enables you to pass them easily in sufficiently moist, and, moreover, you will find that on withdrawing the sound a quantity of mucus will be clinging to it. Thus you naturally cleanse the urethra at the same time, and without the use of oil or vaseline you will not accomplish this.

In more obstinate cases local means will be needed. One of the best applications

is a solution of

nitrate of silver. This should be made with an Ultzmann's catheter, which will deposit the lotion in the prostatic urethra. Begin by injecting about 5 or 10 minims of a solution of the strength of 5 gr. ad. ʒi. every other day, and increase this gradually, if need be, up to 40 gr. ad. ʒi. These stronger solutions should, however, be employed only twice a week.

It often happens that with this posterior urethritis there is some cystitis, and in such cases a vesical injection of weak baro-glyceride lotion may be used at the same time.

So far as internal remedies are concerned, there are many which do good, but the unfortunate part is that often, apart from the gleet, no other guiding symptoms are present. If tenesmus, strangury, &c., are present, cantharis is by far the best, but apart from this, iodide of sulphur, ferrum picricum, and capsicum are often of service. I do not think I can give you any precise indications for your choice of these, but I would remind you that you can often gain a knowledge of the condition of the deep urethra by examining the mucous membrane of the anterior part by everting the lips of the meatus, and I think that if you find this part of a dull and more or less congested appearance, iodide of sulphur will most likely give benefit; whereas, if it is pale, the ferrum salt will do good. Capsicum is usually best in alcoholics. Thuja is said to be good, but so far in my own practice it has been a failure for the chronic condition, and I never now employ it.

## II.—*On the Treatment of Old Sinuses.*

Most of you have, ere this, found how difficult it often is to get a deep chronic sinus to heal up. I have found this also, but I think that I have also had considerable success in certain cases by treatment upon definite lines. I have certainly been able to cure, in not a few instances, cases which have previously had much treatment without permanent benefit, and as the plan may be useful to you, I will show you how it may be carried out.

This patient has a sinus in the lumbar region, the result of an operation some years ago on the kidney. He says that it will not heal, and that a quantity of pus comes away. On probing, the sinus bleeds a little; a thin probe goes in about two inches. No dead bone can

be felt. The walls of the sinus grate somewhat as the probe passes in, showing the presence of a good deal of fibrous tissue around. The first case in which I had a signal success in the kind of treatment I am going to relate, was one of a similar nature to that under treatment. The patient was a woman who had two calculi removed two years previously from the left kidney, and a sinus had formed after the operation and had refused to heal; a large quantity of pus came away, and so weakened and troubled the patient that she was advised by the surgeon who had done the operation to have the kidney excised. This she refused to do, and consulted me with a view to a cure without operation. I did not hold out much hope of doing this, but I was gratified when the sinus healed up rapidly as a result of the treatment adopted. I have treated many cases since then, and I must confess that I have not cured all. One thing I must tell you, that you need never expect to cure those cases dependent upon necrosed bone or other foreign body until the offending substance has been removed.

Now, if you study the pathology of a sinus you will readily have a clue to the method of healing it. To this end let us mentally lay open the sinus and see what we have to deal with. First there is around the part which immediately abuts on the skin a slight covering of epithelium. This is continued from the skin down into the sinus, but stops after a short distance. Next, the remainder of the floor is formed of more or less unhealthy granulation tissue lying upon a bed of dense fibrous tissue.

Now each of these elements have to be to some extent removed, or replaced by more healthy material, before we can expect healing. How is this done in other parts of the body? If we compare this condition of things with an ordinary callous ulcer of the leg, such as we meet with every day in the out-patient department, you will see that the two conditions correspond practically in all particulars, and what cures one will, if applied in a proper way, more often than not cure the other. In the case of a callous ulcer we exert pressure by strapping to get an absorption of the underlying fibrous tissue, and this being accomplished we apply some stimulating

application to the surface, having first cleansed it and got rid of all unhealthy elements as far as possible.

The same steps must be taken in the case of the sinus. First, then, how are we to apply the pressure to the walls to get absorption of the fibrous tissue? This may be done in the following way, namely, by thoroughly dilating the sinus with graduated probes until you can insert a laminaria tent along its whole length. The tent may be left in a day or longer, and you will then find that half your difficulty is over, for the walls of the sinus will by that time have been rendered soft and yielding. This may be repeated if required, and in some cases it is only necessary to dilate with the probes without doing more. The pressure thus applied will cause much of the fibrous tissue to be absorbed, and healing will commence. We must now cleanse the lining of the sinus as far as possible. This is a matter which might present some difficulties. Of course, you may inject various antiseptics which are often sufficient, but lately my plan has been to inject as much as the sinus will hold of elixir of lactated pepsin, which is prepared by Parke, Davis & Co.\* This contains pepsin, pancreatin, lactic acid, maltose and hydrochloric acid, and the digestive action of these is exerted upon the unhealthy elements contained in the sinus walls. This is left in for half-an-hour or so, and then washed out and *lotio rubra* injected. The application is now completed. This may be repeated as often as is necessary, but I usually find that one or two dilatations, instillations of the digestive fluid two or three times weekly, and daily injection of *lotio rubra*, previously washing out with some weak antiseptic on the days when the lactated pepsin is not used, is the best

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\* More recently I have preferred the following preparation :—

Taka Diastase gr. ʒ,  
Pepsin gr. i.,  
Acid Hydrochlor. mix.,  
Aq. Dest. fl. ʒ x.

Mix the water and hydrochloric acid by shaking well; then add the pepsin and taka diastase and again shake well and pass through the Pasteur Chamberland filter.

The pepsin and taka diastase are prepared by Parke, Davis & Co. I find the above a good lotion to use as instillations in very chronic otorrhœa with granulations in the tympanum.

Roughly speaking this is a 1-5000 solution of pepsin, and the hydrochloric acid is present to the extent of 0.2% as in gastric juice. It is not necessary to filter the solution for treating sinuses.

method to pursue. If the epithelial layer has extended any considerable distance into the sinus, it will be necessary to remove this. This may be done easily after the dilatation by scraping with a sharp spoon, or the application of nitrate of silver or sulphate of copper, or cocaine may be injected, and the mouth of the sinus freshened up with a tenotome. Lastly, I should mention that to all my patients I give silica 8 trit. or nat. silicosim 2x dil. at the same time as the above treatment is being carried out. The above method is, I believe you will find, often as rapid in effecting a cure as completely laying open the sinus and allowing it to heal up from the bottom. At any rate it can be carried out by the patient, with occasional supervision by the medical man, and there is no necessity for lying up, an advantage which most patients will be glad to avail themselves of.

#### CASE OF DIPHTHERITIC CROUP SUCCESSFULLY TREATED.—ANTI-TOXIN USED.

By H. V. MUNSTER, M.B., C.M.

As every case of diphtheria treated by anti-toxin is of interest, as tending towards establishing or otherwise the usefulness of the treatment by this method, I submit the following case to the readers of the *Review* :—

Mabel H., æt. 4, was seen by me for the first time on 19th October, at 10 p.m. Child was then labouring with loud stridulous breathing, accompanied with retraction of the lower ribs and strong efforts of the muscles of forced inspiration with each breath. Examination of throat showed tonsils a little enlarged, but no soreness of the throat was complained of, and no false membrane visible.

Temperature not elevated. Pulse good. No cyanosis or lividity.

Ordered steam kettle at once, and put child on spongia  $\phi$  every hour.

As case seemed urgent, Dr. Purdom was called in the same night, but we decided to wait till morning and note the effects of treatment before contemplating any operation such as tracheotomy.

20th October. Child much the same. Retraction of ribs even more marked. As case was urgent, Dr. Pur-

dom came again, and we decided to call in a local surgeon, who did not feel justified in operating, but advised an emetic, greater concentration of vapour from steam kettle, and free stimulation. Glands of neck enlarged, but as throat is still clear the case is regarded as simple croup. This treatment, along with *spongia*  $\phi$ , and later *acon.*, gave some temporary relief to the breathing. Temp. 100.6° F. in afternoon.

Digestive system in good order and child taking nourishment well and freely. Breath sounds distinctly audible at bases of both lungs, where some coarse crepitations can be heard. There is no dulness on percussion. Child perspires freely and sleeps a good deal.

21st October.—About the same. Temp. 101° F. Pulse 130 to 150, brom. 3x, sang. 1x, every hour alt. Bromine put into steam kettle instead of iodine.

22nd October.—Child complains of throat. On examination both tonsils are seen to be covered with false membrane.

Merc. bin. 2x, brom. 3x h. 1 alt. Later on merc. cy. 3x was substituted for merc. bin. 2x.

At 4 p.m. Dr. Purdom saw the child. Temp. 102.7° F. Great amount of loose rattle in throat, and of moist sounds at bases of lungs. Retraction of ribs marked. Pulse 160.

The case being now considered diphtheria and unlikely to recover, we injected 1,500 units of anti-toxin in right interscapular region.

At 10 p.m. child distinctly relieved. Temp. 100.6°. Pulse 160. Respiration still very stridulous. Merc. cyan. 3x gtt. ij. h. 2.

October 23. Much less rattle in throat. Still some retraction of lower ribs. Pulse 144. Pulse was almost absent on inspiration. Temp. 99.5°. Still membrane on both tonsils. Throat being swabbed with boroglyceride.

At 4.30 p.m. Dr. Purdom again saw patient, and another injection was given in left interscapular region of 1,500 anti-toxin units. Red blush over site of yesterday's injection. Very few moist sounds at bases of lungs now. Temp. 100.6°. Pulse 150 at time of injection.

At 9.35 p.m. less retraction. Stridulous noise less marked. Relief seemed to follow injection almost at

once. Mother observes that child was very restless after both injections. Temp. 99° F. Pulse 150. Child more eager for food.

Examination of urine reveals a good deal of albumen. No tube casts, but a few red blood corpuscles in deposit. Continue merc. cyan. 3x.

24th October. Child decidedly improving. Evg. temp. 99.4° F. Pulse 132. Child drowsy all day, but had slept little during previous night.

25th October. Still improving. Stridor not yet absent. Merc. cy. 3x.

26th October. Respiration almost normal. Temp. normal. Pulse 124.

Merc. cyan. 3x, gtt. ij. Liq. strych. phos.  $\frac{1}{200}$  gtt. j., every two hours alt.

From this time on child steadily improved. Still a trace of albumen present in urine on 1st November. Attendance ceased soon thereafter.

There are several points about this case which call for a few remarks, and which appear to me to speak in favour of the anti-toxin treatment in general. Although the diagnosis of diphtheria was not confirmed by bacteriological examination, still there was very conclusive clinical evidence that the disease was of that nature, the prolonged stridulous dyspnoea without any marked intermission, the false membrane on the tonsils, and the albuminuria all pointing strongly in this direction.

Until the anti-toxin was used the whole progress of the case appeared to be downwards, although the usual treatment by steam inhalation containing antiseptics, emetics, and homoeopathic remedies had received a fair and continued trial. Beyond a little pain at the time of the injections, no inconvenience was met with in the subsequent course of the case which could be attributed to the anti-toxin, save, perhaps, a general cutaneous rash, not unlike that of scarlatina, which appeared about two days after the last injection. The effect of the injections appeared to be rapidly beneficial, as seen by fall of temperature and relief to the breathing, even although the anti-toxin was used so late in the case, for there was a history of the disease being present from 15th October.

One might be permitted to add that in considering the merits or demerits of a method of treatment, besides the



important consideration of statistics, surely the effects seen at the bedside when cases are carefully watched should carry some weight. When one sees cases going from bad to worse suddenly take a decided turn for the better, after a new and recognised method of treatment has been introduced, it surely is a strong presumptive indication that the treatment has been beneficial, and moreover that we are justified in giving—nay, even called upon to give trial to such treatment in serious cases which do not respond early to other methods. I imagine that by carefully watching cases, and by selecting the suitable remedy at the right moment, results will be attained which will be better than those to be got by adopting any one method universally. Many cases are serious from the outset, and by all means let anti-toxin be used here; but where cases are mild from the outset they usually respond at once to the usual homœopathic remedies, and here it seems to me unnecessary to resort to a painful, expensive, and cumbersome method like injection of anti-toxin.

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## THE HYGIENE OF THE LYING-IN ROOM.

By W. M. STORRAB, L.R.C.P. and L.R.C.S. Edin.

Senior Physician to the North of England Children's Sanatorium;  
Physician to the Southport Hydropathic Hospital.

It has long been a dictum of mine that no woman's toilet equipment is complete without a deep sitz bath.

Nothing is more generally convenient for ablutionary purposes, and nothing more comforting and even remedial in many of the various ailments, not only of menstrual life but also of pregnancy. A hot or warm sitz bath can seldom do any harm, if not continued over 10 minutes, and most often it works a great deal of good.

These few remarks are preliminary to an account of how I usually treat my lying-in cases.

Supposing the labour to be a normal one, the patient, as soon as everything about her is clean and tidy, is lifted gently into a sweet clean bed. She is then enjoined to rest, and the nurse performs the usual attentions.

After about the first 24 hours I direct the patient to get up every morning and evening for about 15 minutes (never longer) and sit in a hot 90-95° sitz bath, carbolised if need be, and be sponged down while in it and given a

comfortable wash. If necessary, but practically it is seldom required, the vaginal douche may be used just before coming out of the bath. Any clots there may be generally come away while sitting in the bath. The patient puts on clean linen and binders, and gets into clean sheets—the bed having been well made while she is in the bath.

This is done regularly night and morning (gradually reducing the temperature of the bath to about 80° before coming out) for a week, when usually the patient strongly resents being kept in bed any longer. I try to keep her quiet for another week. I have followed this practice for eight or nine years, and have never had any mishap.

The pleasure of the bath, the perfect cleanliness ensured, and, above all, the delightful restfulness which generally follows, have often been expatiated on to me by grateful patients.

The consequence is, my patients do not come out of their lying-in chambers looking like frail pale lilies, but usually as ruddy and hearty—if not heartier—than when they went to bed.

There is only one warning note to add. I have observed that women treated in this way generally conceive again at the very first opportunity.

Southport, October 10, 1897.

## CLINICAL AND THERAPEUTIC NOTES OF RECENT CASES.\*

Reported by Dr. MIDGLEY CASH, Torquay.

### *Two Stannum Cases.*

I.—Mrs. A., æt. 48, wife of a clergyman, ordered abroad by Dr. D..... P....., who told her she was threatened with *Tuberculosis*, and that the right lung was affected, tubercle bacilli having been found in the sputum. Severe night cough, spitting up much blood-streaked mucus, constant sweating, and considerable loss of weight had appeared lately.

\* Notes of cases are invited for this department. They should be addressed to "Dr. Ord, Bournemouth."

Being an old patient of mine, her husband wrote to me in much alarm about his wife, and asking for remedies. I sent her stannum 3x; 3 grains to be taken every three hours during the day and 3 drops of hyoscyamus at bedtime, to be repeated every two hours through the night if awake and coughing.

In ten days he wrote that the medicines had certainly done his wife good, and it was remarkable to him "how much more good the homœopathic treatment does than the best allopathic."

The cough entirely ceased, she slept well, gained weight, and in six or eight months became comparatively strong and healthy.

II.—Mrs. B., æt. 40. A tall emaciated worn-out woman, the wife of a labourer. Has been in ill health and anæmic for some years. Got a chill a week before she was seen and developed a pneumonic patch at the apex of the left lung. She was expectorating copiously a frothy blood-streaked mucus, the temperature being about a degree above normal.

Ant. tart., bryon., phosph., silic. and china were given in the 5 months that followed, with perhaps some amelioration of symptoms. At the end of this time I found her general condition lower. Examination revealed a cavity in the left lung, with tinkling and amphoric breathing. Expectoration profuse, stringy and fœtid. Terebine inhalations improved the last-named symptom. A course of stannum was now prescribed—2 or 3 grains of the 3x trituration being given three times a day. This was persevered in for five weeks. At the end of this time examination of the chest showed improvement. The cavity in the lung seemed drying up—only a slight tinkle heard, and amphoric resonance fainter. The expectoration and cough were much reduced. She now feels stronger, and is able to do some of her household work. In short the disease which was making rapid progress was arrested for the time. The patient lived for over two years afterwards, the stannum a second time during that period averting a further attack, which threatened to be speedily fatal.

Notes of Cases treated by Dr. MACKECHNIE at the  
Bath Homœopathic Dispensary.

*Eczema.—Croton Tig.*

Emma W., æt. 30. Has eczematous patches at bends of elbows, which crack and weep, causing much irritation. The itching is worse at night and after food and after washing. Bowels costive with large difficult stools. Otherwise healthy, urine and menses as usual. During the first two weeks she received rhus, cantharis, and bryonia. The latter relieved the constipation, but the eruption continued to spread and appeared on the face, the irritation being constant. Croton Tig. 6x was now ordered. The itching remained the same and even increased the first week this was given, but the patches began at once to decrease in size, especially on the face. The following week the irritation had almost ceased, the face was clear, and but little remained elsewhere. Croton was continued, and the case shortly reported cured.

*Pemphigus.—Rhus Tox.*

George G., æt. 6 years. Has a bullous eruption on scalp, face, neck, wrists and other parts. This has existed for some time and is still coming out, the older bullæ having dried up and leaving black crusts. Child well nourished and otherwise healthy. Considerable irritation and heat about spots. Ordered Rhus Tox. 3x. The irritation subsided during the first week. No fresh places occurred, except in the scalp where there was a fresh outburst, in other parts eruption was rapidly fading. To continue rhus. In six weeks the lad was cured, the scalp being the last part to recover.

*"Uricacidæmia."—Glonoin, Lycopodium.*

Louisa S., æt. 23 years, housewife. For some time had suffered from headaches at nape of neck, aggravated on stooping. The pain is throbbing and accompanied by flushings and heats. Bowels confined; she has blind piles. Urine now copious and free, but sometimes thick with pink deposit. She feels heavy and listless, and often has indigestion; catamenia irregular, is worse at periods. Ordered glonoin 6x. In four days the headache was better and bowels relieved, and in a week pains had ceased. She was generally improved, but now complained of fulness and distress after food, with abdominal

flatulence and deposit of pink urates in urine. *Lycopodium 6x* was now given. This relieved all the symptoms described. Patient now acquired a specific metritis and discharge, for which she remained under treatment for three months, but there was no return of previous symptoms of uricacidæmia.

*Choreic Spasm.—Cuprum.*

Mary Y., æt. 48 years, a shirtmaker. For some time has noticed spasmodic jerks of her neck, which twist the head round. They are now very frequent, chiefly affecting sterno-mastoid muscles. Catamenia ceased for six years, but she still suffers from flushes recurring at irregular intervals. Her bowels usually discharge three or four loose stools per diem without griping. Ordered *cuprum met. 3x trit.* In a week there was no improvement, except that the bowels moved once daily and stools were formed. As she complained much of frontal headache, worse by stooping, with increased flushings, a dose of *lachesis* night and morning was ordered, to continue *cuprum t.d.s.* In a fortnight there was marked improvement. Jerking of neck much less, headache better, and flushes almost ceased. She now complained much of distension and flatulence after food. To continue *cuprum*, with an occasional dose of *carbo. veg.* for the flatulence. The *cuprum* was continued for some time longer, and in another month the patient was reported cured.

*Chronic Dyspepsia—Pulsatilla.*

Alice B., æt. 22 years, domestic servant. Complains of dyspeptic pains and tenderness at epigastrium after food, of six years duration. There are no other symptoms obtainable, bowels regular, urine and menses normal. Ordered *pulsatilla 3x.* In a fortnight she reported "much better." To continue *pulsatilla.* Patient did not return for 11 months, when she sought relief for other symptoms, having had no indigestion meanwhile.

*Lichen.—Arsen. Iod.*

Ada G., æt. 11 years. An eruption of papules commenced a month ago and now covers body. Much itching at night. Appetite good, bowels regular. Treated for ten weeks by *sulph., apis* and *graphites*, there was no marked improvement, the rash coming in fresh places

whilst fading in others. It also changed in character under graphites, becoming squamous, each papule widening out to a scaly patch. A fluent catarrh also set in, and the itching at night continued. Arsen. iod. was now ordered. In three weeks the irritation ceased, and the rash appeared better. Ars. iod. was continued. Shortly after the eruption vanished, and the cure has remained complete.

*Urticaria.—Urtica Urens.*

Harriett H., æt. 22 years, a dressmaker. For some days has had an eruption of urticaria on arms, chest and shoulders. Severe irritation, especially in bed, though it subsides after a time and she then sleeps soundly. Appetite good, no indigestion; bowels rather confined; menses normal. Ordered urtica urens 3x. The rash subsided in a day or two, and there was no return.

*Cephalalgia.—Pulsatilla.*

Alice D., æt. 19, dressmaker. Complains of transient pains, shooting through head, frequently recurring. They are aggravated by movement, not by stooping, and occur more often during morning. She has a catarrhal herpes at the angle of the lips. Appetite poor, cannot eat a hearty meal, constant uneasiness in bowels, which move moderately. Her sleep is disturbed by dreams, she has dyspncea on ascending stairs. Ordered pulsatilla 3x. In four days she sent for more medicine, being much better. Shortly after she reported herself cured.

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REVIEWS.

*The Pioneers of Homœopathy.* Compiled by THOMAS LINDSLEY BRADFORD, M.D. Philadelphia: Boericke & Tafel. 1897. pp. 677.

To the ready pen of Dr. Bradford, author of the *Homœopathic Bibliography of the United States*, the profession and the public is once more in debt. We shall all agree with the opening lines of his preface, where he writes, "the memory of men who have been instrumental in relieving human suffering is worthy of being preserved." In this collection of short biographies, Dr. Bradford enables us to fulfil, or fulfil for us, this desirable end. The material at his disposal has been very varied, and very difficult in some instances to obtain. Many well-known names are found in the list, and many

which the readers will probably meet for the first time. It is strange that in some instances so little is to be found in homœopathic literature concerning well-known men, and in one instance—that of Stapf—the only information was drawn from an old book in the Surgeon-General's library in Washington. Of Hartlaub there is only a page and a half.

The history of Friedrich Hahnemann, unknown probably to most of the recent converts to homœopathy, forms an extensive but gloomy contribution to the work. The story ends in sadness and mystery. The struggles and difficulties of the early disciples of homœopathy were such that only men of strong purpose, high moral courage, and firm conviction could have battled against successfully. That they should have done so much good work both in their practice and in their provings of drugs in the face of such opposition and persecution as these short stories tell of, is remarkable, and should call forth our gratitude to these brave men. Dr. Bradford has done good service to us all in bringing them once more, and in a collected form, before us.

The second part of the work is devoted to the early practitioners of homœopathy not directly connected with Hahnemann himself and his work. It constitutes the larger part of the book, and includes such men as Quin, Rubini, Léon-Simon (père), Tessier, W. Wesselhoeft, etc. A few laymen, eminent in their enthusiasm, are also immortalised. We can assure our readers that they might often pleasantly while away half an hour at the end of a tiring day's work by turning over the pages of Dr. Bradford's latest achievement.

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## MEETINGS.

### BRITISH HOMŒOPATHIC SOCIETY.

THE second meeting of the session was held at the London Homœopathic Hospital on Thursday, November 4th, Dr. Edwin A. Neatby (President) in the chair.

Dr. Harold V. Munster, 8, Oakfield Road, Croydon, was elected a member of the Society.

The President referred to the death of Mr. Hugh Cameron, the last of the original members of the Society, and, in conjunction with Dr. Dudgeon, a friend of the late Mr. Cameron's for fifty years, moved that a vote of condolence be sent to his widow and family.

The following specimens were exhibited :—

(1). Congenital malformation of the heart with explanatory diagrams. (Dr. J. H. Bodman.)

(2). A specimen of adhesive pericarditis. (Dr. J. H. Bodman.)

(3). A dilated Fallopian tube from a case of double hydro-salpinx. (Dr. Edwin A. Neatby.)

SECTION OF GENERAL MEDICINE AND PATHOLOGY.

Dr. GOLDSBROUGH read a paper on *The Diagnosis and Treatment of Brain Disease: with special reference to the conditions requiring surgical interference.* In the paper the author discussed the most important principles of diagnosis which can be used as guides to treatment; he entered into the consideration of symptoms and their bearing on localisation. He thought that etiology was a factor worth attention, and that a pathological inference was important. He then entered fully into the applications of these principles in the diagnosis and treatment of concussion, abscess, tumour, aneurism and meningitis. He intimated when drug treatment was likely to be beneficial, and when surgical aid was likely to be necessary. He quoted a case where trephining for meningitis had been successfully performed.

Mr. DUDLEY WRIGHT followed with a paper on *Some Aspects of Intra-cranial Disease Viewed from a Surgical Standpoint.* The diseases discussed were meningitis, intra-cranial suppurations, thrombosis of cerebral sinuses, intra-cranial hæmorrhage, tumour of the brain and its membranes, and congenital mental defects. The main points in the diagnosis of these varied conditions were carefully pointed out, and the indications for operation emphasised together with the best methods available. The paper was illustrated by lantern slides.

A discussion followed, opened by Dr. E. B. ROCHE and Mr. KNOX SHAW, and continued by Dr. GALLEY BLACKLEY, Dr. DAY, Dr. MOIR, Mr. ASHLEY BIRD, Dr. MOLSON, Dr. BURFORD, Dr. J. H. BODMAN, Mr. JOHNSTONE and Dr. NEATBY. Dr. GOLDSBROUGH and Mr. DUDLEY WRIGHT replied.

The third meeting of the session was held at the London Homœopathic Hospital on Thursday, December 2nd, 1897, Dr. Edwin A. Neatby, (President,) in the chair.

The Secretary announced that Dr. James Watson, 259, Smithdown Road, Liverpool, had been elected a member of the Society through the Liverpool branch.

The following specimens were shown:—

- (1). Diphtheria bacillus (stained). (Mr. Johnstone.)
- (2). Diphtheria bacillus growing as agar-agar jelly inoculated 12 hours for a sore throat. (Mr. Johnstone.)
- (3). Tracheotomy instruments, table, etc., bed arrangements for nursing a case of diphtheria after tracheotomy. (Sister Marion, Barton Ward.)



(4). A specimen of appendix vermiformis removed for relapsing appendicitis. (Mr. Knox Shaw.)

(5). Two skiagrams showing needle in the hand, removed by operation. (Mr. Knox Shaw and Mr. Dudley Wright.)

(6). A calculus removed by supra-pubic cystotomy. (Mr. Dudley Wright.)

(7). Uterine tumour removed by abdominal hysterectomy. (Dr. Edwin A. Neatby.)

#### SECTION OF SURGERY AND GYNÆCOLOGY.

Dr. E. B. ROCHE read a paper on *The Surgical Treatment of Diphtheria, with especial reference to the methods and anatomical relation of tracheotomy*. He described the various steps of the operation, and gave hints as to the avoidance of difficulties that arise during the course of the operation. In the paper he wished to emphasise the point that an effort should be made to simplify the operation in every way as regards instruments, and the necessity for assistance, and that abandoning all questions of an operation "high or low," we should free ourselves of this needless and embarrassing limitation and so act as shall enable us safely to place the incision and insert the tube at the point we may judge to be the best.

Dr. ROBERSON DAY read a paper on *The Serum Treatment of Diphtheria*. He first gave four cases which he had successfully treated with the serum, the diagnosis being verified by the bacteriological test. He then considered the cases treated in the London Homœopathic Hospital and the Sydney Children's Hospital, tables of statistics being thrown by the lantern on a screen. He considers the statistics most convincing of the efficacy of the serum treatment.

Dr. Byres Moir followed with a short paper on *The General Medical Treatment of Diphtheria*. He first referred to the increase of diphtheria cases in the London Homœopathic Hospital during recent years. In the hospital the remedy chiefly used had been mercury in the form of the cyanide or biniodide. He thought we had not the same success as some other observers had obtained. He discussed kali bichrom., phytolacca, bromine and ammonia. With regard to lachesis and crotales he thought more rapid action ought to be obtained by their subcutaneous injections. He considered local treatment important.

The discussion was opened by Mr. DUDLEY WRIGHT and Dr. MADDEN, and was subsequently taken part in by Dr. HUGHES, Dr. BLACKLEY, Dr. CARFRAE, Dr. DYCE BROWN, Dr. EPPS, Dr. SEARSON, Dr. BODMAN, Dr. GOLDSBROUGH, Mr. JOHNSTONE, Dr. STONHAM, and Mr. KNOX SHAW. Dr. ROCHE, Dr. DAY and Dr. MOIR replied.

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**NOTABILIA.**

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**FOLKESTONE HOMŒOPATHIC DISPENSARY.**

MANY old-standing charities last year (1897) suffered in consequence of the numerous appeals which reached the public for special "Jubilee" help. The homœopathic dispensary at Folkestone has been one amongst the number, and rather than allow themselves to remain in debt the managers decided to adopt the time-honoured plan of getting up a sale of work early last month. In addition to the usual attractions, an exhibition of models of beds, etc., showing "patients" under treatment for various ailments, formed a feature of considerable interest. This "exhibit," from the London Homœopathic Hospital, had gained prizes at the Chicago World's Fair and elsewhere; its points of interest were described and explained by an experienced and amiable nurse told off for the purpose by the above-named hospital. On another page we have advocated an exhibition of *esprit de corps* amongst homœopathic institutions, and we are glad to notice this as a practical example of one (possibly minor but nevertheless real) way in which the strong amongst us can help the weak.

We congratulate the authorities, and especially our friend Dr. Murray, on the success of the undertaking, and hope the funds and the publicity gained will free the dispensary from financial anxiety, until the growth of the charity again requires an appeal for help. The proceeds realised a total of £150.

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**THE ADELAIDE CHILDREN'S HOSPITAL.  
OPENING OF ISOLATION WARDS.**

THE Allan Campbell Buildings, or the Isolation Wards and Bacteriological Laboratory, of the Adelaide Children's Hospital, to which we have before alluded, were formally opened on Saturday afternoon, October 16, by Lady Victoria Buxton, Patroness of the institution. The ceremony was witnessed by a large, influential, and representative assemblage. Among those present were:—His Excellency the Governor and Lady Buxton, Miss Mabel Buxton, Major Guise, A.D.C., His Honor the Chief Justice, Right Hon. S. J. Way, President of the Hospital, the Hon. Dr. Allan Campbell, M.L.C., after whom the buildings are named, Mr. Walter Howchin, Secretary of the Hospital, the members of the Board of Management, several of the medical gentlemen connected with the institution, and many others. The foundation-stone was laid on December 12 last year by Lady Victoria Buxton. The building has cost about £5,000.

The PRESIDENT said: The building was not merely an ornament to the city. It was devoted to the glory of God, to the benefit of the sick children of South Australia. He purposely used the word children without any qualifications as to rich or poor. No matter whether the child lived in a hovel, a cottage, or a mansion, if there were a fear that it was suffering from infectious disease it could be brought to this institution for the purpose of being watched and treated—in the case of people of competent means treated by the family medical man or such other professional skill as might be required, and in the case of the poor man's child being treated by the best medical skill available in the colony like the other occupants of the Children's Hospital, without fee or charge or any other reward to the subscribers of the institution than the satisfaction of doing good.

We feel great satisfaction in recording the completion of this institution, and congratulate our colleague Dr. Allan Campbell on the success which has crowned his efforts. Dr. Campbell could have no more worthy monument and his merit has well earned the distinction he has gained.

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#### HOMŒOPATHY IN PARIS.

TOWARD the end of last year, an unknown friend sent us a copy of *Le Journal* (Paris), relating the commencement of a discussion in its pages on homœopathy, initiated by Dr. Flasschoen. We have not heard the conclusion of this, and should be glad if our correspondent would again communicate with us.

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#### HOMŒOPATHY IN COOK COUNTY CHARITY HOSPITAL.

WHENEVER homœopathy has had a fair chance to demonstrate its virtues it has always shown itself, as a system of internal medicine, to be superior to any other method with which it has been brought into competition.

The mortality-rate in the homœopathic wards of Cook County Hospital is three per cent. less than the mortality-rate in the wards where the patients receive allopathic or eclectic treatment. The figures were made up after an examination of the hospital records covering a period of five years and the treatment of 50,000 cases.

The superior results of the homœopathic treatment, if the entire number of patients received the benefit of it, would be equivalent to the saving of 800 lives per year, or, in the five-year period, 1,500 lives.

In the treatment of tetanus, of pneumonia, and of typhoid, the homœopaths in Cook County Hospital have always had a

record markedly better than that following other methods of practice.

The favourable results of the five-year period are still maintained.—*Medical Era*, November 1897. Chicago.

### HOMŒOPATHY IN TASMANIA.

A WELL-ATTENDED meeting of homœopaths of Launceston, Tasmania, was held in the lecture room, Mechanics' Institute, last October, when it was decided to form a Homœopathic League, having for its objects the furtherance of the spread of homœopathy and the defence from any attacks made upon that system of medicine, and to organise and keep its adherents in touch with each other. A large number of members were enrolled in the room, and much enthusiasm was evinced by those present.

### A NEW SURGICAL SHIRT OR GOWN.

MRS. M. J. WEBB, of Clifton, has favoured us with model samples of a shirt and gown designed by herself to admit of easily reaching any parts of the patient's body for dressings, etc., with a minimum amount of moving. The full-sized garments were exhibited at the Queen's Hall last year, and may be seen at Weiss's, 287, Oxford Street. The usual seams of such garments are almost entirely replaced by buttons, which, however, lie on the top of the patient and cannot cause pressure. The garments are put on in the usual way and unbuttoned at any part as required. They may be made of linen, flannelette, or flannel, and they appear to us to be of undoubted value in surgical, obstetrical, and some forms of medical work. We have not, however, had an opportunity of seeing and using the full-size garments themselves.

### A SOCIAL EVENING.

THE present staff of the London Homœopathic Hospital and a number of the old Resident Medical Officers met at dinner on Wednesday, 15th ult., at Kettner's Hotel, Soho.

The object was not business but pleasure. After a good dinner, in a comfortable well-lighted private room, a pleasant programme chiefly of musical nature was carried out, Dr. Burford, chairman for the year of the staff meetings, presiding.

The meeting furnished its own entertainment, no outside artistes being present. Dr. Galley Blackley and Mr. Dudley Wright, who have often on similar occasions won applause, surpassed themselves. One of Dr. Blackley's songs, a humorous student piece, composed by himself, but based on

the German, was encored. Dr. C. E. Wheeler gave a recitation and a "reading" of his own composition which fairly "brought down the house." Dr. Leo Rowse, Mr. Spencer Cox, Dr. C. E. Wheeler, delighted the company with their musical efforts, both vocal and instrumental. Dr. Burford, in some amusing rhythmical lines, touched upon the salient features of the work and disposition of some of his colleagues, and suitable speeches were made by Dr. Blackley, Dr. Hardy (Bournemouth), Dr. Leo Rowse, Mr. Knox Shaw and Dr. Dyce Brown.

The evening was voted a great success, and it is hoped that it will be repeated annually or biennially.

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### THE DISTRIBUTION OF THE HOSPITALS' RELIEF FUNDS.

On the 9th ult., at the Westminster Hospital, Mr. G. A. Cross read a paper on the *Existing Systems of Distribution*; e.g., of the Hospital Sunday and Saturday Funds, &c. The paper was read at a meeting of The Hospitals Association, Mr. A. Cosmo Bonsor, M.P., Treasurer of Guy's Hospital, occupying the chair. In our next issue we hope to give an abstract of this interesting paper.

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### DEPRESSING EFFECT OF SODIUM SALICYLATE.

Dr. W. B. Rice writes to the *British Medical Journal*, Nov. 20, 1897:—"An old lady lately suffering from symptoms traceable to the uric acid diathesis had intense inflammation and nocturnal pain in the tissues surrounding the first joint of the great toe and in the heel, with general œdema of the right foot. These symptoms rapidly subsided under treatment with colchicum and alkalies. Subsequently vague shifting pains of a rheumatic nature developed, and she took 10-grain doses of sodium salicylate every four hours. This was followed after the third dose by symptoms of the most alarming prostration, mental and bodily. The pulse became weak and compressible, and fell to the remarkably small number of 85 beats a minute. Her temperature also became subnormal. On stopping the salicylate treatment the symptoms rapidly disappeared, and the pulse became 80 per minute."

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### THROW PHYSIC TO THE DOGS.

THE *Post-Graduate* recalls the following story of General Sherman: He had been under the care of a physician for some time, when one day the general said; "Doctor, I don't seem to be getting any better for all your medicine." "Well," replied the doctor, jocosely, "perhaps you had better take

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Shakespeare's advice, and 'throw physic to the dogs'." "I would, doctor," replied the sick man as he turned his head on the pillow, "I would, but there are a number of valuable dogs in this neighbourhood."—*Med. Argus*. Oct., 1897.

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## OBITUARY.

### THE LATE MRS. COCKBURN.

ALL those who were closely associated with the London Homœopathic Hospital between 1870 and 1890 will share the regret with which we announce the decease of Mrs. Cockburn, who, during the greater part of that period was the Lady Dispenser of the Hospital. Mrs. Cockburn, whose strength failed rapidly during the past twelve months, died on Sunday, the 12th ult., from an apoplectic seizure, at her residence on the North Hill, Highgate, in her 71st year. Joining the hospital some years after the death of her husband, Captain Charles Cockburn, her considerable natural ability enabled her rapidly to perfect herself in the technical knowledge necessary for her duties, and the admirable manner in which she filled her important office during the time when the hospital was in course of development from a small institution into a considerable one, the perfect order which, by a rare combination of firmness and tact, she maintained in the department under her charge, made her a valuable member of the lay staff. Mrs. Cockburn combined a great charm of manner, with much force of character, and was beloved by a large circle of friends. In the hospital, as a public charity, she took the deepest personal interest, and she added to its funds some notable donations, the result of collections. Mrs. Cockburn was therefore one of the most excellent lay officials that any hospital could have, and her retirement some years since was regretted by all. The interment took place in Highgate Cemetery, on Wednesday, the 15th ult., the hospital being represented among the mourners by the Secretary-Superintendent, Mr. G. A. Cross.

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### ROBERT LUCAS CHANCE, Esq.

By the death on the 24th of November of Mr. R. L. Chance, Birmingham loses one of her most successful and at the same time one of her most generous citizens. Every institution in the city, which contributed to promote the welfare of the poor and needy, has, at one time or other, and many during a long series of years, derived signal advantages from the soundness of his judgment and the liberal distribution of his wealth. To

the individual poor of the city and district he also rendered much pecuniary help. That he might be able to do so judiciously, he for many years employed a secretary, the greater part of whose time was occupied in the investigation of the affairs of the numerous applicants for his assistance.

To the Birmingham Homœopathic Hospital, Mr. Chance has been a warm and liberal benefactor and a member of the Committee since the days, now forty years ago, when it existed merely as a dispensary under the medical charge of the late Dr. Fearon. While Mr. Chance's charity began at home, it did not stop there. On the contrary, Homœopathic Hospitals in different parts of the country enjoyed the advantage of his interest in therapeutics and his liberality.

During the last few months of his life, when suffering from the weakness consequent upon long illness, he exerted himself in efforts to raise the funds for the enlargement of the Birmingham Homœopathic Hospital. This enlargement included an operating theatre, accident wards, private wards, suitable administrative offices, and additional quarters for the nurses. In order to carry out these improvements, the sum of £5,000 was required. Towards this amount, £1,000 (a legacy from the late Alderman Avery) was in hand, and generous promises of substantial help (initiated by the munificent offer from the Earl of Dysart) were received, amounting to a further £1,500, leaving about £2,500 to be raised.

The offer of Earl Dysart—a donation of £800, provided that ten times that amount was raised before the Christmas of 1897—was made when his Lordship attended the Birmingham Musical Festival held last October, in aid of the funds of the General Hospital. Mr. Chance at once gave £250, and he devoted much of his time during the last month of his life to writing letters to his friends soliciting donations towards this object, and succeeded in raising the amount necessary to enable the Hospital Committee to fulfil the condition of Lord Dysart's generous proposal.

Mr. Chance's fatal illness commenced as the result of the shock he sustained on hearing of the sudden death at Nice, last July, of his brother, Dr. Frank Chance, whose name is well known as that of the translator of Virchow's *Cellular Pathology*, and more widely still as that of a Hebrew scholar of the first rank.

How great is the loss of such a man to his friends and fellow citizens can with difficulty be expressed. It is indeed a severe blow to a large family and numerous friends, among whom he ever reckoned his workpeople and dependents.

## CORRESPONDENCE.

## THE MODUS OPERANDI OF DRUG ACTION.

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

GENTLEMEN,—The reference by Mr. Buist Picken to some points in my address at Bristol, calls for an acknowledgment of the continued interest he takes in the attempt to elucidate the *modus operandi* of the homœopathic cure on the particular line that he has taken up. The short time allotted to an address prevented any criticism of the theories of homœopathic action mentioned, and it is not with the intention of commencing a discussion on the subject, but rather with the desire of courteously recognising Mr. Buist Picken's labours on our behalf that I offer the following few remarks.

The laws of wave interference, which our friend pushes to the extent of explaining not only the homœopathic cure as a principle, but the action of the small dose and the permanence of the homœopathic cure, would, if they were proved to be able to do all that he claims, entitle him to the highest consideration. But I am obliged to confess, even after reading his latest utterance, that I do not quite see my way to accepting them as an adequate explanation of the case.

Some of the phenomena connected with wave interference seem to make equally for explaining the action of opposites as well as of similars, but in any case, the principle itself belongs to that category of mechanical laws from which it has been my endeavour to separate the vital activities. If we could bring about a synthesis of chemical affinities and physical vibrations, we might, perhaps, obtain a *tertium quid* which would be more likely to represent the unique qualities of living bioplasm. We already speak of vital chemistry, and it is the hope of many physiologists that in the play of chemical attractions and repulsions we shall ultimately be able to discover the secret of vitality. To try to bring down the complex nature of perhaps the highest form of force that is known to actuate matter to the level of simple vibrations of a merely mechanical kind, must in my opinion only end in failure. As an analogy only, whilst we are glad to impress into our service all the help that physical science affords, I am afraid it will carry us but a short way. As I said in my address, "life is so unique a thing, with its powers of growth and reproduction, its reaction to stimuli, its capability of exhaustion and recuperation, and its association with feeling and thought, that I am inclined to think it doubtful whether any parallel to vital processes will be found in the world of physics."

As a matter of fact the movements of the bioplasm in the cell are not in straight lines, and exhibit nothing of the nature of physical vibrations, and they do not perpetuate



themselves indefinitely, but are self-contained, and their behaviour is more consistent with a higher form of chemistry than of mere wave motions.

Mr. Buist Picken, in his advocacy of the principle of wave interference as an explanation of homœopathic cure, would seem to have almost come to the belief that this principle was not merely an analogy but an expression of the actual facts of the case. But he knows quite well that it is possible to express the ideas of one science or art in the terms of another without in the least confusing the two, and therefore it is hardly necessary to remind him that whilst using the instrument of analogy it is desirable not to confuse the idea of vitality with that of physical vibrations. Keeping, however, the two conceptions quite distinct, I would ask him to continue his studies, and if he can clear up some of the difficulties on the physiological side, as they present themselves to medical readers, I for one shall be very glad to hear what he can say in elucidating the *modus operandi* of the homœopathic cure by analogies drawn from the realm of physics, even if they are only analogies, between two essentially disparate sciences.

Faithfully yours,

Birkenhead,

PETER PROCTOR.

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#### COLLECTIVE INVESTIGATION OF DISEASES.

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

GENTLEMEN,—The New Year is a time for the formation of good resolutions, and I am anxious to call the attention of your readers to the *Schedules* which have been drawn up by the British Homœopathic Society for the investigation of the five diseases: enteric fever, acute rheumatism, pneumonia, diphtheria and scarlatina.

Many have been applied for, but it is hoped that *all* will take part in this work, which will do more than anything else to show the superiority of homœopathic treatment over all other methods.

Recent and reliable statistics are what are now required, and if all your readers would contribute their cases we should soon have the necessary material to hand. The best way to use the schedules is to have them at the bedside and fill them up as the case progresses, and not to leave them till the patient gets well. Used in this way they will be a help and source of interest to the doctor.

I shall be happy to send a set of schedules to all who may apply for this very useful New Year's gift, which the British Homœopathic Society offers to all who practise homœopathy.

Yours, &c..

J. ROBERSON DAY, M.D. Lond.

December 20th, 1897.

## 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. EDWIN A. NEATBY.

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

## BOOKS RECEIVED.

*A Manual of Genito-Urinary and Venereal Diseases*, by Bakk G. Carleton, M.D.; with *Venereal Diseases of the Eye*, by Charles Deady, M.D.; and *Vesical Calculus and Urethrotomy*, by William Francis Homan, M.D. New York. Boericke, Rungton & Ernesty. 1895.—*Differential Diagnosis and Treatment of Coma—A Chart*. Arranged by Geo. A. Huntley, M.D. Huntley Bros. Weston-Super-Mare.—*The Homœopathic World*. December. London.—*Medical Reprints*. December. London.—*The Chemist and Druggist*. December. London.—*The Calcutta Journal of Medicine*. November.—*Indian Homœopathic Review*. November.—*Reis and Raget (Prince and Peasant)*. Calcutta. November 20th.—*Daily Telegraph*. Launceston, Tasmania. October 22nd.—*The Homœopathic Eye, Ear, and Throat Journal*. December. New York.—*The Medical Times*. December. New York.—*The New England Medical Gazette*. December. Boston.—*Medical Century*. December. New York and Chicago.—*The Homœopathic Physician*. December. Philadelphia.—*The Hahnemannian Monthly*. December. Philadelphia.—*The Homœopathic Recorder*. November. Philadelphia.—*Homœopathic Envoy*. December. Lancaster, Pa.—*Medical Era*. November. Chicago.—*Revue Homœopathique Française*. November. Paris.—*Allgemeine Homœopathische Zeitung*. December. Leipzig.—*Leipziger Populäre Zeitschrift für Homœopathie*. December.—*Revue Homœopathique Belge*. October. Brussels.—*Rivista Omiopatica*. September-October. Rome.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPP, 19, Wateryate, Grantham, Lincolnshire; Dr. D. DYOS BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SOX, 56, Moorgate Street, E.C.

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THE MONTHLY  
HOMŒOPATHIC REVIEW.

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THE CONSULTATION QUESTION  
REVIVED.

It is now nearly fifty years ago that the British Medical Association, at what the late Dr. CONOLLY termed that "tumultuous" meeting at Brighton, passed a series of resolutions denunciatory of homœopathy, and of those members of the medical profession who practised homœopathically. Of these, the third stated that it was "derogatory to the honour of members of the Association to hold any kind of professional intercourse with homœopathic practitioners." The fourth described "three classes of practitioners who ought not to be members of the Association, namely: first, real homœopathic practitioners; second, those who practise homœopathy in combination with other systems of treatment; and third, those who, under various pretences, meet in consultation, or hold professional intercourse with those who practise homœopathy."

Several instances have been recorded in our *Review*, since these resolutions were passed, illustrating how surgeons, acting in accordance with their instructions, have been guilty of gross inhumanity, not to say brutality. Time passed on, and, as it did so, NEMESIS appeared! The *Lancet* had declared that, "under no circumstances whatever" ought a non-homœopathic

practitioner to meet an avowed homœopathist at the bedside of the sick; while in 1861 this same journal stated that for any one to do so on "the plea of humanity," was "a libel on that sacred name!" In the course of another eleven years, the *Lancet* had learned enough of the effect of these resolutions upon the general public to discover that, as the result of carrying them out, "the profession comes to be charged with littleness, and jealousy and illiberality." Consequently, upon this discovery it tells its readers that "to refuse to apply the forceps or to practise version for a patient *in extremis*, because she has the misfortune to be attended by a homœopathic practitioner, would be unworthy of any medical man who has the power to do such things." (*Lancet*, August 3rd, 1872.)

The question, whether, either in a medical or surgical case, a non-homœopathic practitioner could properly meet, for the purposes of diagnosis, a legally qualified man practising homœopathy, on which the article from which the foregoing *dictum* is quoted is a commentary, is described by the writer to be "one worthy of consideration." "It is so," the article continues, "because every right-minded medical man must wish to reduce to a *minimum* the differences which hinder professional intercourse between the members of a liberal profession, or which raise up barriers that the public cannot understand or sympathise with. *The latter point is one of great importance.*" (The italics are ours.) Thus we see that public opinion has its influence even upon so case-hardened a *morale* as that of the man, who, eleven years previously, could assert that for a non-homœopathic practitioner to meet in consultation, for the purpose of devising plans for the relief of suffering, "one who practised homœopathically" on the plea of humanity, "was a libel on that sacred name."

Nine years later, one of the most distinguished statesmen of the Victorian Era lay a-dying. The physician attending him was commonly reported to be a homœopathist. A Fellow of the College of Physicians (a non-homœopathist) was summoned in consultation. After some demur he obeyed the summons. Great was the consternation in Pall Mall and at the offices of the British Medical Association! Meetings were held and resolutions passed. One, of the

members of the Lancashire and Cheshire Branch of the Association, was summoned to re-endorse the previous resolutions of the Association condemning homœopathy and ostracising those members of the profession who practise homœopathically. A resolution to this effect having been proposed, was met by an amendment, brought forward by Dr. H. LOWNDES and Mr. HAKE, to the effect that every member of the British Medical Association was entitled to the freest exercise of his own individual judgment in regard to the question of meeting in consultation gentlemen who practise homœopathy. After a long discussion, 23 voted for the amendment and 26 against it. The amendment, being lost by so small a majority, "the previous question" was moved and carried *nem. con.*, and a second resolution declaring it to be inconsistent with professional honour and honesty for practitioners of medicine or surgery to meet homœopaths in consultation was withdrawn!

Until within the last few weeks nothing has since been heard of the 1851 resolutions of the British Medical Association. Consultations between medical men who practise homœopathically, and those who do not, have been increasingly numerous, and have abundantly proved that the profession of medicine, at least in its higher ranks, is reverting from the version of "Medical Ethics" promulgated by the British Medical Association to the Christian version of Medical Ethics propounded by Professor JOHN GREGORY, of Edinburgh, in 1772, who says: "It is a physician's duty to do everything in his power, that is not criminal, to save the life of his patient, and to search for remedies from every source and from every hand, however mean and contemptible. This it may be said," he continues, "is sacrificing the dignity and interests of the faculty. But I am not speaking of the private policy of a corporation or the little arts of a craft, I am treating of the duties of a liberal profession, whose object is the life and health of the human species, a profession to be exercised by gentlemen of honour and ingenuous manners, the dignity of which can never be supported by means that are inconsistent with its ultimate object, and that only tend to increase the pride and fill the pockets of a few individuals."

Now, however, the subject has again been broached in

the *British Medical Journal* (December 18th, 1897), by Mr. JESSOP, of Leeds, the Senior Surgeon of the Infirmary of that city, in the following letter :—

“CONSULTATION WITH HOMŒOPATHS.

“SIR,—What is the attitude at the present time of the profession towards homœopathy? I ask this question, because I have been credibly informed that a London consultant, bearing a well-known name, an equally well-known Manchester consultant, and an eminent Bradford practitioner, have severally of late been acting in consultation with one who for many years has represented homœopathy in a large manufacturing town in Yorkshire. The relations between regular (*sic*) practitioners and those professing homœopathy have been discussed again and again, but so far as I know not for a decade or more, and as we live in an age of change, it may be useful—it certainly will be interesting—if the opinions of some of the leading representatives of the profession upon the question could be elicited.—I am, etc., T. R. JESSOP.

“Leeds, December 6th.”

The *Journal* of the following week appeared without any response being made to Mr. JESSOP’S appeal for “*licht, mehr licht.*”

In the opening number of the New Year, Mr. W. GILCHRIST BURNIE, of Bradford, who, if not “one of the leading representatives of the profession,” is probably known to persons living in his immediate neighbourhood as a more or less estimable general practitioner, vouchsafed his assistance to Mr. JESSOP in endeavouring to solve the knotty problem, which, considering that “we live in an age of change,” had somewhat troubled him of late. The Bradford G. P. writes with a degree of confidence that Mr. JESSOP must have felt to be reassuring. He says :

“As to what is the attitude of the profession, as a whole, on this matter, there can, I think, be little doubt. That there will always be in a large profession a few who, if allowed, will meet homœopaths and other (*sic*) irregular practitioners is, I think, also not doubtful.

“The important point appears to me to be, what is the remedy? And I venture to think the only at once plain and sufficient remedy is for the profession, as a whole, to decline not only to meet or act in common on a hospital staff with such practitioners, but also to decline to meet or act with any practitioner so meeting them.”

Mr. BURNIE seems to be under the impression that we do not "live in an age of change," and that as was the attitude of the profession in 1851 so it is now in 1898. If such is his view, he will have found by reading a letter, entitled "A Plea for Tolerance," appearing on the next page of the *Journal*, that there are members of the profession, whose therapeutic views we may assume to be akin to his own, whose notions are not so impermeable to the light of experience and the trend of public opinion as his own would seem to be. The letter is as follows:—

A PLEA FOR TOLERANCE.

"Sir,—Permit me to point out that the arguments used by Mr. FLEMMING and a 'General Practitioner' (sound ones I certainly consider them) for admitting to branches the holders of 'medical aid' appointments, would also justify us in adopting—would compel us rather to adopt a more generous or tolerant attitude towards the homœopathic section of the profession than has hitherto been our wont. In my opinion (shared, I trust, by a large number of your readers), our past conduct in this matter has been anything but creditable to our good sense, to say nothing of our humanity. I am utterly incredulous of the ill results predicted for our patients and the ignominy for ourselves, from the practice of meeting homœopaths in consultation. What can be more ignominious than our present position before the public, of declining to meet men who, equally with ourselves, have passed through the legal curriculum, and so earned a right to an opinion? Why not credit these gentlemen with the possession of some tact, some desire to find a point of agreement with ourselves? It is generally admitted that HAHNEMANN'S influence upon our own methods of practice has been and is considerable; and I could easily name a number of drugs which we have appropriated (not always with any acknowledgment) from the homœopathic armamentarium. COLEIDGE, a profound thinker though not a doctor, said of HAHNEMANN that he was a 'splendid fellow' and that his theory, though not exactly right, was by no means altogether wrong. Is not this commonly the case with theories, and a possible view of the one in question?

"Our present boycotting attitude towards homœopaths amounts really to social persecution. But 'the blood of the martyrs is the seed of a church.' We have learned something from homœopaths in the past; why not learn more, if more is to be learned, and so prove to the world that our sole care is that the truth alone shall prevail. I am, etc.,—A MEMBER.

"December, 21st, 1897."

How striking is the contrast between the letter of "A Member" and that which bears the signature of Mr. BURNIE, of Bradford! The one is evidently the composition of a man of observation, of generous instincts, anxious to enlarge his powers of professional usefulness and his opportunities for extending the exercise of them; of a man who is weary of the galling pressure of the trades' union yoke which has been forced upon him, desirous of regaining the liberty to think for himself and to act in all things professional, as his conscience instructs him that he ought to do. The other is the outcome of a man who, like the Bourbons, has learned nothing and forgotten nothing — a professional fossil! Though neither response to Mr. JESSOP's appeal has come from "one of the leading representatives of the profession," the writers none the less clearly express the views and feelings of the Forward Party on the one hand, and of that which, on the other, would still cling to the slough of absolute intolerance and ignorance into which the British Medical Association led their fathers fifty years ago.

We rejoice at this exhibition of a renewal of life among the general practitioners of the country, and feel sure that it will increase in vigour and extend in area far more rapidly and far more considerably than some fossilised members of the British Medical Association have any idea of.

In his letter to the *Journal*, Mr. JESSOP refers to "an eminent Bradford practitioner" as having been "acting in consultation with one who for many years has represented homœopathy in a large manufacturing town in Yorkshire." This is perfectly true. But why should Mr. JESSOP feel any surprise that it is so? The gentleman in question freely expressed his opinion on the subject in 1877, and in a letter addressed to Dr. WYLDE written by him during that year, and published with his consent, he commences by saying:—"For a long time, I have seen reason to regret more and more deeply the unfortunate attitude assumed by what is called orthodox medicine to the homœopathic school, as well as to deplore the sectarian intolerance which has seemed to me sometimes to actuate the latter." He concludes the letter with the following sentence:—"It appears to me that if a homœopathic practitioner should wish to see an



allopathic, or *vice versa*, or if the patient attended by the one should desire a consultation with a practitioner of the other school, there are no reasons which ought to continue to prevent the one practitioner from meeting the other, and giving the patient the benefit of their joint advice. At least, I for one am in strong hopes that a sectarian animosity, which should never have arisen, may come to an end some day or other."

As from all we have heard of the writer of this letter, he is a gentleman who has the "courage of his opinions," we cannot understand Mr. JESSOP implying, as he does, by writing the letter published in the *Journal*, a feeling of surprise that he should have met in consultation a gentleman openly and avowedly practising homoeopathically! It is his right, and moreover it is his duty—as it is the right and duty of every member of the profession—to be guided by the dictates of his own experience. Freedom of opinion, freedom of thought, and freedom of discussion must be permitted to all medical men. Once admit the justice of the principle laid down by Professor GAIRDNER, of Glasgow "*No one has a title to say to any one else, I insist that you believe so and so, or I will disown you as a professional brother*"—and every hindrance to free professional intercourse is removed.

The more frequently the question, the discussion of which Mr. JESSOP has revived once more, is brought forward and receives that "consideration" of which the *Lancet* said in 1872 that it was "worthy," the sooner will the profession be relieved from, the shackles of the mischievous and tyrannical trades' unionism with which it has been sought to impede its members in the free exercise of their duty to those who consult them, and to restrict their obligations to their professional brethren. If a physician who practises homoeopathically requests the assistance or advice of one who does not so practise, he does so for a purpose which he thinks may be helpful to his patient. Whether the assumed advantage is looked for in diagnosis, prognosis or in treatment, the consultant is not called on to enquire. His opinion is sought, and is therefore regarded as being worth taking. Why should he refuse it? It is said that, in giving an opinion upon a case under the care of a homoeopathic practitioner, a physician or surgeon, who did not believe

in or know anything about homœopathy, would be compromising himself, he would be giving his sanction to a therapeutic method which he professed to regard as erroneous. In investigating, conjointly with a homœopath, the nature of a disease, or the prospects of recovery from it, or in stating what, in his view, would be the most desirable course of treatment to be adopted, the non-homœopathic consultant in no way compromises himself. He states his view, which is not necessarily that of the practitioner who calls him in. If the opinions of both should turn out to harmonise, in one or other or on all three points; or on the other, should they differ, the decision of the course to be pursued will remain with those most interested in the welfare of the patient. The late Dr. DRYSDALE, of Liverpool, writing on this subject, gives the following very apposite illustration of what we regard as the proper course to be followed. "In a case of hæmoptysis which I attended, in the alarm of a fresh attack, Dr. — was sent for, and I arrived at the same time; we examined the patient together at the bedside, and discussed the case alone. The patient's friends were informed that we agreed as to the nature of the case, but differed about the medicines to be ordered, so we wrote our prescriptions. They chose Dr. —'s, and I retired from the case. This," adds Dr. Drysdale, "is as it should be, and is strict medical etiquette; and allow me to observe" he continues, "the better informed of the public know that, and resent a breach of etiquette on the part of any of the profession, in conformity to trades'-union rules made by any illegal clique, whatever they may call themselves, whether Ethical Societies or a British Medical Association."

The history of all great truths has repeatedly shown them to have struggled through a period of determined opposition to their reception. But the time comes when this struggling gradually ceases, when knowledge increases, when prejudices abate, when the claims of experience make themselves felt, when enquiry and investigation, freed from the shackles of vested and personal interests, become generally and carefully pursued, and the truth shines forth with a light so brilliant that its acceptance can no longer be resisted.

Progress in the general appreciation of the principle of

drug selection—*Similia Similibus Curentur*—has been no exception to the struggle in which all great and far-reaching truths have been involved. But we, who have endeavoured to promote its investigation and acceptance, have ever felt confident of its ultimate triumph over all prejudice. *Tout vient à point à qui sait attendre.* Yes, and we congratulate ourselves, as we see the barriers raised by prejudice and self-interest against the reception of the great therapeutic truth, the mode of applying which in the treatment of disease was first set forth by HAHNEMANN, breaking down one after another, slowly, indeed, but surely, that we have known how to wait. That, in earnestly and constantly expounding and illustrating it in hospital and dispensary, in journal and in literature, in exerting ourselves in its development and facilitating its application, in defending it and its professional expositors from the assaults of ignorance and prejudice, and this ever with due regard to the true ethics of medicine, and without giving just cause of offence to any member of the profession, we have waited as it was right that we should wait. Pursuing the same course, we may rely upon it that the time—considering the importance of the truth itself, the strong and bitter feeling which its propagation has engendered, and the personal interests that may be supposed to be more or less injuriously affected by its general adoption into medicine—the time, we write, is not long before homœopathy will meet with that consideration from the profession of which it is worthy.

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#### THE BATH CORPORATION AND THE MEDICAL PROFESSION.

FROM an early date of the controversy excited by homœopathy, one of the forces brought to bear against the effort to promote an understanding and appreciation of it has consisted in endeavouring to make the public believe that medical men, practising homœopathy, are not members of the profession; that whatever they may have been once, when they adopted homœopathy into their therapeutic methods they ceased to be so, they were no longer professional brothers but, as some 30 or 40 years ago, *The Medical Times and Gazette* expressed the relationship, "brothers-in-law." Bath has ere now distinguished itself by fruitlessly trying to foster this

kind of feeling. The late Dr. NEWMAN, who practised homœopathically in Bath for 35 years, and of whom, in noticing his career after his death, *The Bath Herald* said, "During his life in Bath, he has been one of the most successful and best known practitioners in the West of England, having patients in every part of the district," encountered bitter opposition of this kind. He was proposed as a member of the Bath and County Club, and, through the medical opposition, was black-balled. Thenceforward, every medical man proposed met with the same fate. The cause of this being well known, NEWMAN was again proposed and elected.

Once more to give practical evidence that a medical man practising homœopathy is not a fit associate for any one, the Committee of the Baths at Bath, or rather we should say the Mayor of the city (the successor of the gentleman who so courteously received and hospitably entertained the members of the last Homœopathic Congress on the occasion of their visit to Bath) summoned to a conference the members of the medical profession practising in Bath inviting each personally, but omitting to include in his invitation those members who were known to practise homœopathically! Against this course of action Dr. PERCY WILDE very properly protested in a note to the MAYOR. We had, however, better give the MAYOR's own account of the proceeding as we find it given in *Keene's Bath Journal* of the 8th ult. in a report of a meeting of the Baths Committee:—

"The MAYOR, in accordance with the intimation he made at the Council meeting, referred to the conference he had had with medical men of the city. It had become, he said, a somewhat delicate question, and he hoped no trouble was coming out of it. As they knew perfectly well the allopaths and homœopaths could not exist together. If they took vinegar and oil because they could use them they must rub them together, and it was absolutely impossible to take allopaths and homœopaths and make them live one inside the other. Though it might have been an oversight on his part to have omitted the very small body of homœopathic doctors, he did not mind saying that had he admitted them he was perfectly certain he should not have had any representative meeting of allopaths, for they had told him it was against the rules of their profession to sit in committee with the other body. It had been said that the Mayor should have had these invitations issued by the Town Clerk, but he thought they

would allow him to say that he did what was considered the professional thing. He went to the secretary of the Society, and through him he got these gentlemen together. In answer to a note he received from Dr. WILDE, he wrote that he considered the whole matter was a medical question and referred him to the secretary, Mr. BEAUMONT. In answer he was sorry Dr. WILDE thought fit to write an impertinent and insulting letter. He could lay that before the Committee if desired, and he was sure they and others would back him up when he said that the writer called his honour into question. Referring to the conference his Worship said the whole meeting was harmonious, and they were absolutely unanimous on one important point. They agreed that the whole body should be a Committee, that there should be an executive Committee, and out of that two or three gentleman should be always ready to be at their beck and call, to keep their eyes open, and if they saw anything unsatisfactory at the Baths they should at once report to that Committee. They would then have the whole medical profession as a Committee to approach. He proposed that that Committee send an invitation to the gentlemen of the Medical Committee asking them if they would form themselves into a Committee, and from that appoint an executive or whatever they chose. As the allopaths could not be expected to invite the homœopaths to meet them he hoped that Committee would see fit to include them on whatever Committees might be formed."

As the MAYOR, who seems to be a very hypersensitive individual, appears to have resented Dr. WILDE's want of appreciation of his mode of summoning the members of the medical profession, and to have characterised his note in very unjustifiable language, we will here give the copy of the letter which Dr. WILDE published in the *Bath Herald* of the 10th ult. :—

"THE MAYOR AND DR. WILDE.

"SIR,—I beg to hand you for publication the letter which the Mayor is reported to have described as 'impertinent and insulting.' It was addressed to Major Simpson, Queen Square, in reply to a letter received from Major Simpson, Bath and County Club, in reference to a question which I had addressed to the Mayor of Bath, at the Guildhall. I reproduce it from memory, but the words, I believe, are exact :—

"Sir,—I am in receipt of your letter which I observe contains no expression of regret. I decline to regard it as official for your own sake. This is a civic matter not a medical one. It is your honour which is in question not mine.

Yours truly,  
PERCY WILDE.

"I think that the intention of this letter is too perfectly obvious to require explanation. I did not wish to take the Mayor at a disadvantage, and so wrote to him in his private capacity, indicating clearly what I realised would be the result of his action.

Your obedient servant,

"January 10, 1898.

PERCY WILDE, M.D."

At this meeting of the Baths Committee some uncertainty seems to have been felt as to whom the MAYOR would include in the term "Medical Profession," and the following interpellation was consequently made:—

"Mr. WALDRON asked if the Mayor, in moving this resolution intended that the medical profession of Bath be invited? The MAYOR: I should put it in that way certainly. Mr. WALDRON said that being the case it gave him the greatest pleasure to second it. They as a Committee could not for a moment consider to what branch of the profession gentlemen belonged. He could see the error the Mayor unfortunately fell into. Good gracious! What could they think of men of the education and station of doctors tabooing and boycotting other doctors."

Mr. THOMAS having stated that it was a mistake to suppose that the Medical Association included all the medical men in Bath, when as a matter of fact it represented only a bare majority of the doctors of the city, the MAYOR was asked to reduce his proposition to writing, and the Chairman said that Mr. WARTS had drafted the following: "That the medical practitioners of Bath be asked to form themselves into a Committee to co-operate with this Committee in promoting the prosperity of the bathing establishments, and to appoint an executive Committee for that purpose with a small Sub-Committee to communicate with the General Purposes Committee."—Alderman RICKETTS said he could not support it. In his humble opinion they must not have co-operation from any outside body whether medical practitioners or other persons. They should be ready to express their willingness to consider any communication that might be sent to them by the medical profession, but to ask them to appoint a Committee was not their business. He believed Mr. BEAUMONT actually spoke about the doctors taking the management of the baths. Amongst the medical profession there were many

differences of opinion and some dissenters. He was told Dr. WILDE had a good average practice at the baths, and they should not do anything in the slightest degree to affect that practice. Was it to be supposed that if they invited them to form a committee homœopaths would be placed on it? Mr. Alderman RICKETTS further objected to the resolution, being somewhat anxious about inviting the interference of medical men. His experience of having members of the medical profession on the Town Council not having been, except in one instance—that of the late Mr. Alderman FREEMAN—very encouraging.

Alderman TAYLOR said his Worship had done exactly the right thing, but, having done the right thing, he hoped they would not do just the wrong thing that morning by adopting the resolution submitted to them. He was afraid if they asked the medical profession to appoint a committee there would be just that feeling which they wanted to get rid of—that some doctors had more authority or voice in the management of these waters than others. He thought having gone so far as they had and having given the medical gentlemen to understand that they wished to regard their suggestions with every possible consideration, they had done nearly enough. He was sure any suggestions from the medical gentlemen would always be received with courtesy and a desire to accede to the requests that they made.

Presently the consideration of the whole matter was adjourned for a fortnight.

The MAYOR'S speech, in expounding his admirable suggestion that the Committee of the Baths should make arrangements for having the advice of the medical profession in the city in their management, is in many points peculiar, especially so when he ventures into the regions of metaphor. "It was," he is reported to have said, "absolutely impossible to take allopaths and homœopaths and make them live one inside the other!" Literally, this is an "absolutely impossible" proceeding and most of us would regard it as an undesirable one, even were it possible. But what does it mean as a metaphor? Here his worship is incomprehensible! It would seem, indeed, that some members of the City Council have found it more or less difficult to maintain an existence with a member of the medical profession residing "inside" their *Municipal* body! What the MAYOR

desired that his committee should understand by his Somersetshire pleasantry we cannot divine! His initial blunder, in taking steps to convene a meeting of the members of the medical profession, appears to have been in the method he took to ascertain who those were, who residing in Bath were members of the profession. Instead of going to an "official" source—to the *Medical Register*—he applied for information to an "officious" one—the secretary of the Bath and Bristol Branch of the British Medical Association. From him, he appears to have gathered that if he admitted to the meeting any homœopathic doctors, he would not have any representative meeting of allopaths, for he had been told that "it was against the rules of their profession to sit in committee with the other body." The *Lancet*, however, has so far enlightened him, as to have assured him that there is no rule of the kind. We certainly never heard of such a rule, but can easily imagine that Mr. BEAUMONT'S imagination provided him with one for the occasion. To have his instructions carried out, or modified (as he chose) by the Secretary of the Association, instead of requiring the TOWN CLERK to carry out his orders as MAYOR was, he considered, the professional thing to do, you know! This is almost as good a joke as his discovery that it was impossible to make an allopath live inside a homœopath or *vice versa*! That any one so peculiarly constituted as to suppose that he was doing the correct thing in applying to the secretary of the local Medical Society to know who in Bath were members of the medical profession, and then to constitute him Town Clerk, *pro re nata*, should be unable to understand Dr. PERCY WILDE'S letter, and only capable of seeing in it something "insulting and impertinent," is not surprising. The only fact we can gather from the incident is, that when Dr. PERCY WILDE refused to be suppressed by order of the MAYOR of Bath, the said MAYOR lost his temper, and, as is not unusual under such circumstances, said some singularly childish things the first time that he had an opportunity of doing so in public!

The newspaper from which we have quoted the extracts we have made, from its report of the meeting, makes the following comments upon it:—

"An important discussion took place at the meeting of the



Baths Committee yesterday, respecting the attitude of the medical profession towards the baths. It was obvious that the committee fully appreciated the importance of the co-operation of the profession, but at the same time there was a very natural desire that the ordinary management of the baths should not be interfered with. The Mayor has certainly acted in the interests of the city by taking the initiative with the view of securing the sympathetic aid of the medical gentlemen practising in the city in the efforts of the Baths Committee to make Bath ever-increasingly attractive. It is, however, unfortunate that a note of discord has been struck owing to the omission to invite the homoeopathic doctors to the Mayor's conference. They will not fail to observe that so far from there being any intention to slight their branch of the profession, there is every desire to include them in any committee that may be formed equally with that of the allopaths.

“ Considering the importance of the subject the committee acted wisely in deferring further discussion of the matter until the next meeting. It is essential, as the *Lancet* suggests, that the question shall be viewed in all its aspects by the Corporation. The adjournment of the discussion will give an opportunity for an interchange of views between members of the committee, the medical profession, and others interested, and is therefore to be welcomed. Of course the success of the Baths is completely in the hands of the medical profession. The Mayor's object is to evolve a scheme which shall be a guarantee that the baths of Bath are properly superintended. This can of course only be accomplished by the cordial co-operation of the profession, and it will scarcely be secured by the adoption of such a vaguely worded resolution as was brought forward yesterday. Whilst care must of course be taken that the medical gentlemen are not permitted to usurp the functions of the committee, it must also be conceded that the proposed committee of medical men must be ‘consultative’ in something more than name.

“ There is not only the administration of the waters, but, awaiting solution in the immediate future, is what has been termed the social side of the question. Medical men are naturally deeply interested in both aspects of the matter, and Mr. BEAUMONT's encouraging assurance that ‘the profession are prepared to do all that lay in their power for the benefit of Bath and the welfare of its baths’ is very reassuring. The subject is certainly one of the most important and far reaching in its consequences that has ever engaged the attention of the Baths Committee.”

The *Lancet* having, on the 1st ult., expressed its approval of the meeting of those members of the medical profession summoned by Mr. BEAUMONT, the honorary secretary of the Bath and Bristol branch of the British Medical Association, on behalf of the MAYOR, the editor of that journal was invited to express his views on the dilemma, in which the MAYOR's plan of obtaining the advice of the medical profession of Bath had placed the Committee of the baths. Having noticed the objection which, as we have seen, some members took to the MAYOR's proposal, that it might interfere with the independence of the Corporation in the management of the baths, the Editor writes:—

“Unfortunately, one circumstance gave a little excuse to those who hesitated to adopt the MAYOR's suggestion. The whole profession of Bath, numbering some ninety practitioners, includes two or three homœopaths. These were not included in the invitation of the MAYOR to the profession. This circumstance has raised the whole ethical question of meeting homœopaths, thus embarrassing the MAYOR and imperilling the success of his excellent scheme. The profession itself, we gather, is divided on the question, part holding that the rules which regulate consultation with homœopaths should obtain here, and part that the question is quite a different one. We are asked for our opinion, and we have no hesitation in saying that we regard the question as quite simple. The meeting of a homœopath in consultation is quite a different matter from meeting him in a committee. For the latter purpose he is a member of the profession as much as any other practitioner, and entitled to a voice in a committee of the whole profession. In any such general committee the homœopathic practitioner will always be in a hopeless minority. His system has had a hundred years to commend itself, and it remains a fantastic fad of a small section of the profession. But this fact notwithstanding, he is by law in the profession and entitled to all the amenities of it when they do not involve others in grave ethical difficulties, which cannot well arise out of any reasonable co-operation between the profession and the Corporation. In the circumstances arising at Bath we should advise the entire elimination of the distinction of regular (*sic*) and homœopathic practitioners so as to facilitate the object

of the MAYOR. If it falls through let it not be due to the fault of the profession."

Notwithstanding the unabashed, ignorant hatred of homœopathy which pervades this passage, there is present in it a very wholesome dread of the power of public opinion. As we have pointed out in the preceding article, the *Lancet* felt the influence of this dread when, on the 3rd of August, 1872, the editor wrote, "Every right-minded medical man must wish to reduce to a *minimum* the differences which hinder professional intercourse between members of a liberal profession, or which raise up barriers which the public cannot understand or sympathise with. The latter point is one of great importance."

His estimate of homœopathy as "a fantastic fad," while it is one which shows how great is his ignorance thereof, and indeed of the history of modern therapeutics, is much to be deplored in one who has so great an influence both for good and for evil, as has the editor of the *Lancet*, is at the same time one that we can well afford to smile at. It is the editor's notion, evolved from his inner consciousness, like the German professor's description of a camel.

It is, in short, entire ignorance of what homœopathy consists in, of what those who practise homœopathically understand by it, that leads him to indulge his spleen in this contemptuous epithet. The correspondent of the *British Medical Journal*, whose letter we have reprinted in the preceding article, knows more than the editor of the *Lancet*. Says the writer:—

"It is generally admitted that Hahnemann's influence upon our own methods of practice has been and is considerable; and I could easily name a number of drugs which we have appropriated (not always with any acknowledgment) from the homœopathic armamentarium. . . . We have learnt something from homœopaths in the past; why not learn more, if more is to be learned, and so prove to the world that our sole care is that the truth alone shall prevail."

A "fantastic fad" would not have had such an influence as this; the working out of one in daily practice would not have afforded so considerable an amount of information, as the practitioner who wrote the letter admits that he has secured from it. But for this so-called "fantastic fad" the best and most useful hints

conveyed by all modern manuals of therapeutics from Dr. Ringer's onwards would never have seen the light.

At an adjourned meeting held since this article went to press the idea of regarding homœopathic practitioners as not being comprehended in the term medical profession seems to have been abandoned, and the following resolution was unanimously passed:—

“The Baths Committee view with great satisfaction the result of the Mayor's conference with the gentlemen of the medical profession practising in Bath, and now resolve to invite them to form an advisory body, to whom such medical questions connected with the management of the Baths, as may be deemed advisable, may be referred by the Baths Committee.”

In making the stand he has done Dr. PERCY WILDE has earned the thanks of all those members of the profession who practise medicine homœopathically. “The present boycotting attitude towards homœopaths” said a correspondent of the *British Medical Journal*, a month ago, “amounts really to social persecution.” Resistance to this sort of trades' union like tyranny—is the duty of all and in its result reflects upon the comfort of all. We congratulate Dr. WILDE on his success in defeating the assault attempted to be made on his professional position, and through him on that of all of us who practise homœopathically.

### THE “HIGHER CRITICISM.”

By JOHN McLACHLAN, M.D., B.Sc. Edin., F.R.C.S. Eng. DR. HUGHES, judging from his remarks on my paper (read at the recent Congress\*), seems to think that its main object was to *prove* that high potencies are capable of healing the sick. Such was not my intention, for that has been proved (so far as such things can be proved) long before I was born, and I assumed that these proofs were well known to the committee when they asked me for a paper on that special subject. My paper was a mere contribution to the already overwhelming proofs of the past. I am further sorry to observe that I misled Dr. Hughes in regard to the “vital force.” I did not need to go to Hahnemann's *Organon* for that idea, for I held it long before ever I knew there was such a book, and I believe

\* *Monthly Homœopathic Review*, January, 1898, page 5.

it to-day more firmly than ever; call it what you will, there it is; and I fail to perceive the distinction between Dr. Hughes' "dynamic disturbances," and Hahnemann's "derangement of the vital force." John Hunter believed just as strongly in the "vital force" as Hahnemann did, but perhaps, like the latter, he may not have been in his "prime" when he did so. I cannot tell.

Modern science does *not* forbid our following Hahnemann in this point; ignorance of science may do so, and a few of the so-called scientific men, but those at the best are one-sided in their views, being heavily weighted by materialism, which has been and is the curse alike of medicine and religion. At the best, of course, the idea of a "vital force" is a mere *hypothesis* (scarcely rising, indeed, to the rank of a *theory*), and as such is incapable of proof or disproof; but it in no way violates any of the known analogies of science, and unless it does, it is in no sense unscientific. Science gives us many statements which have not been proved, but it does not follow on that account that they are worthless. Darwin's evolutionary hypothesis is incapable of proof or disproof, yet few scientific men doubt its truth. The hypothesis of a "vital force," better than any other hypothesis yet put forward, enables us to explain and connect observed phenomena, and as such it is an *adequate* or *working hypothesis*; and further than that it is fruitful, as it has led to many useful facts, and an hypothesis, even if false, if it does this is worth retaining. When it ceases to be fertile, by all means throw it aside like a useless tool that has served its day and generation.

Dr. Hughes says there is no such thing as energy without matter. How does he *know*? I grant it cannot be *manifested to our senses*, as at present constituted, without the presence of matter upon which to act, but whether it can exist apart from matter no one can say. It is not, like elasticity for example, a *mere property* of matter; if it were, then of course it could not exist apart from matter, but it is something as different from matter as it is possible to be. Energy does *not mean* matter in motion; matter in motion has kinetic energy, and it is by that means that it is measured, but it itself is something quite distinct.

I do not believe it is possible to attenuate a medicine so highly as to destroy all traces of the matter originally

present; but whether that be possible or not, that is altogether beside the question, for it is energy, not matter, with which we are dealing. Now the special characteristics of energy are its easy transformability and transferability, and there is nothing absurd or impossible in the idea that the energy of the drug to heal can be transferred to the menstruum used for the purposes of attenuation. It is not so easy to get rid of matter as Dr. Hughes seems to think, and so much is this the case that to the experimental chemist such things as pure reagents and clean vessels are absolutely unrealisable ideals. Furthermore, the chemist can never be accepted as a trustworthy exponent of the divisibility of matter, since the question whether it is or is not *infinitely* divisible does not concern chemical science. The molecular weight of hydrogen is for convenience arbitrarily fixed at *two*, and we *assume* that there are two atoms present. We do not *know*; there may be two millions for all we can tell. Further, the atom and molecule, of nearly all the metals at any rate, are identical.

In regard to his criticisms on the "cases" I gave, much of it is very trivial and may be neglected. Dr. Hughes does not believe in what are known as *clinical* symptoms, and I do. No *Materia Medica* can ever hope to be complete without them, nor can any complete *Materia Medica* be composed entirely of them; but there is surely the happy mean. Distinguish them from pathogenetic symptoms properly so called, but put them in. Some of the most trustworthy symptoms in the *Materia Medica* are *only* clinical as yet. Our provings, even the best of them, are woefully imperfect, and in the very nature of things must, as *provings*, remain so. At the best they are mere finger-posts, pointing indeed in definite and trustworthy directions, but they do not cover every inch of the way, and very often leave very wide gaps indeed.

Dr. Hughes, with that air of calm and placid superiority which becomes him so well, sneers at the use I make of the observations of men now no more, but who, while alive, were just as competent to observe and reason as any of us. He seems to want us all to begin where Hahnemann began, and work it all up over again till we come to the "*Cyclopaedia of Drug Pathogenesis*,"

and then—but after that the Deluge. But that would be absurd; life is too short for one thing, and why should we cast aside the clinical experience of the last hundred years, collected by many trustworthy men of whom the world was not worthy? Much of it is the result of enormous labour and of careful observations on their part, just waiting for a little more, as it were, to clench the proof. We must at least allow to such men the same honesty of purpose and intelligence that we claim for ourselves. Just as well might he suggest to a locomotive engine builder of to-day that he ought to begin where Robert Stephenson began.

Although arsenic has caused alopecia areata, yet had I given it I would *not* have been carrying out the “rule” *similia similibus curentur*, and there is no reason, therefore to believe that it would have cured the case. Dr. Hughes is content with *general* resemblances, neglecting altogether the *most important* features, viz.:—the *specific individual differences* between one case and another. Had the patches been dry, rough, and dirty looking, in all probability arsenic would have cured the case, but the patches were clear, white, and smooth, and therefore I gave phos., and not merely “because Dr. Guernsey advised that it should be given.” Now although all cases of alopecia areata have certain close correspondences in *general* features (else they would not be examples of the disease in question) yet these are of little value to us in our efforts to find the *simillimum*, the all important points being the *specific individual differences*. It is exactly the same in other sciences. When the chemist, for example, wishes to recognise and differentiate the members of an *homologous series*, e.g., the alcohols, or the different *isomers* of any one alcohol, e.g., amylic, he does so by noting the *specific individual differences*, since the general properties would be of little, if any, value for such a purpose.

Dr. Hughes speaks of “the well-authenticated power of iodide of potassium to overcome” *syphilitic* headache. “Well-authenticated” by whom? Is this “well-authenticated” observation clinical or pathogenetic? Did the provers have evident syphilis? If so, according to Dr. Hughes’ own showing, we ought to place little, if any, confidence in their symptoms. Most of those, so far as I am aware, who make use of this “well-authen-

ticated power of iodide of potassium " give it mixed with half-a-dozen other things, and unless we have other knowledge to guide us (as I had in the case in question) it would be difficult to tell which of the six or seven drugs was the active agent. Again, is iodide of potassium the *only* medicine that can cure this variety of headache? And if it is not, how are we to know when to give one or when to give another except by taking into account specific individual differences? (The particular symptom in question is given in Allen's *Encyclopædia*, vol. v., p. 334. Perhaps Dr. Lee got it there; I do not know.)

Dr. Hughes says: "When you get up to Hahnemann's 30th, surely you have got far enough for all conceivable action of drugs," I confess one would naturally think so; but here again the only test of any practical value is the *experimental* one. No man's *ipse dixit* can suffice. In the cases I gave I had tried the 30th and 200th potencies again and again, but only to meet with repeated disappointments; they were patiently tried, but were found wanting, and that was why the millionth was used in the cases in question. I am unable to say what special potency between the 30th and the millionth *might* have cured the cases, nor do I think the question is one of any importance.

Our primary mission is to restore the sick to health, whether with "unimaginable potencies" or "impossible dilutions," not as Dr. Hughes seems to think to convert our old school brethren—certainly not, at any rate, by means savouring strongly of Jesuitism; besides all this, a 3rd or a 6th potency (not to speak of a 12th or a 30th) is to the most of them even more impossible and unimaginable than the millionth is to Dr. Hughes, even though the physicist may express the lengths of light waves in *fractions of millionths of a millimetre*.

But besides this, the potency question is one entirely for those who *are* converted—for the Children of Light only, not for those who are sunk in even more than Cimmerian (therapeutic) darkness. As well might one accept the *dicta* of an avowed atheist concerning the *purely experimental* truths of the Christian religion.

I am just as anxious for union as anyone, but not at the expense of *principle*. Maintain the truth at all costs, yielding not a nail's breadth; if union can be promoted



in this way, so much the better, but maintain the truth. Union on any other terms is worse than open hostility, and those who, to save their consciences, while promoting it, cry, "Peace! Peace!" when there is no peace, are traitors to truth, and fit companions of a Machiavelli or a Judas Iscariot. At heart, the allopathic school is just as bitterly opposed to Hahnemann and homœopathy as ever, and that, too, altogether independent of the potency question.

I am sorry if I left the impression that Dr. Dyce Brown refers to, viz., that I did not believe that a low potency or a mother tincture could cure disease. I have not the least doubt that they can do so. The reference in my paper is rather in the form of a rhetorical question, and to such no answer is usually required or expected.

Dr. Roche's experience must be very different from mine, for, so far as my experience and observation go, it is those who believe in the so-called high potencies and the "single remedy" that devote the most time and study to the *Materia Medica*. He must have come across bad samples, surely, or else he must have misunderstood. I cannot understand why any one who uses two or three remedies together, or in *a priori* alternation, could wish to study the *Materia Medica*. Under such circumstances to do so would be mere loss of time, and as useless as trying to fill a barrel with its bottom knocked out. Any domestic, or other cut and dried, "Manual of Therapeutics" would do just as well and cost much less labour.

Concerning the other speakers I need say but little; their remarks, however, appropriate as after dinner speeches, were surely somewhat out of place at a meeting convened for the discussion of scientific subjects. At the same time I might observe that the "point" of the President's witticism (surely unique in the history of the *presidential chair*) anent Dr. Roche's remarks concerning warts and their ways, appears to have been missed; and, even though it was made at my expense, I would point out that "high potency" should read 'igh (*eye*) potency.

Oxford, Jan., 1898.

CASE OF CHRONIC HEPATIC ENLARGEMENT, WITH ULTIMATE ACUTE SYMPTOMS (INFECTIVE CHOLANGITIS); COMPLICATED WITH BILIARY CALCULI. ABDOMINAL SECTION: CHOLECYSTOTOMY, WITH DRAINAGE OF BILE CHANNELS: RECOVERY.

By EDGAR A. HALL, M.B., and GEORGE BURFORD, M.B.

*Previous Clinical History:* By Dr. HALL.

It is sixteen years since I discovered that my patient, Mrs. A., had an enlarged liver. At that time I was consulted on account of symptoms which led me to believe that the organ in question was at fault. These were:—

Pain in the hepatic region, in the epigastrium, and under the right shoulder; nausea, flatulence, and a coated tongue; evacuations lighter in colour than normal; complexion sallow, conjunctivæ slightly bile-tinged; urine appeared normal, non-albuminous, occasionally depositing lithates.

On local examination I found the liver much enlarged. The enlargement was uniform and regular, and the liver-surface smooth; the percussion dulness extended, if I remember rightly, to quite a hand's-breadth below the ribs. There was some tenderness on palpation, but neither then nor since has severe pain been complained of.

Mrs. A— had always led an active life; she was careful in diet, and very abstemious as regards stimulants. There was no valvular disease of the heart, and it was rather difficult to account for so decided an enlargement of the liver.

During the interval of sixteen years, up to the present, the condition of things has maintained an average course. There have been mild liver troubles from time to time, but they have always yielded pretty quickly to treatment.

It was only in September last that any marked change in the symptoms occurred. At that time the liver became more tender; the enlargement was obviously increasing, and febrile symptoms now supervened, the temperature ranging from 99° in the morning to 100-101° in the late afternoon. Chilly sensations were also complained of, but there was no actual rigor.

I now suspected some inflammatory action in the liver or gall bladder, and possibly abscess, and as the

new symptoms did not soon subside I asked Dr. Burford to meet me in consultation. The house was not new though well built, and as sore throats had appeared among the other residents quite recently, and the sanitation was open to suspicion, it was decided at the consultation to advise removal from the house, as the symptoms, distinctly septic in character, might possibly have originated from defects of drainage. The lady went to a southern watering-place, but without any benefit. After she had been there a short time I was asked to go down and see her, as the general condition was worse. I found the temperature had risen to  $100^{\circ}$  in the morning, and  $102-103^{\circ}$  in the afternoon; there was great tenderness over the liver in the gall-bladder region; the tongue was coated, and there was complete anorexia. Remedies were prescribed to relieve the symptoms, but with no improvement, and feeling that delay was dangerous I ordered her home again, with a view to early operation. The total mixed urine for four-and-twenty hours was forwarded to the Clinical Research Association for detailed examination; but no results were obtained which threw light upon the case.

On October 14th, at the second consultation with Dr. Burford, after careful examination under anæsthetic, it was decided that operative interference was imperative, and this accordingly took place within a few days.



*Gallstones (ad. nat.) from the case as narrated.*

*Operation* : By DR. BURFORD.

On October 22nd, with the assistance of Dr. Wheeler and Mr. Johnstone, Dr. Hall anæsthetising, I opened the abdomen by an incision in the right linea semilunaris. The surface of the liver was of normal appearance, regular in outline, and showed no abnormal character on palpation. The edge of the liver was in the plane of the umbilicus, and extending the incision downwards, I came upon the fundus of the gall bladder, tightly packed with hard bodies. An aspirating needle was pushed into the gall bladder, but no fluid was sucked out; and after complete isolation by sponges, the fundus of this organ was freely laid open. One after another, four large calculi were with some difficulty extracted; and here I may say that Tait's crocodile forceps were of the greatest service.

The gall bladder was an elongated funnel-shaped tube, between four and five inches in length, and containing scarcely a teaspoonful of bile. Digital examination revealed no further calculi in the vicinity, and the opening in the gall bladder was sutured to the upper part of the incision, as high as possible; the skin was not included. The operation was completed in the usual way.

The convalescence was continuous and practically unbroken. The temperature immediately came down, never rising afterward even once to its former pitch; and long before recovery was complete, averaged a normal course. When the dressing was changed, on the third day, bile welled up freely from the gall bladder, and continued to discharge in some quantity daily, up to the time of the spontaneous closure of the aperture. The bowels were moved on the the third day, the evacuations then and ever since showing the usual evidence of the action of the bile. We thus gained early in the convalescence sufficient proof of the perviousness of the hepatic, cystic, and common ducts.

The pain and local distress, formerly troublesome and persistent, have entirely disappeared; *the liver dulness has receded considerably*; the patient has a better colour and a good appetite, and has actually put on weight.

*Remarks* : By Drs. HALL and BURFORD.

In all respects the operation has been most successful; it was evidently the proper course to adopt, and we feel assured that to it the lady owes her life. Several points of especial interest offer themselves for consideration.

What was the relation of the chronic enlargement of the liver to the formation and presence of the calculi? Reviewing the total clinical history of the case, it seems most probable that the original and primary affection was an infective cholangitis of a low grade; that the hepatic seizures noticed in the course of the case were exacerbations of this condition; that in one of these seizures the nuclei of the calculi were simultaneously deposited from the bile in the gall bladder; that the calculi gradually grew by accretion, no new ones being formed. This condition of things went on for some years, when finally an acute exacerbation of the infective cholangitis brought matters to a crisis. Of the septic type of symptoms during the last seizure, no one who saw the patient could have any manner of doubt.

Apart from the removal of the calculi, what was the permanent gain to the patient by this operation? Briefly, the free drainage from the liver of septic bile, the excitant of the last pyretic attack; the resulting disinfection of the bile channels, and protection against any recrudescence of the cholangitis. And as a secondary but most important sequela, the retrocession of the liver, whose bile passages were previously swarming with irritative bacteria. The constitutional improvement, too, based on the rectification of the liver condition, and the elimination of its septic elements, was most marked.

Most remarkably, during the whole term of years this lady has been under Dr. Hall's supervision, none of the cardinal symptoms of gall stones were present. The clinical course of the hepatic attacks, recurring from time to time, was such as happens in hosts of instances where there is never any suspicion of calculi. It is probable that the position of the lowest calculus, imbedded as it was in the mucosa of the neck of the gall bladder, acted as a plug, and that the constancy in size of this viscus, never being distended with bile, may account for the complete absence of attempts at extrusion.

The patient had never suffered from malaria or typhoid.

We think this case of sufficient interest to publish in some detail, hoping it may contribute to the solution of similar difficult problems that may present themselves to our colleagues.

## ACNE VULGARIS.\*

By WASHINGTON EPPS, L.R.C.P.

Physician to the London Homoeopathic Hospital.

LADIES AND GENTLEMEN.—Acne, one of the most troublesome of the less severe skin diseases—is the subject of the first of my lectures on dermatology. It is often most difficult to cure, and many a case goes from one dermatologist to another for treatment. The owner of a lovely face, acne disfigured, will do almost anything to obtain a cure, this the advertising patent medicine vendors know so well and to their profit. The present lecture will be devoted entirely to the common form of acne (*a. vulgaris*) and will not include *acne rosacea*.

*Acne vulgaris* is the fifth commonest of all the skin diseases, and occurs in about 3 per cent. of all cutaneous complaints. It has also been called *acne adolescentium*, from its appearing between the beginning of puberty and manhood, and *acne disseminata* from the spots being separate, and having no tendency to run together.

## DEFINITION.

*Acne vulgaris* consists of an inflammation of the sebaceous glands due to retained secretion, occurring chiefly in young people.

Acne is limited to the skin covering the cheeks, forehead, chin and shoulders; it occurs at puberty and disappears with adolescence. There is at first a thickening of the horny layer of the skin, with blocking of the sebaceous follicles causing comedones (*acne punctata*); this blocking of the ducts with thickened sebum causes inflammation and further thickening around the ducts (*acne indurata*); and lastly suppuration takes place in the sebaceous gland (*acne pustulosa*). This last stage, suppuration, may go on to the extreme limit and destroy the sebaceous gland, causing scars (*acne hypertrophica*). The four varieties, therefore, are *A. punctata*, *A. indurata*, *A. pustulosa*, and *A. hypertrophica*.

*Acne cachectica*, which appears in broken down subjects, and *acne scrofulosa*, occur on any part except the palms and soles. Both these varieties of so-called

\* The first of twelve post-graduate lectures on skin diseases. Delivered May 6th, 1897.

acne are more a kind of folliculitis and have no comedones to start with.

Mr. Jonathan Hutchinson\* gives a very clear definition of the differences between three somewhat similar diseases which affect the follicles of the skin, namely, lichen, sycosis and acne. He says: "When the orifice of a hair follicle *having no hair* becomes the seat of chronic thickening, we name the little firm pimples thus produced 'lichen.' When a hair follicle, *containing a hair*, inflames and suppuration ensues, and the lining membrane is loosened so that it may be pulled away with the hair, we name the disease 'sycosis.' When the sebaceous gland (formerly the appanage of a hair now suppressed) becomes first distended with its own secretion and then inflamed, we name the condition 'acne.' "

#### SYMPTOMS.

Acne does not occur until the advent of puberty, that is, when the glands of the skin are most active, and the hair glands are in full activity. This takes place with the other changes which occur at this period. The disease then begins about 16, and continues usually until about 26, that is until adolescence. As I have said it is limited principally to the face, chiefly to the forehead and cheeks, but it does not attack the scalp. It also, but less frequently, attacks the chin, neck, chest and back, and the shoulders, seldom, if ever, the nose and lips. These latter are the site of acne rosacea, which begins about 26 to 30, and lasts until the menopause.

The extent of the disease depends largely on the number of the ducts blocked—the number of comedones. Each of these is the centre of a fresh area of inflammation.

The disease does not always run on to the three varieties. Many cases stop short at the comedone stage, others at the inflamed indurated stage, and others, especially in unhealthy cachectic subjects, run on to the pustular stage.

In severe cases the little abscesses are of considerable size relatively, and are often composed of two or even three blocked follicles, which have supplicated and run together. These are the disfiguring spots that are too

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\* *The Architect of Surgery*, vol. 4, p. 44.

often followed by the scars and pits so much dreaded by womankind.

The disease more often attacks fair people, but many of the worst cases are in dark subjects. It is especially severe in hairy people, persons with much fluff, namely, many lanugo hairs, and also in those having thick greasy skins, *i.e.*, those with over-active sebaceous glands.

It is needless to mention that, beyond the disfigurement and the tenderness of the pimples, the rash is of little consequence.

#### PATHOLOGY.

The comedo consists of (1) the black head of the so-called maggot, which is composed of hardened pigmented epidermic scales; (2) the mantle, the shed lining of the sebaceous duct, and (3) the centre, the changed thickened sebum, containing one or more twisted or bent lanugo hairs.

Sabourand, of Paris, has lately figured in the journal of the Pasteur Institute, plates, which show a parasite common to seborrhœa, alopecia areata and acne. This point, the presence of a parasite common to seborrhœa of the scalp and also to acne, is of great importance in the treatment. Very often when these two diseases are present in the same subject, and this combination is far from uncommon, the cure of the acne is very often *non-permanent* until you have removed the co-existing seborrhœa which keeps up the acniform condition of the face.

Second. The parasites. These are thought by some dermatologists, as Unna, of Hamburg, to be *the* cause of the disease, and by others to be secondary and more or less accidental. It appears to me that these parasites are secondary. You must, however, have a constitutional condition which favours the growth of the parasite or parasites. Some authorities give one, others two and even three.

Unna says\* the parasites found in acne are of two kinds, they are both found in the comedo. "Of the micro-organisms which are very frequently found here, I would specially note the keratrophitic, oat-shaped 'bottle bacillus' and the diplococcus of seborrhœic

\* *Dermat. Zeitschr.*, August, 1896, also *British Journal of Dermatology*, vol. 8, p. 453.



eczema, both are chiefly limited to the head and mantle of the comedo. . . . Inside, on the contrary, one always meets with a special form of bacillus; this must attract most of our attention, for it is exceedingly probable that it is not only an accompaniment but the actual cause of comedo formation, and therefore of acne in general." Unna states that he has found these latter bacilli in every comedo and at the lowest part, showing, as he thinks, that the other forms of bacilli (the keratophitic bacillus and the diplococcus) are later arrivals. He thinks that the suppuration which takes place in acne is due to the presence of this bacillus and not to the accidental presence of the pyococcus.

Other authors, however, think that the presence of certain microbes is not sufficient to explain acne, that there must be a preparation of the soil, and that the skin of people without acne is as rich in microbes as that of those with it; this Lomry shows from microscopic examinations of scrapings of the skin in persons free from acne. In this Crocker agrees; he states in his book on skin diseases that "a parasite called the demodex folliculorum may be present, but has no pathological significance."

Whether these parasites really have any action in causing acne appears to be doubtful, but in the treatment it will be found that the application of a mild parasiticide will materially assist in curing. This may, however, be in preventing the entrance of or in destroying, these parasites, which, although not causing, may keep up the irritation, by flourishing in the epidermic scales and the sebum.

#### DIAGNOSIS.

This, in most cases, is very easy. The points to note are:—

1. The age of the patient.
2. The dissemination of the lesions.
3. The position, the forehead, cheeks, upper part of the chest, etc., namely, the *bust*, as the sculptor would put it.
4. The chronicity, with exacerbations, *i.e.*, fresh outbreaks.
5. The anatomical seat of the lesion, namely, the sebaceous duct.

Acne vulgaris must be separated from :—

(a.) Acne rosacea, now more commonly called rosacea ; this attacks the middle two-thirds of the face ; acne, more the circumference of the bust. The rosacea patient is older, usually beyond thirty, and the sebaceous element, the inflammation resulting therefrom, is only an insignificant part of the disease. The general diffuse hyperæmia of the face and the dilated vessels are the real disease. This hyperæmia will be found due in most cases to disease elsewhere, uterine, gastric, want of temperance, &c.

(b.) Syphilitic eruptions of an acniform type. The tendency of these to become grouped, the history of the disease, the age and condition of the patient, and generally the polymorphic character of the eruption and the position, other than on the bust alone.

#### PROGNOSIS.

The cure of acne, like many other things, comes to him who waits—long enough. By this I mean that every case, almost without exception, will get well as you verge on the 26th year or so. Few cases last beyond thirty. Treatment may, however, much shorten and ameliorate some cases, and in others even cure. Success depends, in most cases, on finding the real, the constitutional, cause, and—which is quite as important—in being able to remove it. It may be due to delayed, excessive or painful menstruation, masturbation, constipation, insufficient or unsuitable food, often seen in school-folks. I am quite sure in my own mind that an excess of both sugar and common salt will aggravate acne if they will not even cause the acniform condition.

Again, it appears to me that it is possible that indiscretions in the lives of the parents of these young people, especially the fathers, may have somewhat to do with the predisposing constitutional condition favouring the development of acne.

Lastly, in many cases, the patient's surroundings and manner of living help considerably in the causation. I have long noticed among my out-patients the prevalence of acne among compositors, who spend long hours in hot, badly-ventilated workshops, often turning night into day.

The above is, perhaps, a long digression, and has nothing, perhaps, to do with prognosis. I am, however, convinced that unless we are good all-round physicians

as well as dermatologists, and recognise in many cases, if not all, the constitutional causes of so many skin diseases, we shall fail in our treatment. We may do much to relieve, but we shall not cure our patients until we get at the real cause.

Crocker says: "The apparently causeless cases (those in which one fails to find the cause) are the most obstinate and the most difficult to cure."

#### TREATMENT.

First, the surroundings, as good air, cleanliness, baths, sea-water spongings and bathing, suitable foods, exercise and gymnastics, reasonable hours, etc. These are all of the utmost importance. They need not, however, be more than mentioned, as they are apparent to every one.

Second. The internal treatment. Kippax, of Chicago, one of the few physicians who has written on the homœopathic treatment of skin diseases, gives 37 remedies as indicated in acne, from antimonium crudum to veratrum; some of these remedies, as granatum, nabulus serpentaria, eugenia jamb., robinia, sumbul, we hardly know of, and others we seldom use. There are, however, certain remedies which I have found of considerable use in treating acne, somewhat in the following order:—*Natrum mur.*, *pulsatilla*, sulphur, *hepar sulphuris*, *belladonna*, *antimonium tartaricum* and *crudum*, phosphoric acid, bromide and iodide of potassium, arsenic and phosphorus, and perhaps *sabina*.

*Natrum muriaticum*. From what I have said under causes, common salt, the chloride of sodium, should be of considerable use in treating acne. This I have found it. Many an obstinate case of acne have I relieved and cured with this remedy. Farrington says, page 661, *natrum muriaticum* acts "also on the sebaceous glands. These little glands are quite numerous in certain parts of the body, especially around the wings of the nose and the cheeks. . . . *Natrum mur.* stimulates these, the skin becomes oily in appearance." The indications are a mapped tongue with thirst, a chlorotic or anæmic condition, the patient is low spirited, is soon exhausted mentally and bodily, has a weak circulation, and so suffers from cold hands and feet, has a harsh, dry yellowish skin, suffers from amenorrhœa, the menses are checked or delayed. There is constipation, the stools are hard, difficult to expel, and fissure the anus.

There is a particular form of hypochondriasis associated with weak digestion and constipation, also a special headache, *frontal*, worse in the morning and after mental exertion. This headache is often periodic, lasting from sunrise to sunset, and accompanied by chills and paroxysms of sneezing. These are the principal indications. One, however, gets to recognise a natrum patient at once. Natrum mur. is, as I have stated, one of the most helpful remedies in acne.

**Pulsatilla.** One need hardly give the indications for this remedy. It does not so much act on the skin as on the general condition of the patient. It is most useful in young anæmic girls suffering from amenorrhœa. It is more useful before than after twenty years of age. Its action is frequently helped by giving some preparation of iron at the same time at meals; a favourite preparation of mine is Flitwick water. Another remedy which alternates well with pulsatilla is sulphur, both should be given high, about the twelfth dilution. Natrum should also be given in the same potency.

**Sulphur.** This is a remedy which is needed in most skin affections, but from experience I find it most useful in the dry varieties. It should generally be given high. It acts well on the skin, and at the same time corrects the torpid liver and the resulting constipation so frequently accompanying acne. It is also valuable in inherited acne, by which I mean, acne patients, the children of parents who have themselves suffered from acne and some other skin complaint, what Hahnemann, as I understand him, means by psora. If sulphur is given in moist eruptions, as chronic eczema, it should be given high (12-30), the lower preparations, in my hands, generally aggravate.

Sulphur applied locally acts well in acne, either as sulphur water, sulphur powder shaken up in distilled water or rose water, or as dilute sulphurous acid. These should be applied after washing; they make a very pleasant face wash.

Hepar sulphuris acts on the skin very much in the same way as sulphur, the point of distinction is pustulation. It is of great use in pustular acne, especially when small abscesses form. The abscesses heal more kindly and leave less scar.

**Belladonna.** This remedy is useful in the early stage, the erythematous stage; it is then of distinct service. We all know and recognise its beneficial action in erysipelatous and erythematous conditions of the skin, the simple dermatitis. I don't think it of much use in long-standing cases of acne, these require deeper acting remedies as natrum, arsenic, phosphorus and sulphur.

**Antimonium crudum and tartaricum.** The cases requiring these remedies verge on sycosis, the face is more hairy than in simple acne, the pimples are pustular, and often have a central lanugo hair. With this condition of the skin you have the characteristic indigestion, the thickly-coated white tongue, accompanied by nausea, impaired appetite, slow digestion, flatulence, and the tendency to diarrhoea.

**Phosphoric acid.** This remedy is of use specially in boys and young men, who suffer from seminal emissions or are addicted to masturbation. At the same time order open-air exercises.

**Bromide of potassium** is also of use in the same class of case, especially in young men at puberty, when their whiskers are coming. It is more useful in dark than fair subjects, phosphoric acid suiting the fair youths. In girls, these two remedies are of service when the catamenia are excessive and exhausting, in this differing from natrum mur. in which the flow is scanty and irregular. The bromide and phosphoric acid subjects are generally hot, florid, full-blooded persons; the natrum mur. ones, cold, timid, pale, desponding, anæmic.

**Iodide of potassium and iodium** are seldom useful in true acne; the cases needing these two remedies are more folliculitis, that is inflammation of the follicles of the hairs, *without* plugging, and the pimples are scattered all over the trunk and limbs, not confined to the bust as in true acne. The iodide of sulphur 3x, as suggested by Mr. Dudley Wright, is also of marked use in the same class of case.

**Arsenic and phosphorus.** The old dermatologist, Hunt, thought very highly of arsenic in acne, and in his work gave several cases of cure. When, therefore, you have a very obstinate case, give arsenic, it sometimes acts well. The cases are always chronic and more rosacea than acne vulgaris, the induration is not confined to the follicle but wider spread. Phosphorus is of a

later school than arsenic. It acts in much the same way; you have, however, more the symptoms of phosphoric acid.

Sabina and sanguinaria are two remedies occasionally of use in older women; the spots are, however, acniform more than acne, and clearly reflex and secondary to some uterine or ovarian irritation. They have in my hands occasionally proved serviceable.

Third. The local, external treatment.

1. Palliation. Protecting the face from cold winds with veils. Steaming and soap. Washing the face with very hot water and soap; exposing it to a steam blast or steam-kettle to soften the plugs and then *gently* pressing and kneading the pimples. Very sensitive skins should be washed with oatmeal water, or with the purest olive oil alone. This latter I have seen distinctly useful.

2. Extraction of the comedones. This must be done very gently, otherwise, if much pressure be used, the skin will be bruised and the inflammation and induration increased. After steaming the face the follicle should be opened with a blunt stilette and then gently squeezed or a comedo extractor used.

3. Puncturing the suppurating pimples. When done it should be done freely with a needle, or better with a puncturing stilette. Again, caution should be used that only gentle pressure be applied, otherwise bruising may cause hard, long lasting red knobs.

4. Cauterisation is sometimes of use in very obstinate pimples, either with carbolic acid or electrolysis, three milliampères being used to destroy the hair follicle.

5. Shelling for scarring, *i.e.*, removing the epidermis, is strongly recommended by some. Teuten, of Wiesbaden, has quite a reputation for improving the appearance of young women's faces by this means. The anæmic girls go to Schwalbach; the waters of this spa cure their anæmia, but bring out a copious crop of acne spots; by means of shelling the disfiguring pimples are very much lessened, and the general good looks much improved. A strong resorcin paste is used. Politzer, of New York, uses a strong paste of ichthyol for the same purpose. It is applied all night, acute dermatitis results, and shedding of the horny layer of the skin takes place. The shelling may be repeated

several times at intervals of several days. Unna's salicylate plaister would have the same effect.

6. Parasiticides. First examine the scalp for seborrhœa. If there is any scurf or dandruff, the condition should be treated with some mild mercurial or sulphurous acid lotion together with brisk brushing.

Secondly. The individual spots should be treated. Ringer recommends sulphurous acid applied to each spot with a small brush. This I have often found of considerable use. Another good application is a wash of powdered sulphur shaken up in rose water, with a little glycerine added. This, also, is of distinct service, as is a very mild preparation of oleate of mercury (1 per cent.) A 1 per cent. solution of formalin has also been advised by Hyde for the same purpose.

Lastly, for washing, use a mild soap, by preference one of the many super-fatted kinds. Use a soap that will not inflame the skin and cause thickening of the epidermis and thereby blocking of the follicles. The above are the many and varied means of attacking this troublesome disease from the constitutional, local and parasitic sides. By long continued treatment much good may be gained in nearly every case.

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## TWO CASES OF UTERINE MYOMA AND SOME LESSONS THEY SUGGEST.

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AND

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THE natural history of disease for its own sake will always secure for itself patient and scientific students, but the therapist will seek to know what is known and knowable of its course for the practical benefit of his patient. As the young medical student must be familiar with the normal or physiological state of health before he is capable of judging of the importance of departures therefrom, so must the student of disease ascertain, as far as possible, the usual or natural course of an illness before he is competent to form an opinion

as to the effects of treatment or to advance an accurate prognosis.

Even the worst enemy of homœopathy will acknowledge that by its alleged do-nothing methods the eyes of the profession have been opened to the value of the *vis medicatrix naturee*. For "active treatment," e.g., of pneumonia, resulting in a mortality of from 20 to 30 per cent., the masterly inactivity of "expectancy" has, through the influence of homœopathy, been substituted, with an improvement in the death rate of 10 to 20 per cent. Homœopathic practitioners, then, have been instrumental in throwing a flood of light on the natural history of disease, even though it may have been unintentionally, for if they did not leave their cases to nature, they emboldened others to do so.

From the knowledge thus obtained the medical man is able to say that a disease like pneumonia will probably run a certain course, and will reach its crisis on one of a limited series of days and, in all probability, in a healthy subject at neither extreme of life, result in easy recovery. He is able to point out and guard against the danger of collapse at the time of the critical drop of the temperature. Again, he knows the danger of nephritis in scarlet fever, and, especially during the desquamative stage, can warn the patient of his danger and adopt preventive measures. If in such cases he omits precautionary measures he does not act up to the light which he either possesses or ought to possess, and he incurs and is worthy of blame.

In other words, the doctor (as the term implies) must be a teacher. His knowledge enables him to foretell, to prophesy, not indeed by an inspired revelation but by a process of calculation based on an accumulation of fact, his own and that of others. He is bound to place such knowledge and before-sight at the disposal of his patient to indicate to him (or his representative) the probable or certain course and issues of his malady, and to guide him to the best way of escape if a way exist.

The steady but rapid increase of human knowledge is so great that even a Macaulay's school-boy could hardly keep pace with it. With this goes the fact of the gradual extinction of the "good-all-round man." In few instances is the presence and advice of such a person more needed than in the class of cases which forms the



subject of this paper. When the combined wisdom of physician and surgeon cannot be secured in one person, it is essential that the two should meet and form a united judgment on the medical and surgical aspects of the case, based on knowledge obtained from the bed-side, the natural history of similar cases, the operating table, and the *post-mortem* room.

Let us see if these remarks—somewhat of the nature of truisms—have any bearing on, or receive exemplification by, two cases which have recently been under treatment in the London Homœopathic Hospital.

On September 3rd, 1897, Mary S., a short, squarely-built, single woman of dark complexion, *æt.* 41, came to the out-patient department; she could walk on the level, but could not get upstairs by herself, and could not lie down on the examining couch. She was at once admitted to the wards. The patient's own history is important in three particulars. Three years ago she had amenorrhœa for five months, after which the period was regular and somewhat excessive, but menstruation ceased in August, 1896, *i.e.*, when the patient was 40 years of age. Twelve years ago the patient had an operation for uterine polypus. There was no history of acute illness except "quinsey" twice.

On examination the abdomen was found to be enormously distended, measuring 50 inches in circumference. The greater part of it was dull, with a resonant area across the abdomen in the line of the transverse colon. There was free fluid in the abdominal cavity, but in spite of the fluid and tension solid masses could be felt, especially in the right iliac region. Vaginally the uterus was found to be drawn up, and there were some solid growths felt at the vault. No accurate conclusion was possible, but a solid, and probably myomatous, uterine tumour was diagnosed.

The legs and face and skin of abdomen were œdematous, and had been so for some two or three months. On the skin of the abdominal wall there were a number of bullæ, from some of which serous fluid was oozing. The heart sounds were feeble and the mitral systolic was roughened. The apex beat was not located, but the heart seemed to be pushed up.

To relieve the pressure gradually a Southey's tube was inserted into the abdomen, and 144 ounces of serous

fluid were drawn off. The quantity of urine was very small, not exceeding 12 ounces in 24 hours, but there was no albumen or sugar; specific gravity 1020; copious urates. Apocynum and arsenic were first administered, and after two days they were replaced by strophanthus. The patient had been getting about a little until she came into the hospital, but she rapidly got worse, anasarca increased; she had an attack of faintness with some convulsive movements and unconsciousness on the 5th June, from which she rallied quickly. The next afternoon she became very blue, pulseless and convulsed, and died in a few minutes, in spite of ether and strychnine hypodermic injections and artificial respiration.

At the *post-mortem* examination a large multi-nodular cystic myoma was found, filling the abdomen and pushing up the diaphragm. Across the upper part, as is shown in Fig. I., the transverse colon was closely adherent, and the enlarged left Fallopian tube is seen stretched across a nodule to the left and low down. There were a number of large cysts and many small ones; some of the nodules were solid fibroids—the majority were myomata, soft or cystic. Adhesions were very numerous, and it would have been quite impossible to remove the tumour by operation. After letting out the fluid of the cysts the solid matter weighed over 27 pounds.

The notes were taken by Mr. Watkins, late House Surgeon, and the photograph by the Rev. A. T. Cape.

The next patient\* was Mrs. F., æt. 43, but looking older, gray since 28, married 17 years and never pregnant. She was anæmic, but not extremely so, and dyspnœa on exertion was present, and had been noticed two or three months. Patient has had no rheumatic or scarlet fever, typhoid or diphtheria.

Menstrual life had been fairly normal, with the exception of, on one occasion twelve months ago, "a severe flooding." The periods lasted seven days, and latterly have been excessive and occurring every three weeks.

She was admitted on November 27th; the last period occurred on November 5th and it had not recurred on on the 29th.

Patient stated that she had noticed enlargement of the

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\* From notes taken by Mr. P. Higgins, House Surgeon.

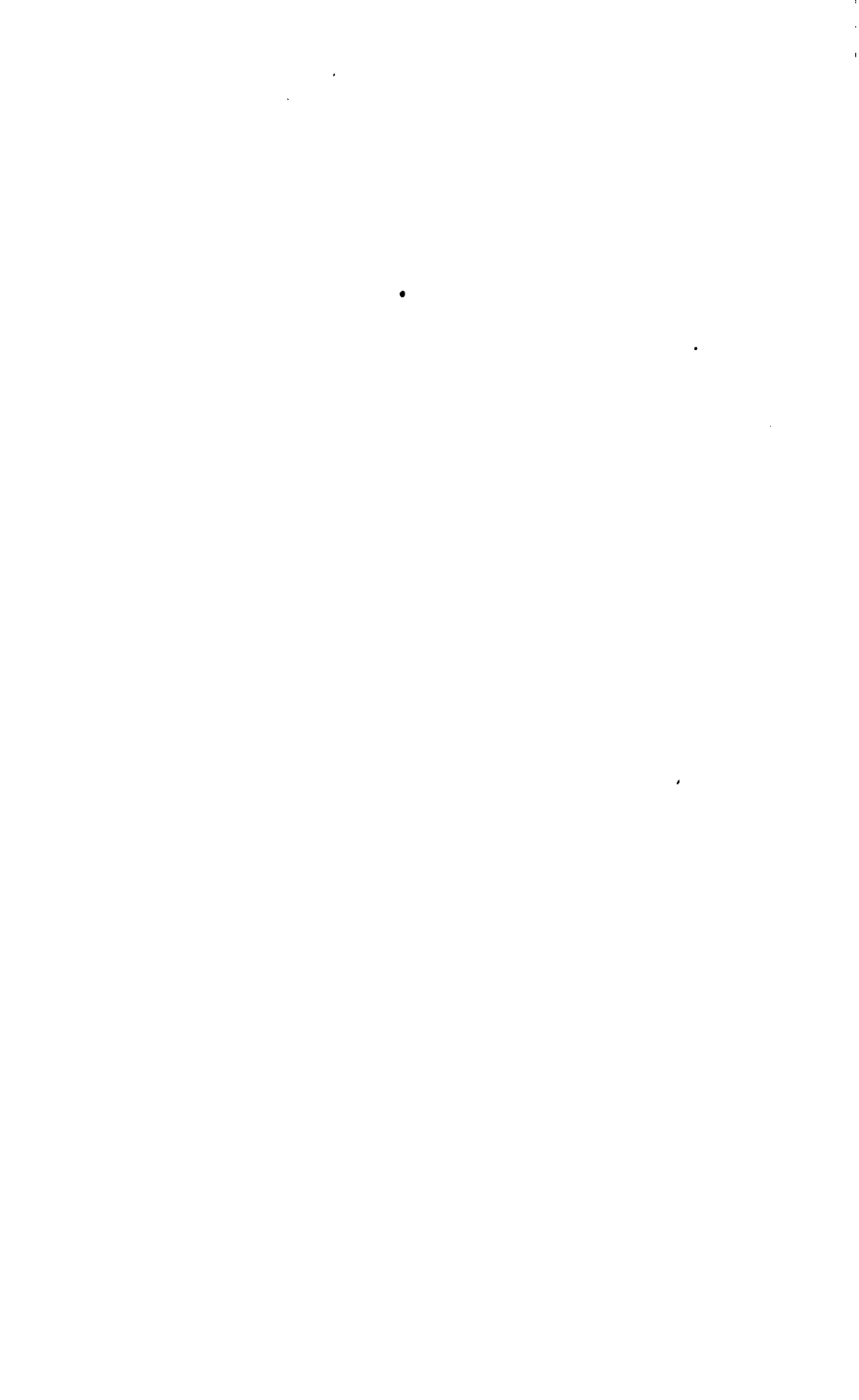
DR. NEATBY'S MYOMA CASES.



FIG. I. (Page 104.)



FIG. II. (Page 106.)



abdomen three months or more; twelve months previously she believes her "stomach was quite flat."\*

On examination a large, rounded central prominent abdominal tumour was seen; it extended well above the umbilicus. It was smaller at its lower part, and the bladder was drawn up in front above the pubes, and when distended could be seen extending two-thirds of the distance to the umbilicus. The tumour was globular, smooth and elastic. It felt like a tense ovarian cyst, but no definite thrill was obtainable; if cystic the walls were very thick. Vaginal examination threw much light on the condition, and revealed the following interesting and important facts: extending well into the true pelvis, and to within about  $1\frac{1}{4}$  in. of the vaginal orifice was a hard, nodular, non-sensitive mass. This tumour nearly filled the pelvis, was most prominent on the left side, and pushed the uterus over to the right. This organ lay close to the right pelvic wall, and was high up, almost out of reach. The hard mass described could, when the bladder was empty, be felt bimanually lying below the globular abdominal tumour above mentioned. But pressure with the external hand, both upon the abdominal and the pelvic tumours, was readily communicated to the finger in the vagina, whether resting on the tumour or on the cervix uteri. When the abdominal tumour was drawn up by an assistant the cervix was raised from the finger, and when released it re-descended heavily upon it. The evidence, therefore, of the close connection of the tumours with the uterus and with one another was tolerably complete.

The interpretation of the phenomena was plain and striking. The pelvis was occupied by a hard fibroma of long standing, growing from the left side of the uterus and pushing it over to the right. This tumour probably burrowed into the left broad ligament. From near the fundus of the uterus sprang another tumour, recent, soft (possibly even cystic), rapidly enlarging and dragging up the bladder—a myoma very elastic, if not actually containing fluid.

The urine averaged about 40 ounces daily, specific gravity 1020; phosphates were present but no albumen.

\* She had been under Dr. Ord's observation for a few weeks, who on perceiving the increase in the size of the growth, sent her up from Bournemouth for operation.

The cardiac condition is described on a subsequent page.

At a consultation of the staff operation was decided upon. The usual preparation by rest in bed, light but liberal diet, and thoroughly emptying the bowels, was carried out. On the morning of December 2nd the patient was anæsthetised by Mr. Lestock Reid; ether was given, and the patient was admirably managed by the administrator; no rigidity, straining, retching, or *contretemps* of any kind occurring throughout. Mr. Johnstone gave his valued help at the operation. A long incision was made extending  $1\frac{1}{2}$  inches above the umbilicus. The abdominal tumour was found to be so elastic as to lead to the exclamation that there was "no doubt of its being cystic now"; it was easily got outside. The intestines were carefully protected, and there being no tension they did not attempt to protrude. The broad ligaments were tied off outside the ovaries, (which were very large) and as this was done the pelvic mass was gradually raised from its hollow. After ascertaining the exact height of the bladder wall a transverse incision across the front of the tumour from one broad ligament to the other was made, about one inch above the aforementioned viscus. The peritoneum was divided by this cut, and was stripped downwards together with the bladder. After a similar incision had been made behind, the uterine arteries could be felt pulsating and they were ligatured. By this time the hard pelvic fibroid was thoroughly raised from its bed, and only a small pedicle formed by the cervix had to be dealt with. As a precaution this was ligatured by transfixion and the cervix divided. The plug of mucus in the cervical canal was not disturbed, but the canal was closed by fine sutures, and the stump was allowed to drop to the floor of the pelvis. The anterior and posterior edges of peritoneum were approximated and united by fine continuous sutures over the pedicle, leaving it retro-peritoneal. Except the stump of the broad ligament, no raw surface was left in the pelvis. A drainage tube was used.

Figure II. shows the relative size of the hard and the soft tumours, but the difference in the appearance of the two does not come out well. The tumours are cut open in the photograph. Two dark spots in the upper tumour show the site of small cysts, about the size of a

filbert nut in the fresh state. The uterine cavity is to the left (in the picture) of the lower (hard) tumour, and is stuffed with cotton-wool to shew it up. The tumour weighed about six pounds. The photograph was taken by Rev. A. T. Cape.

During the operation it was noticed that the veins of the remnant of the left broad ligament had become very much distended.

The operation was followed by very little shock, the patient rallying well and passing urine naturally by the second day. After a few hours a most troublesome cough set in, which caused great abdominal pain. Vomiting ceased after 24 hours; there was no distension at any time, and the urine did not contain albumen after the operation. The Keith's glass tube was left in two days, and a rubber one replaced it for 24 hours; after that no further dressing was required.

The bronchial cough, with purulent expectoration, gave great distress and was difficult to relieve.

The heart sounds were as before the operation until about the 6th, when the loudest bruit was heard midway between the aorta and the apex.

On the 9th, in the same situation, the bruit was noticed to be distinctly musical in character, but this high pitch was confined to a very small area. Cough improving, but the patient was weak and pale.

On the 10th patient was allowed to be propped up in bed by a bed-rest. The next morning she complained rather suddenly of pain in the left leg, especially the calf, and thrombosis of the femoral and saphena veins was discovered.

On the 18th the area of the musical bruit had extended, and it was thought to be exocardial; the leg was doing well. After this the patient continued to convalesce, the musical bruit gradually disappearing and the swelling of the leg going down. She was kept very quiet in bed for some weeks, was lifted out on the 10th January, 1898, and left the hospital quite well.

Here are two cases sufficiently alike to admit of fair and advantageous comparison. Any difference in the two was in the first patient's favour, both as regards age and strength. Her case furnishes such an example

as is not easy to obtain of the natural history of disease, practically undisturbed by art. Twelve years before, a polypus was removed from the uterus, and this furnishes us with a probable date as to the duration of her tumour. At what period it became cystic we have no evidence, except that it grew much more rapidly during the last year. It proved its innocence by leaving her fairly well and strong till within a few months of her death. It proved its noxiousness (though technically not malignant) by killing the patient in a simple mechanical manner. Pressure on heart, kidneys, and other viscera induced cardiac weakness and dilatation, renal inadequacy and anuria, uræmia, orthopnoea, convulsions and death. Operation fortunately was not to be thought of when she came under medical observation, and at the autopsy the numerous adhesions showed that the growth had probably long been inoperable.

The clear inference in this case is that the patient required some wise physician gifted with foresight to warn her of the future, and a surgeon to advise her as to the possibility of the safe removal of the tumour. The patient waited until urgent symptoms developed because she was ignorant and unadvised.

The second patient was seen by Dr. Ord, who gave her the benefit of the prophetic power possessed by the educated and judicious physician. He saw that the prospects of the patient if left to nature were practically those of the first named case, and those who knew both patients could see that her chances were even less favourable. Case II. was diagnosed to be one of soft and possibly cystic myoma of the uterus. The evidence went to show that it was growing. It is a point to be borne in mind, and which we wish to emphasize both from the medical and surgical side, that such a condition demands prompt surgical interference. To wait until symptoms arise is to wait until the growth has made itself obnoxious through enlargement, through peritoneal irritation and adhesions, or through damage to the uterine appendages. In these and other ways the magnitude and danger of an operation are increased, and the patient's chances are lessened through local causes. The same undesirable end may be attained through diminution of the patient's general resisting power. Anæmia will tend to increase; through malnutrition the



heart muscle will fail and dilatation be induced. Or the mere added work thrown on the heart by a massive tumour will cause hypertrophy, to be followed later by failure of power. For local or general reasons—or both—procrastination of operation means a courting of disaster.

As has been pointed out in the London Homoeopathic Hospital reports, increased tension at the radial pulse often accompanies uterine myomata. The bearing of this on the question of operation is real and direct. The significance of such increased tension arises from the secondary changes brought about by it in the heart and vascular system. After tension has existed for some time, hypertrophy of the muscular coats of the arteries is sure to follow, as well as of the wall of the heart, and later on degenerative changes which lead to a failure of the circulation.

In cases where there is marked anæmia low tension may be present, and with it a weakening of the myocardium with consequent dilatation of the heart and failure of the mitral and tricuspid valves. The danger of this failure is very much increased by the presence of a large tumour in the abdomen, and the interference which it gives rise to in the general circulation.

The first case was seen in the final stage, when after a long gradual failure death took place in consequence of enfeebled circulation. The second case was fast approaching the same condition.

At the consultation, one of the chief points in deciding for or against operation was the state of the heart. There was a loud systolic murmur heard best in the pulmonary area, but it could also be heard at the apex, and it was a disputed point whether there was mitral incompetence. After the operation the weakness and troublesome cough led to further dilatation of the heart, and the musical murmur was probably due to incompetence of the tricuspid valve, though at the time it was thought that it might be exocardial.

On page 108 we have implied that to treat these cases by radical surgical methods or to leave them to nature are the only practical alternatives. There is no question here as to the use of palliative medicinal means for there is no clinical evidence of drugs having any influence on

soft myomata. Nor would one expect much influence. A tumour of the uterus arising before the menopause and unaffected for good by its onset whether natural or artificial, is not likely to be benefited by drugs—ordinarily much less potent uterine agents than the menopause.

Though the cases here adduced do not show this fact, it is, nevertheless, well recognised that soft and cystic myomata are not diminished by the cessation of menstruation either natural or resulting from the removal of the uterine appendages.

#### SUMMARY.

1. These observations refer primarily and chiefly to soft or cystic myomata, which require complete mental differentiation from hard fibroids.

2. The natural history of the former differs from that of the latter in being uniformly bad.

3. The effect on the heart may be summarised as follows:—

In addition to the actual interference with the circulation caused by the pressure of a large tumour, failure of the heart may result from long continued increased tension or from low tension; the latter occurs more especially when there is marked anæmia.

4. Soft and cystic myomata are uninfluenced by the menopause; it is in vain to defer treatment on account of its proximity.

5. Fibroids must be treated on their merits; soft and cystic myomata have no merits, and must be summarily dealt with as soon as diagnosed. They require total removal, quite apart from the presence or absence of symptoms. The better the patient's health the better her chance of recovery.

6. There is no clinical evidence that these tumours are influenced by medicines.

7. Hæmorrhage is less severe in myomata (soft) than in fibroids (hard).

8. The two kinds of tumour may coexist in one patient as in both these cases.

9. It is desirable, on account of the different clinical course of hard and soft "fibroids," that different names be used for the two varieties. The hard variety might conveniently retain the name of fibroma, and the soft that of myoma.

## A RAPIDLY FATAL CASE OF APPENDICITIS.

WITH THE LESSONS TO BE DRAWN FROM IT WITH REGARD  
TO OPERATIVE INTERFERENCE.

By BYRES MOIR, M.D.,

Physician to the London Homoeopathic Hospital,

AND

C. KNOX SHAW,

Surgeon to the London Homoeopathic Hospital.

(1) The following are from notes taken by Dr. BYRES MOIR.

On the morning of the 13th of January I (1) was called to see a little girl, aged six years, who, at five a.m., was seized with violent pain in the abdomen, and vomiting. She was a healthy, well-developed child, there had been no serious illness previously, but a history was given of sharp attacks of pain with vomiting on three distinct occasions, which passed off in a few hours, the last of these being in September, 1897. On the 10th of January she had a slight feverish cold, but appeared to be perfectly well on the 12th, and there had been no abdominal pain. When I saw her at 9.30 a.m. on the 13th, the vomiting had ceased, and the child had been dozing, and no abdominal pain was complained of. The pulse was 140 and the temperature 103.8°. There was no distension of the abdomen, but decided pain on pressure in the right iliac region, no swelling could be felt. The tongue was furred, and the bowels had acted on the previous day. The matter vomited during the night was light yellow bile. The case then had the appearance of an ordinary attack of appendicitis, though pulse and temperature were higher than one usually sees in these cases. Belladonna 1x and mercurius cor. 3x were ordered, and belladonna was applied locally. She was to have milk and water in small quantities, and water to drink. In the evening the child was found to have passed a fairly quiet day; there had been no return of the vomiting; the tenderness of the abdomen remained just the same; the bowels had not acted. The temperature had fallen to 102.8°, and the pulse to 120. At my visit the next morning I found that there had been vomiting in the night, in consequence of which Dr. Cox had seen the child. She was now complaining of more pain, and I found for the first time some slight general distension of

the abdomen. The temperature was  $101.6^{\circ}$ , her pulse 140. There had been no action of the bowels. There had been no return of the vomiting after Dr. Cox had seen her. The child was evidently not so well, but had no collapsed appearance. On account of the distension of the abdomen and the still rapid pulse, especially as the temperature had fallen, I thought it was time that the question of operative interference should be considered, and arranged with Mr. Knox Shaw to see the case with me in the afternoon. Just before we saw her there had been a copious vomit of dark green fluid, and the child was much worse, and showed for the first time evidence of collapse. The state at our examination is given in Mr. Knox Shaw's notes later.

The mother of the child, who had not been present at my first visit, had obtained by telegram, from the doctor who had seen the patient in previous attacks, a report that there had been no evidence of appendicitis. The question we first had to discuss at our consultation, in which Dr. Cox joined, was, what was the nature of the present attack? In the first place I considered that the previous somewhat similar illnesses had been, in spite of the doctor's opinion, mild attacks of appendicitis. The statement of the mother being quite clear that the pain was always in the right iliac fossa. It was now evident, however, that we had a general peritonitis, and from its rapid progress this could only be due to a perforation, and from lack of other symptoms, perforation of the appendix was considered to be the most probable origin. Immediate operation seemed to us the only advisable course, though from the symptoms of collapse already present, only faint hopes could not be held out as to its ultimate success. Another opinion was asked for and obtained without delay, but even in a couple of hours such a rapid change for the worse had taken place, that operation was considered inadvisable. At eleven o'clock the child sank. A *post-mortem* was made the next day. On opening the peritoneum a quantity of sero-purulent fluid was noticed with flakes of lymph attached to the intestines. The appendix, a very long one, was fixed by adhesions to the peritoneum covering the psoas muscle; there was no localised abscess nor swelling. The appendix was not distended; its middle third was of a dark

livid colour and in the centre of the free surface of this there was a very small punched-out perforation, not larger than a pin's-head. From this there had evidently been a leakage of the contents of the appendix into the general peritoneal cavity. I have seen a good many cases of appendicitis, but have fortunately never met with one similar to this before. From the *post-mortem* it is quite evident that an operation directly after my first visit would have given the only chance of a recovery. At that time, however, I could see no symptoms which would have justified it. There were not even present the symptoms of general peritonitis, and during the first day vomiting and pain were both absent. The pulse and temperature, which in an adult would be of serious import, do not carry the same weight in a child. It was not till twenty-four hours had elapsed, that the symptoms of general peritonitis, which had been insidiously progressing, became manifest. The case is a very instructive one with regard to the general question of operation in appendicitis. For we must remember that the danger of a possible perforation is present in every case. If this occurs, as in this case, we have the risk of a septic peritonitis, of such a virulent type that the patient collapses before the classical symptoms of peritonitis are developed.

Mr. KNOX SHAW remarks: I saw this very interesting case with Dr. Byres Moir at 5.30 on January 14th. The child was then extremely ill, with hollow eyes and pale and shrunken face; she was lying on her back in a somewhat torpid condition, but was easily roused, and answered questions intelligently and brightly. The tongue was slightly coated. The abdomen was tympanitic and generally resonant, but there was no great meteorism; the child bore its abdominal manipulation well, there was general but not excessive tenderness. When asked to point to where the pain was, she always placed her hand over the right iliac region. No swelling or mass could be detected in the right iliac fossa or elsewhere. The bowels had not acted since the 12th, though there was a desire for them to do so. An examination per rectum showed fæces, but nothing abnormal in the pelvis could be detected; the examination caused the bowels to act. The breathing was quick, pulse small and rapid—160; the temperature

was 103°. There was no very marked collapse, nor cyanosis, nor the cold sweats of advanced peritonitis. Yet the case was clearly one of serious peritonitis, and probably due to a perforation, or gangrene of the appendix. The question naturally arose, should we operate? It seemed clear that the child would almost certainly die if left alone, and that in her present condition an operation offered only the barest chance of success.

However, whilst recognising the almost hopelessness of the task, I was prepared to operate, provided the mother clearly understood the extreme gravity of the situation. A further opinion was then obtained; by this time the child had rapidly and steadily become worse, and when Dr. Moir saw her later he agreed with the opinion then expressed that the time for operation had passed. The child died forty-two hours after the onset of the disease, and thirty-six hours from first being seen by Dr. Moir. The *post-mortem* examination showed only too plainly that operation, to have had any chance of being successful, must have been undertaken on the onset of the symptoms. Experience shows that the character of the onset of the attack bears no definite relation to the severity or danger of its subsequent course, and so we are at once face to face with a great difficulty. Until we can find some definite signs or symptoms by which we may distinguish between the dangerous and the moderate cases, we must either perform a good many operations that may not be absolutely necessary, or occasionally lose a case like this. I think our main guide in these cases is very carefully to distinguish between localised and general peritonitis. A watchful eye must be kept for the onset of general peritonitis, and if we are at all suspicious that this is existent, then the question of operation must be seriously considered, and if we are sure of our diagnosis, urged. Mr. Frederick Treves well describes the position when he says: "If the gravity of the patient's position be appreciated, it will be evident that a carefully made incision into the abdominal cavity can hardly add to his peril, while on the other hand it may be the means of saving his life."

There is another interesting point in the case; from the previous history it would appear that the child had

had two if not three attacks, commencing in a similar manner to the present; vomiting, right iliac pain and feverishness. The mother was most positive on this point, and that the attacks had yielded to a mild purgative. Against their being attacks of appendicitis we had the opinion of a previous medical attendant, who considered that they were not due to the appendix nor to any form of peritonitis. Dr. Moir, however, thought that at the *post-mortem* there was evidence of previous peritonitis. These cases of acutely virulent perforative peritonitis are usually primary attacks, a previous attack generally erects some protective barrier to a sudden bacterial invasion of the peritoneum. Still they may occur after recovery from a mild attack, and this possibility adds weight to the opinion that a history of previous attacks, though mild, warrants an operation for the removal of the appendix during the quiescent period.

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## REVIEWS.

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*A Manual of Genito-Urinary and Venereal Diseases.* By  
BUCK G. CARLETON, M.D. New York: Boericke, Runyon  
and Ernesty.

THIS manual is really the joint production of three authors, for Dr. Carleton has associated with himself Dr. Charles Deady, who has written on venereal diseases of the eye, and Dr. Homan, who has contributed the sections on vesical calculus and external urethrotomy. The impression left after a perusal of its pages is that the book lacks in many places the stamp of practical personal experience—we have too little of what Dr. Carleton himself has found good. But this is too often the fault of homœopathic text books, the inexperienced reader is left to flounder amongst an alphabetical list of drugs when he needs the practiced hand of the author to guide him in the selection of the most useful drugs. The chapters are of unequal value, that on pyelitis in particular being noticeable for its incompleteness. It is not quite clear why, in a manual of genito-urinary diseases, the description of diseases of the kidney should stop at its pelvis. The fullest and best chapters are those on the so-called venereal diseases, gonorrhœa, syphilis, and their allied affections. Here we seem to get at some of the author's experience. His descriptions of the various diseases are good and accurate. He is thoroughly cosmopolitan in his treatment, and gives, in addition to homœopathic therapeutics, the recommendations of

traditional medicine. From these sections we may get many useful hints. In addition to remedies mentioned when the various syphilitic disorders are described, a special chapter is devoted to the treatment of syphilis. The author claims Hahnemann as a supporter of the mercurial treatment of this disease. He is strongly of opinion that no mercury should be given in a case of syphilis until the secondary manifestations have appeared, the only exception being when the diagnosis is positive, as when a chancre appears on the hand or finger of the surgeon. In the primary stages he advises merc. sol. Hahn., merc. vivus, merc. proto-iod. In the late secondary and tertiary stage merc. bin-iod., merc. bichlor., cinnabaris and merc. dulcis, while iodide of potash, in appreciable doses, should be used for the late manifestations of syphilis. Dr. Deady has contributed four chapters covering fully the primary and remote syphilitic affections of the eye, and has entered carefully into their therapeutics. A short and concise section on stone in the bladder, has been prepared by Dr. Homan. In describing the radical cure of hydrocele no mention is made of excision of the sac: injections of either iodine or carbolic acid, which are recommended, are known too frequently to fail. In varicocele Dr. Carleton follows Mr. Morris in preferring subcutaneous ligature, after a method practised by Dr. Keyes, to the open method of excision, more commonly followed in this country. At the conclusion of each section there is a chapter on the special therapy of the organ just described: this is certainly a very valuable addition to the book. Thus we have a special therapy for the prepuce and glans, a special therapy for urethral and gonorrhoeal discharges: a special therapy for the scrotum, testicle and cord. The book is well printed and there is a good index.

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*Diagnosis Chart of Coma.* By G. A. HUNTLEY, M.D. Weston-Super-Mare: Huntley Brothers.

WE have received from Messrs. Huntley Brothers, of Weston-Super-Mare, a sheet which gives the differential diagnosis and treatment of coma in a tabular form, arranged by George A. Huntley, M.D. (University of Vermont, U.S.A.) As it is very often extremely difficult when called to a case of coma to diagnose its cause, it may be useful to have at hand a tabulated list of the differentiating symptoms to refer to.

There are thirteen different kinds of coma in the list, viz., uræmic, diabetic, apoplectic, alcoholic, opium, belladonna, asphyxia, congestive, epileptic, hysterical, syncope, coma from meningeal hæmorrhage or from injury to head, and catalepsy.



Coma from carbolic acid poisoning, which has been so frequent of late, might very usefully have been added. The symptoms of these different kinds of coma are arranged under ten headings. They are clear and definite, and we have not much criticism to make on them. Under the heading pupils the terms regular and irregular are used, which we suppose mean equal and unequal, and would, we think, have been better so expressed. Under the heading paralysis we find it stated that in diabetic, alcoholic and congestive (sunstroke) cases there is no true paralysis in distinction to apoplectic coma where hemiplegia or universal paralysis may exist. The value of this distinction must depend upon the depth of the coma. Paralysis must be complete in every case where the coma is very deep.

One symptom is very puzzling. Under the heading of odour of breath, and in the column giving the symptoms of asphyxia, is placed the symptom, "breath contains large amount Co." As Co, is an odourless gas we cannot see how it can be detected by the odour of the breath. Any superfluity of Co, in the breath would be a difficult thing to measure in an emergency.

The last heading is that of treatment, and is entirely on allopathic lines; it seems fairly complete, but we think that in opium coma the use of potassium permanganate should not have been omitted.

## MEETINGS.

### BRITISH HOMŒOPATHIC SOCIETY.

THE Fourth Meeting of the Session was held at the London Homœopathic Hospital, on Thursday evening, January 6th. The President, Dr. EDWIN A. NEATBY in the chair.

The following specimens were shown:—

1. Ovarian cyst, removed on account of pain. (Dr. Burford.)
2. Ovarian cyst, removed on account of hæmorrhage. (Dr. Burford).
3. Gall-stones removed by cholecystotomy. (Dr. Burford.)
4. Nine inches of the colon, with cæcum, vermiform appendix, and a portion of the ileum, removed from a case of intussusception in a baby five months old, with fatal termination. (Mr. Knox Shaw.)

### SECTION OF MATERIA MEDICA AND THERAPEUTICS.

Mr. EDWARD MAHONY, of Liverpool, read a paper on *The Therapeutic Use of Nosodes*.

The author first quoted Hahnemann's writings to show that he distinguished between the use of nosodes and isopathy,

and that the "miasm" being highly dynamised, was consequently altered, and that the cure was effected by opposing a simillimum to a simillimum. He urged that Hahnemann accepted four things:—The law of similarity, the law of potentization, the use of nosodes, and the origin of chronic disease in "miasm." He considered the therapeutic use of nosodes to consist of the administration to the sick of the secretions of diseased animals, or of the pus or other morbid products of diseased conditions. He answered Dr. Bayard's objection that the cure in the use of nosodes is wrought by identicals by saying that potentization alters the nosode from idem to simillimum. And to Dr. Felliger's difficulty that one cannot be satisfied that the nosode is in the same condition as when first taken from the diseased individual, he replied that that is exactly what is wanted, and what potentization brings about. He next expanded and defended the proposition that the laws of similarity and potentization lie at the root of the whole question. To the objectors of the use of clinical symptoms he quoted Hahnemann in support of their use. He concluded by asking what real therapeutic advance is there that is not in its germ to be discovered in the *Organon*, in the *Chronic Diseases*, and the *Materia Medica Pura*.

Dr. RICHARD HUGHES next read a paper *On the use of Nosodes in Homœopathic Practice*. The author referred principally to hippozœnine and psorine, and drew attention to the discussion on the action of the former initiated by Dr. Garth Wilkinson and Dr. Drysdale as far back as 1854. He also referred to Dr. Dudgeon's observations on psorine in his early lectures and severely criticised the source of the material used in Gross' four provings. He quoted Dr. Dudgeon's objections to the source of Hering's matter, and came to the conclusion that there was a considerable uncertainty as to what is really meant when psorine is used. Dr. HUGHES next mentioned Dr. Gaillard's views that the *acarus* secretes a venom which he calls psorine, and to its absorption follows the secondary disorders known as psora. He would limit the term nosode and the practice to the proved virulent products of specific disease, and would sweep away the manifold nastinesses of secretion with which morbid fancies have tried to load our pharmacopœia. The author next discussed the source and the action of tuberculine, referring especially to the preparations of Koch and Heath. He quoted evidence of its use both isopathically and homœopathic.

In the discussion that followed  
Dr. GOLDSBROUGH, Dr. DYCE  
NEWBERY and Dr. NEATBY took

part. DR. DUDGEON, DR. BLACKLEY,  
DR. WATSON, DR. JAGIELSKI, DR.

NOTABILIA.

THE DISTRIBUTION OF AID TO HOSPITALS.

At a meeting of the Hospitals Association, in the Board Room, Westminster Hospital, on Thursday, 9th December, 1897, a paper on *Existing Systems of Distribution*, was read by Mr. G. A. Cross, the Secretary-Superintendent of the London Homœopathic Hospital. Mr. H. Cosmo Bonsor, M.P., Treasurer of Guy's Hospital, occupied the chair.

After an admirable paper on the *Work and Aims of the Hospital Saturday Fund*, by Mr. R. B. Acland, Chairman of that fund,

Mr. Cross read his paper, from which we give the following short extracts:—

“ I must, at the outset, express my deep sense of the great indebtedness of the hospitals and allied institutions to both the Hospital Sunday Fund and the Hospital Saturday Fund for the benefits which they confer upon medical charities, and for the labour which has been expended by both funds to find bases of award which shall be absolutely and frigidly just and impartial. I am sure that in the process of award no tincture of prejudice or favour is allowed to exercise the smallest effect, and that any inequalities which may appear in the awards arise from the systems of assessment alone.

For here we have two capable and impartial bodies both working on totally different lines, both strenuously aiming at a distribution that shall be fair and equitable, and both achieving the most diverse awards. How far it happens that the very efforts they make to be right are the causes of their defects; how far it happens that they seek a long way off, and with the aid of a telescope, what is lying at their feet, or examine with a microscope that, the true proportions of which are visible with the naked eye only, are among the questions I shall ask you to consider. But when we find one hospital receiving from the Saturday Fund of £15,000 a larger award than from the Sunday Fund of £40,000, it is clear that if the method of one Fund is right, the method of the other must necessarily be wrong.

In arranging a true method of distributing a fund subscribed by the public generally for the hospitals collectively, there are some truisms which must be laid down and distinctly borne in mind. The awards must be made:—

1. In fair and equal justice to all and each.
2. Without the bias of any matters of opinion, either as to individual beneficiaries or as to theories of hospital administration.
3. To secure this, a purely arithmetical method is the only safe and reliable one.

4. The awards should follow—or grow out of—the figures from each hospital as supplied by that hospital.
5. They should be made without any regard to privileges to be obtained or exercised by the collecting and distributing agency.

Before proceeding to the award on these lines, certain conditions must be observed :—

- (a) An enquiry must be made into the status and eligibility of the hospital for an award.
- (b) A proper testing and checking of the figures or other information supplied must be undertaken.

Most of these are so obvious that it may appear a waste of time to enumerate them. But the danger of their being forgotten is less than the danger of their being too loosely interpreted and extended in practice, so as to bring in matters of opinion and theory. At the conclusion of my paper I hope you will admit that in a true system it is necessary not only to bear them in mind, but to preserve them in their integrity, so great is the tendency to interpret them in the light of special views and special doctrines.

Let me give two examples. Nothing is more desirable in hospital administration than economy. You wish to encourage it, and construct your system accordingly. But what is the test of economy? Ten experts will give you ten different standards. If you choose one, ten good hospitals will come out with ten palpably disproportionate results. The fact is, economy is, within the walls of a hospital, a matter of *fact*; outside those walls it is a matter of *opinion*. You have therefore to be exceedingly careful how your admirable desire to reward this undoubted virtue is carried into practice. Or take efficiency. What is efficiency? We all know for our own institutions, but who can define it for any other? Yet the Saturday Fund awards partly on 'efficiency,' and the Sunday Fund partly on 'merits.'

I shall be asked what I would do as to needs, as to economy, as to merits, as to percentage of administration to expenditure. When you will tell me how to distinguish afar off and by statistical returns between a righteous need and a need that might and should have been avoided, when you will enable me to decide what is an economical rate and what is not, when you will define what are really individual merits, and what is an excessive percentage of administration to expenditure (I do not mean in very obvious cases), then I will reply to the query. Till then it seems to me that all these considerations entice the distributor on to the wrong line, and merely obscure the issue.

The funds should not require privileges. The Saturday Fund asks the privilege of an annual subscriber, but without

guaranteeing a specified annual subscription. It does so in the interests of those who subscribe to the fund in small amounts. The plan seems to me less likely to help the hospitals substantially than to help those who contribute.

It would be hard if no privileges could be conceded, but they should not be a condition precedent to an award—there should be no bargain—the matter should be left to the unfettered discretion of the hospital authorities.

I now come to the main practical basis of a true method. Time will not allow me to do more than suggest the central idea.

It should be the actual charitable work done. This you arrive at to certainty by the beds constantly occupied. The figure cannot delude you or mislead you. It is the one hospital statistic on which you can found an award. You cannot go far away from it on account of theoretical principles of management, or needs or merits, or even economy without danger to the accuracy of your allotment. Because your theories are not of equal application. You cannot in all cases assess merits or even needs, and economy is an indeterminate quality. Some of the beautiful ideas we hear of are simply impossible in hospital management, and if you begin to penalise or reward according to doctrinaire views, inequalities must result.

But if, adhering to a rugged simplicity, you ascertain the total number of beds occupied in the Metropolis, divide the total you have to award by that number, and arrive at the fair proportion to each bed, then if you award so much per bed occupied, say an average £5, you achieve all you can hope for either in the way of rewarding merits or discouraging extravagance. A hospital may have a high expenditure per bed. That does not affect you. You give £5. Another may have a low expenditure per bed. That does not affect you. You give a level £5. The £5 is worth more to the economically managed than to the extravagantly managed,—more to the hospital whose beds cost £80 per year than to the hospitals whose beds cost £100 per year. You are neither called upon to say which is economical nor which is the reverse. Should there be a too high expenditure it is neither penalised nor encouraged. According to the present method, it has a premium where the award follows expenditure.

No doubt some modifications would be necessary, but they should be as few and as exceptional as possible, avoiding the mistake of legislating for a number by reason of the peculiarities of a few.

The great danger in all efforts to distribute public funds is the liability, as already said, to be swayed by matters of

opinion, by the assumption of untried principles, or by mere fads.

There are many current theories of hospital administration, and much impracticable criticism.

1. There is the ever constant suspicion that the administration costs of a hospital are a sort of superfluous leakage which you must not recognise, still less encourage, which you cannot do without, but must not admit the necessity of.
2. Next there is the natural but by no means reasonable bias in some minds, in favour of the large general hospitals, especially if they have medical schools, it being apparently assumed that a large hospital must be better than a small one *quo ad* charitable work.
3. Then some hospitals have endowments, and here a wide range of objections arise. Some say that there should be no endowments. Others that there should not be large endowments.
4. Latterly there is a new theory, that a hospital must have merit if it organises an enquiry of a drastic kind into the circumstances of its out-patients. I do not say it is an improper thing to do. But I suggest that no distributing agency should modify its award according to the discretion that may be exercised in a hospital in this regard.

These, and others like them, are disturbing influences. For when once you have admitted degrees of qualification or of disqualification on account of special theories or opinions as to hospital management you cannot consistently stop, but must go on multiplying them.

I submit that all theories of general features of management are worthless and misleading as guides to a distribution, and in proportion as you complicate your scheme of award by such theoretical considerations you defeat your own end.

Take a final illustration on the point of economy. Nothing is more praiseworthy than economy. Suppose that it is your function, by aiming to encourage economy and discourage extravagance, to decide practically whether a certain hospital is conducted economically or not. What do you mean by economy? It is not the spending of sixpence where you ought to spend a shilling. It is to spend only what is necessary for a standard of efficiency, and to get your full value for what is spent. You can do inferior work at a parsimonious outlay, you can do a highly efficient work at an apparently high cost. Of the two, the latter is the truer economy. But if you judge by figures alone you must condemn it. The figures moreover are merely a matter of

average. The hospital of 400 beds averaging a smaller cost per bed than a hospital of 150, may not be so economically conducted, certain standard expenses common to all hospitals, large or small, being spread over a large number of beds. You may say this proves economy from another point of view, as showing that large hospitals are better than smaller ones. But is that really so? Are the patients worse provided for in small hospitals than in large? You may say "Yes" or "No," according to your personal views. My point is that economy is a matter of fact which you cannot derive from figures, in statistics it is a matter of opinion, it may be a matter of pure theory and is a source of complication when you come to make awards.

It seems to me that in entering into such questions the Funds assume something of the duties of the donors and subscribers to hospitals, and that they should be contented with satisfactory evidence as to the proper constitution of the charity. It is possible to make mistakes from over-anxiety to do right. It is possible to attempt too much.

Finally, I would urge upon both Funds the desirability of accepting a suggestion made by Mr. Conrad Thies that a committee of hospital secretaries should be convened to discuss the whole subject of methods of award, and to submit their recommendations to the councils of both Funds. I am sure that—as in the instance of the long-desired uniform plan of stating accounts—they would bring to their work not only absolute impartiality, but such an exhaustive knowledge of hospital affairs and administration as would enable them to construct an admirable scheme."

The proceedings terminated with a vote of thanks to both Mr. Acland and Mr. Cross, on the proposition of the chairman.

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### IS PROFESSIONAL APPRECIATION OF HOMŒOPATHY INCREASING?

The following suggestive letter appeared in the *British Medical Journal* of the 28th ult., and, together with one quoted from the same source in our first article, constitutes a decisive answer in the affirmative to this question:—

#### "CONSULTATION WITH HOMŒOPATHS.

"Sir,—I am rather surprised that any one at this time should again raise the question, 'Should homœopaths be met in consultation?' Are the homœopaths bigoted or narrow minded? If any should think so, let them read the introduction to Dr. R. Hughes' *Manual of Therapeutics*. I did so accidentally when a student, and was so pleased with it that I resolved to study it after I qualified. I wonder

if the extremest fancies that ever entered into the mind of a homœopath are more chimerical than the grave and laboured speculations of the lights of our profession, which are received with acclaim to-day and discarded to-morrow. Do we not use the remedies which they have introduced or rescued from oblivion, and show us how to employ with advantage, and without acknowledging their source? Do we not read of a new remedy introduced by Dr. So and So, when it has been employed by the homœopaths since the time of Hahnemann, and oftener with more success by them, as they discriminate when it should be used, whereas those of the orthodox school employ it in all and every case, and being disappointed soon relegate it to the region of forgotten remedies, for example, potassium bichromate, *cactus grandiflorus*. Are our text books free from the teaching of homœopathy? I would ask those gentlemen who have written to the *British Medical Journal* on this subject to study carefully the *British Annual* for 1887, Dr. Sidney Ringer's *Handbook of Therapeutics*, and compare them with Dr. Hughes' works, and tell us what opinion they come to. A number of medical men have told me they have been indebted to the homœopaths for some of the best hints they ever got, and I have learned more of the treatment of disease from some of these men than from those from whom much more was expected. I think the time has now arrived when doctors should be more bent on relieving human suffering, and advancing their profession, than standing on their dignity, and should not be above learning from all or any source.

"What about the new serum treatment? Does it not savour of *similia similibus curantur*? I think a great number of us, consciously or unconsciously, practise a little homœopathy, and I think it is not becoming in members of a liberal profession, 'to denounce Hahnemann as a charlatan, while presenting their patients with a plateful of crumbs furtively swept from Hahnemann's floor.'

"I have never met a purely homœopathic doctor in consultation, but will be very pleased to do so.

I am, etc.,

AN OPEN-MINDED GENERAL PRACTITIONER."

## OBITUARY

ERNEST HART, Esq., D.C.L.

By the death of Mr. ERNEST HART on the 7th ult., after many years of suffering from diabetes, a sequel of which recently led



to amputation of one leg, the profession of medicine has lost the ablest journalist ever connected with its press.

Born in London of Jewish parents in 1835, the ability which distinguished him throughout life, was first marked at the City of London School, which he left as captain. Entering at Mr. Lane's school, attached to St. George's Hospital, he passed through the usual medical curriculum, and was admitted a member of the Royal College of Surgeons in 1856. He subsequently joined the Medical School of St. Mary's Hospital, which afterwards he served as Ophthalmic and Aural Surgeon, and at the same time entered upon practice as a consulting surgeon in the City.

Journalism, however, and not practical surgery, soon proved to be his *forte*. At the age of 22, he was received by the late Mr. Wakley (in 1858) as an assistant in the conduct of the *Lancet*. Here he met with precisely the outlet for his energy that he was in search of; and under the direction of a thoroughly congenial spirit he made rapid advancement in those aggressive, and what were often unscrupulous modes of attack for which the *Lancet* was at that period conspicuous. "For reasons of a purely private nature" we are told (*Lancet* Jan. 15) his connection with the journal ceased in 1866. Dr. Markham retiring from the editorship of the *British Medical Journal* almost at the same time. Mr. Hart was appointed as his successor, and in its management he found a sphere of work for which he was well adapted and a fitting outlet for his energy. That he has raised the *Journal* from being a comparative feeble representative of the needs, wants, and prejudices of the profession, to one of considerable influence is generally allowed. In directing attention to many sanitary subjects of the first importance, and in using the *Journal* to publish the results of his enquiries, there is no doubt at all that Ernest Hart did a really useful service to the profession of which he was a member, and the country of which he was a citizen. He has been, since 1872, a member of the Parliamentary Bills Committee of the British Medical Association, and of his work in this capacity the *Lancet* says, "it is safe to say that no question affecting the public health or the interests of the medical profession escaped investigation during the quarter of a century for which he held office." Largely through his efforts the conditions of the medical offices of the Navy and of the Army have been materially improved. Acts of Parliament relating to Baby Farming, The Infectious Diseases Notification Act owe much of their satisfactory characters to his energy in collecting evidence. His researches into the etiology of epidemics of cholera and typhoid have contributed largely to our present knowledge of the history of these forms of disease. We may indeed say,

that on whatever subject he wrote after careful and thorough study of it, he wrote with every advantage to the profession. One of the most useful manuals was entitled *The Truth about Vaccination*, a perfect storehouse of facts on the subject.

That he was a bitter and unscrupulous antagonist of homœopathy all men know. When writing upon it, he wrote without the slightest knowledge of it—at least we hope so. For had he had any acquaintance with it, everything that we can remember to have seen in his *Journal* criticising or reflecting upon it must have been a deliberate and studied misrepresentation of it, and of those members of the profession who practise homœopathically. Hence, we trust that his dialectics were the fruit of ignorance, the result of his early training in editorial work in the Strand.

By those who knew him personally, Mr. Hart has been described as being a good friend, a bitter foe, and a brilliant journalist; a man of energy, enterprise and public spirit.

The *Lancet* of the 22nd states, that Dr. Dawson Williams, who for seventeen years has been connected with the Editorial department of the *Journal*, was on the 19th ult., by the Council of the British Medical Association, unanimously appointed Editor.

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## CORRESPONDENCE.

### HÆMATURIA DUE TO QUININE.

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

GENTLEMEN,—In the *Therapeutic Gazette*, April 15th, 1897, Karamitsas, of Athens, reports seven cases of hæmaturia due to quinine (given for malaria), one of them being in a child and the others in men, six of the individuals being medical men. In all these cases hæmaturia could be produced at will by the administration of quinine. The patients passed through their malarial paroxysm without hæmaturia if quinine was withheld, but developed hæmaturia if the drug was given. The above statement is confirmed by other writers. Pam-poukis and Chomatianos, of Athens, have reported cases in which quinine caused hæmo-globinuria, the salt most frequently producing this symptom being the sulphate (probably on account of its more frequent employment than any other).

Yours truly,

R. GRAHAM WILLS, M.D.

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### THE MODUS OPERANDI OF DRUGS.

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

GENTLEMEN,—Let me thank Dr. Proctor for his kind response to my appeal to him. If the students of the rationale

of homœopathy pursue the study in the fine spirit of Dr. Proctor's letter, they are not likely to miss the way to the truth they are seeking. There are always at least two routes to concrete truths—the interior and the exterior. Some minds naturally choose the one route, as different minds are structurally compelled to keep to the other, few being so constituted that movement either way is for them about equally safe and easy. But as appearances *en route* are often very misleading, it is necessary for the diverse minds to be continually on guard against misunderstanding.

I would be obliged to Dr. Proctor if he would merely mention the phenomena of interference that appear to him to "make equally for explaining the action of opposites as well as of similars;" also the difficulties on the physiological side of our subject alluded to by him at the end of his letter.

Further reply at present is unnecessary, since the matter of Dr. Proctor's communication is partly dealt with in an article I have already in print, and which will appear next month in the *Homœopathic World*, and in the *North American Journal of Homœopathy*.

Faithfully Yours,

W. BUIST PICKEN.

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### THE MAYOR OF BATH AND THE HOMŒOPATHIC DOCTORS.

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

GENTLEMEN,—A rumour that I am about to retire from practice having been widely circulated for some time past, and lately given great prominence to by a public statement of the Mayor of this city, I am compelled to take notice of it.

The Mayor, in a recent speech concerning the desirability of admitting homœopaths to a proposed medical advisory committee on the subject of the mineral baths, said, "He believed there were only four homœopathic doctors in Bath, and one of these was about to retire, so that Dr. Wilde and his partner were the only two who really used the baths." I at once wrote to the local papers stating that I had not the least intention of retiring, that I was constantly sending patients to the baths, both for the ordinary and the Nauheim treatment, and that as a former member of the Baths Committee of the Town Council I was quite as interested in the baths as any one; I also intimated that the Mayor had been misinformed by certain interested persons with whom the wish was father to the thought.

The Mayor has since expressed his regret at having been so misinformed, but as I do not know the extent to which this misinformation may have spread I shall feel much obliged if you will give this letter the publicity of your journal.

Yours truly,

Bath, Jan. 15.

GEORGE NORMAN.

## 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. EDWIN A. NEATBY.

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

Communications have been received from Dr. P. WILDE, Dr. NORMAN, Dr. WILLS (Bath); Dr. RAMSBOTHAM (Leeds); Dr. PROCTOR (Birkenhead); Dr. MCLAHLAN (Oxford); Dr. ORD (Bournemouth); Dr. DUDGEON, Mr. PICKEN, Mr. CROSS, Mr. KNOX SHAW, Dr. BURFORD, Dr. EPPS, Dr. MOIR, Mr. WYBORN (London); Dr. S. WILDE (Cheltenham).

## BOOKS RECEIVED.

*Common Sense Homœopathy.* Murray Moore, M.D. Liverpool: Thompson & Capper.—*Facts about Monte Carlo.* London: Rosborough Press. 1898.—*The Homœopathic World.* January, London.—*Medical Reprints.* January, London.—*The Chemist and Druggist.* January, London.—*Indian Homœopathic Review.*—*Reis and Raget.* Calcutta, December, 1897.—*The North American Journal of Homœopathy.* January, New York.—*The Homœopathic Eye, Ear, and Throat Journal.* January, New York.—*The Medical Times.* January, New York.—*The New England Medical Gazette.* December and January, Boston.—*The Hahnemannian Monthly.* January, Philadelphia.—*The Homœopathic Physician.* January, Philadelphia.—*The Homœopathic Recorder.* December, 1897, Philadelphia.—*The Medical Era.* January, Chicago.—*The Clinique.* December, 1897, Chicago.—*The Homœopathic Envoy.* January, Lancaster, Pa.—*The American Medical Monthly.* November and December, 1897, Baltimore.—*The Minneapolis Homœopathic Magazine.* December, 1897.—*Pacific Coast Journal of Homœopathy.* December, 1897, San Francisco.—*Medical Brief.* January, St. Louis.—*Revue Homœopathique Française.* December, 1897, Paris.—*Revue Homœopathique Belge.* November, 1897, Brussels.—*Homœopathische Zeitung.* November, December and January, Stuttgart.—*Leipziger Populäre Zeitschrift für Homœopathie.* January.—*Homœopathische Maandblad.* December and January, Nederland.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. FORD, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCK BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SOX, 59 Moorgate Street, E.C.

THE MONTHLY  
HOMŒOPATHIC REVIEW.

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INFLUENZA.

For failure to conform to type, enteric fever has long had a well-deserved notoriety, and it is not until recent years that a rival has appeared to dispute its pre-eminence. Now for multiplicity of form and aberrations from the typical, influenza must be acknowledged to hold the first place. From the effects of the "poison," or the ravages of the bacillus, scarce a tissue or an organ seems to be exempt. The irregularity of its results is as striking as the evidences of its possible distribution in the body. These features, together with the terrible waste of power and life, at once account for the volume of literature already accumulated, and for the fact that it is still increasing in bulk.

The papers we have secured from various contributors are both therapeutical and clinical. In the former, we have the views of representative men in general and consulting practice as to treatment, successful and unsuccessful, both of the ordinary course of the disease and of some of its complications.

Dr. GOODHART, in *Allbutt's System of Medicine*, vol. i., page 700, writes:—

"There is no specific yet at hand for this disease. This is quite certain from the number of drugs that have

been regarded as almost infallible by one observer and another."

In pleasing contrast with the uncertainty and diversity of medicinal treatment among the ranks of orthodoxy, is the comparative unanimity noticeable among those who accept the rule of similars as a therapeutic guide—a oneness of mind the more remarkable that it has been arrived at wholly without collusion. It is due, of course, to the fact that, in the main, the prescriptions have been based on the rule "let likes be treated by likes." Even where minute symptomatology cannot be, or is not followed so as to secure a *simillimum*, the great underlying principle of homœopathy dominates the selection. If the condition is one of excitement, a stimulating or excitant drug is given; if the disease is of an asthenic nature a drug producing adynamia is selected. A close similarity is thence observable in the treatment by many widely separated prescribers. The divergencies are explicable by the difference in type of cases in different times and places; and also by the fact that no specific treatment of the disease is contemplated, but only, as one writer points out, a specific treatment of the individual case.

This is not the place to go into the merits of the various drugs mentioned by our authors, or indeed to discuss the treatment of influenza. But there are one or two points which may be worth a moment's attention. Dr. McLACHLAN, in his essay, points out that aconite is not, as a rule, the most suitable anti-pyretic, even in the early stages of the malady, while Dr. BURWOOD advances it as one of the most useful of his influenza remedies. Accepting these statements as facts, we have the apparent contradiction of two careful and experienced observers coming to different, if not opposite, conclusions. The explanation must be found either in a difference in the cases referred to or a difference in the mode of administering the drug, and it is not improbable that the latter is the important factor. A perusal of the provings in the *Cyclopædia* supports the view that aconite may produce the restlessness which is described by the text-books as such, and is expressed by the terms "anxiety," "anguish," "internal uneasiness," "internal restlessness," &c., either with or without pyrexia. Similarly, fever may be induced without the

restlessness said to be "characteristic" of aconite. Taking now a number of influenza cases of an average severity, where the asthenia is not marked early, a few will have the restlessness and agitation "characteristic" of aconite, with pyrexia; a much larger number have simple fever without that type of restlessness; while towards the close, the restlessness is present even when the temperature is normal or subnormal. This last occurs chiefly at night.

Now the pharmacodynamics of aconite would lead us to expect that drug to relieve all three states; while clinically, there is a seeming doubt as to its utility. Our own observations would lead us to believe that the uncertainty is due to a question of dose. There is clinical evidence to show that in pyrexia, with the restlessness described, and for the restlessness without fever, aconitum is a *simillimum* and will relieve in any hypo-physiological dose, and possibly best of all in the higher dilutions. For the simple fever without "anxietas" aconite is still useful, but it must be given in a low dilution. A gain in accuracy and precision is made by the close symptomatic choice of the remedy and an increase in the range of potency useful; while, with the less accurate symptomatology, a widening of the range of applicability is obtained with a limiting of the effective dilution. In other words, the low dilution will benefit a much larger number of cases than can the exclusively high dilution, but the results may be less brilliant, less certain, and the cures less complete than those of the latter if the selection be guided by close symptomatology.

The uselessness of verbal similarity is well pointed out by Dr. MACLACHLAN in his remarks on the restlessness, indicating respectively aconite, gelsem. and baptisia.

It is in matters of this kind that experience, coupled with careful comparative study of drug and disease symptoms plays so important a part, while verbal repertory prescribing is so disappointing.

Returning *à nos moutons*, there is yet one feature well signalised in the articles which follow, which will bear emphasizing here—viz:—the importance of not trifling with such a foe as influenza. It will certainly find out weak spots, as Dr. ROCHE so aptly puts it; it will likely enough reveal latent tendencies; to old age it is

especially inimical, and over fatigue, anxiety, a lowered state due to surgical or obstetric procedures render the patient specially prone to severe or unusual attacks of the disease. As a large proportion of pregnant women are said to abort if attacked with influenza, it is desirable, as far as is possible, to protect them from infection, and the same of course is true of women recently confined, and of the subjects of surgical operation.

### INFLUENZA: AN ESSAY.

By JOHN M'LACHLAN, M.D., B. Sc., Edin.; F.R.C.S. Eng.

DEFINITION.—A continued fever, occurring in widely extended epidemics, and due to a specific cause. It is characterised by early catarrh of the mucous membrane of the respiratory tract, and, in many cases, also of the digestive tract; by quickly on-coming debility out of proportion to the intensity of the fever and the catarrhal processes; and by the serious nervous symptoms. There is a strong tendency to inflammatory complications, especially of the lungs; uncomplicated cases are rarely fatal except in feeble and aged persons. One attack does not confer immunity from the disease in future epidemics.

Such is the usual definition, though it seems to me that influenza partakes of the characters of the *malarial* rather than of the continued fevers. It may be described as a miasmatic-contagious fever.

SYNONYMS.—*Febris catarrhalis*; *defluxio catarrhalis epidemicus*; *catarrhus à contagio* (Cullen); *rheuma epidemicum*; *cephalalgia contagiosa*; *epidemic catarrhal fever*; *tac*; *horion*; *quinte*; *coqueluche*; *ladendo* (or *la dando*); *baraquette*; *générale*; *coquette*; *cocote*; *allure*; *follette*; *petite poste*; *petite courier*; *grenade*; *la grippe*; *ziep*; *schafhusten* and *schafkrankheit*; *huhner weh*; *blitz-katarrh*; *modiefieber*; *mal del castrone*. There are also several names indicating its supposed origin. Thus, it has been called in Russia "Chinese catarrh;" in Germany and Italy, "the Russian disease;" in France, "Italian fever," "Spanish catarrh," and so forth. Such are a few of its names, some scientific, but mostly popular. At least two at least of the popular names have found their way widely



into medicine and medical literature, almost to the exclusion of the terms by which science has sought to designate the disease; these are "influenza" and "la grippe." Many of its names are now obsolete and meaningless, so far as the present generation of medical men are concerned—such as peripneumonia notha (Boerhaave, Sydenham), peripneumonia catarrhalis (Huxham), pleuritis humida (Stoll), &c. Its popular English names are by no means numerous, probably because Englishmen are neither quick to see in the disease a resemblance to some common circumstance or thing, nor are they disposed to make a joke about it; thus they differ widely, on the one hand, from the Germans, and, on the other, from their volatile French neighbours.

The Germans find many resemblances. In the laboured respiration and the character of the cough they find a suggestion of a common epi-zoöic affecting the sheep; hence Schafhusten (sheep cough) and Schafkrankheit (sheep sickness), or because the cough is like the crowing of a cock, and the disturbance of respiration and the rapid prostration suggest some resemblance to a common disease of the domestic fowl, it has been called Huhner Weh (chicken disease, whooping cough) and Ziep, which is about equivalent to "pip." They call it also, because of its rapid invasion, Blitz-katarrh (lightning catarrh) and mode-fieber (the fever in vogue).

But the French make a jest of everything, and the more serious the subject the better the joke. Hence they have found a new name for almost every great epidemic of influenza, and each name more trivial than the last. As examples we may take tac (rot); horion (in jest, a blow); quinte, because the spells recur at intervals of five hours (!); cocqueluche (a hood or cowl) from the cap worn by those suffering from the malady, and so on.

La grippe is from the Polish *chrypka* (Raucedo); some, however, think that it is derived from *agripper* (to seize).

Influenza is of Italian derivation. It is said that the disease received this name because it was attributed to the "influence" of the stars, or from a secondary signification of the word indicating something fluid, transient or fashionable.

**HISTORICAL.**—It is supposed to be referred to by Hippocrates, though he does not give an exact description. An outbreak in the Athenian army in Sicily (415 B.C.), recorded by Diodorus Siculus, has been *supposed* to be influenza. As early as the ninth century several epidemics of catarrhal fever, Italian fever, and the like were recorded. In the year 872 A.D. a cough, which spread like the plague, was recorded. In 876 there appeared in Italy a similar epidemic, which spread rapidly over all Europe, even affecting dogs and birds. In 976, Germany and all France suffered from a fever of which the chief symptom was cough. Two centuries later (1173) a widespread malady, of which the symptoms were chiefly catarrhal, raged in Europe. A disease, resembling influenza in its symptoms, is alluded to in early Gaelic manuscripts under the name of *creatan* (*creat*, the chest). The disease is also described in an Irish manuscript of the fifteenth century, under the name of *fuacht* and *slaodan*.

The first epidemic that prevailed in the British Isles, of which any accurate description remains, is that of the year 1510. The disease came from Malta, and invaded first Sicily, then Italy, Spain and Portugal, whence it crossed the Alps into Hungary and Germany as far as the Baltic Sea, extending westward into France and Britain. It is said that not a single family, and scarce a person escaped it. It was attended by "a grievous pain in the head, heaviness, difficulty of breathing, hoarseness, loss of strength and appetite, restlessness, retchings from a terrible tearing cough. Presently succeeded a chilliness, and so violent a cough, that many were in danger of suffocation. The first day it was without spitting; but about the seventh or eighth day much viscid phlegm was spit up. Others (through fever) spat only water and froth. When they began to spit, cough and shortness of breath were easier. None died except some children. In some it went off with a looseness; in others by sweating. Bleeding and purging did hurt."

In 1557 we find another epidemic. It started westward from Asia, spread over Europe and then reached the Atlantic to America—in fact it circumnavigated the globe. It broke out in England after a very dry season, when there was great scarcity of corn.

month of September. It is thus described, "Presently there were many catarrhs, quickly followed by a most severe cough, pain in the side, difficulty of breathing, and a fever. The pain was neither violent nor pricking, but mild. The third day they expectorated freely. The sixth, seventh, or at the farthest the eighth day, all who had that pain of the side, died; but such as were bled on the first or second day, recovered on the fourth or fifth; but bleeding on the last two days did no service. . . . Some, but very few, had continual fevers along with it; many had double tertians; others simple, slight intermittent. All were worse by night than by day; such as recovered were long valetudinary, had a weak stomach and hypped." Thousands were attacked at the same moment. It was extremely fatal. In Mantua Carpentaria, a small town near Madrid, it broke out in August and so fatal was the blood-letting and purging which constituted the treatment at first, that of the 2,000 persons who were bled, all died.

In 1580 a great epidemic of influenza spread from the south-east toward the north-west over Asia, Africa, and Europe, and spread to England. Concerning it Dr. Short remarks "few died except those that were let blood of, or had unsound viscera." Zuelzer informs us that the victims of this epidemic in the "Eternal City" were not less than 9,000, and that Madrid was almost depopulated by it. This high mortality has been attributed to the bloodletting practised in the treatment of the disease. There was usually *great sweating* at the end of the attack, and this may have given rise to the name "sweating sickness." The plague, measles, and small-pox prevailed also during the year 1580.

After a short rest the disease reappeared in Germany in 1591, and from this date up to the year 1675 the epidemics were frequent. Two great men lived about this date viz.:—Willis and Sydenham—the former describes the 1658 epidemic, the latter that of 1675. About this period, too, the disease began to be known as "influenza," the "influence" of the stars suggested itself, in connection with its sudden appearance and wide distribution, to the minds of the physicians of this date. Willis writes that "about the end of April (1658) suddenly a distemper arose, as if sent by some blast of the stars, which laid hold on very many together; that in

some towns, in the space of a week, above 1,000 people fell sick together."

Epidemics are recorded in Great Britain and Europe in 1688, 1693, and 1709. In 1729-30 a widespread epidemic swept over Europe. In five months it spread over Russia, Poland, Germany, Sweden and Denmark. In Vienna 60,000 persons fell ill of it. *Pains in the limbs* and fever marked its onset; catarrh, oppression, hoarseness and cough followed. A petechial eruption was observed in some instances, between the fourth and seventh days. Zuelzer suggests that this may have been "spotted fever." Copious sweating was often noted as well as nose-bleeding and bilious stools.

Two years later (1732-33) an epidemic starting from Saxony spread through many Continental towns and invaded Great Britain in the month of December. In Scotland at this time three forms of the disease were described, viz., 1. the cephalic, 2. the thoracic, 3. the abdominal. This epidemic may be said to have lasted four or five years. Concerning this epidemic John Huxham, of Plymouth, writes:—"About this time a disease invaded these parts which was the most completely *epidemic* of any I remember to have met with; not a house was free from it; the beggar's hut and the nobleman's palace were alike subject to its attacks, scarce a person escaping either in town or country; old and young, strong and infirm, shared the same fate." The epidemic reached Plymouth on February 10th, which was on a Saturday, and that day numbers were suddenly seized; the next day multitudes were taken ill, and by the 18th or 20th of March scarcely any one had escaped it.

During the next 50 years or so some six or eight epidemics are recorded, generally mild in nature, though widely spread. In 1762, for example, in Germany nine-tenths of the population were attacked by the disease. Noah Webster found influenza prevalent in North America in 1781, and in 1782 one of the most remarkable epidemics of this disease appeared in Europe. It came from the "purple East," from Asia into Russia, and spread over Sweden, Germany, Holland, and France, Italy, Spain and Portugal. The crews of Dutch and English ships were taken ill with the disease upon the high seas. In Vienna three-fourths of the population

fell ill of it with such suddenness that it got here, for the first time, its name "Blitz-katarrh." Many outbreaks took place in Europe and America during the years 1788-90. Warren, of Boston, describes one attack in a letter to Lettsom, dated May 30th, 1790, wherein he records that George Washington had a severe and dangerous attack, but was then recovering. Other epidemics occurred in 1795, 1797 and 1798, continuing to prevail till 1803. In 1830 began a series of epidemics remarkable for their wide diffusion and the rapid succession with which they followed one upon another. The disease began in China, swept into Russia, then through various Continental cities, and in June, 1831, it invaded England. After this there was a brief period of repose, but in December, 1837, influenza reappeared, and first, as so often before, in Russia. In London almost the whole population was attacked, and the mortality was enormous. Again, in 1847, a *great* epidemic occurred; it prevailed in London for six months, and one-fourth of the entire population were affected.

No well marked widespread epidemic occurred after that of 1847-48 until 1889. This epidemic seemed to start in Central Asia and then spread to St. Petersburg about the middle of October, and reached Great Britain about the end of December. From that date until the present time it seems to have been with us off and on ever since. In 1889 London was the chief centre of the disease; Hull in 1891. During the winter of 1891-92 influenza prevailed as an epidemic in every civilised country and in every quarter of the globe.

CLINICAL VARIETIES.—The clinical divisions of to-day are essentially the same as those adopted by the Scotch Physicians in 1782.

1. *Catarrhal*, affecting the respiratory tract and the parts in immediate connection with it.
2. *Gastric*, marked by sudden onset of vomiting and diarrhoea.
3. *Nervous*, marked by severe headache and backache, and great depression.

SYMPTOMS.—A few of the more important *symptoms* may be noted. The *fever* is usually moderate, though at times it may reach a high grade; there are frequently chilly sensations followed by flushes of heat, in many cases attended by profuse sweats ("sweating sickness").

In connection with the catarrhal form the *cough* is often one of the most distressing and obstinate symptoms; it is spasmodic in character, and in some of the older epidemics was confounded with whooping cough. It is apt to be worse toward evening and at night—as I know from bitter personal experience. It gives rise to pain and soreness in the muscles of respiration. In many epidemics the cough is not a prominent symptom, though it seems to be a marked feature of the present epidemic in Oxford. Another remarkable symptom is the *dyspnoea*. I do not refer to that dyspnoea which accompanies bronchitis, capillary or otherwise, but to that met with where there is no discoverable lung lesion. It is most probably due to some interference with the function of the vagus at its root, *i.e.*, of nervous origin.

There is, however, another possibility. We know that impulses are constantly passing up the vagus to stimulate the inspiratory centre; these impulses are caused either by the state of the air in the air vesicles of the lung acting on the peripheral terminations of the vagus, or else by the composition of the blood in the capillary network surrounding these vesicles. Some eight or ten years ago I wrote a thesis suggesting that the comparatively large lymph-vascular spaces of the lungs were the incubating ground for the microbes which were supposed to be the cause of the specific infective fevers. In the beginning of 1892 a bacillus previously unknown to bacteriologists, was discovered by Pfeiffer, and has been asserted to be the specific exciting cause of influenza. Solid particles in the air we know very easily gain access to the lymph vascular channels through the "stomata" in the endothelial lining of the vesicles. It may be therefore that the bacilli (supposing all this to be true) during their incubation produce some material that has the power of benumbing the peripheral terminations of the vagus, and thus give rise to the dyspnoea, from the loss of the reflex stimulation to the inspiratory centre. One might associate with this paresis of the vagus, the benumbing of other nerves, *e.g.* those of taste and smell, and hence the temporary loss of these special senses.

Chest pains, stitches in the side (not pleuritic) frequent sneezing, loss of the sense of smell and of taste, attend the development of the general catarrhal manifestations. In connection with the *nervous system* we note the early,

rapid, and great prostration of muscular strength: in many epidemics this is one of the most remarkable features. The *headache* is often, no doubt, catarrhal in nature, but in many cases it has a far deeper origin, and is often accompanied with stiffness of the neck muscles, with cutaneous hyperæsthesia of head and neck.

*Pains in the limbs are common*—sore and bruised sensations, dragging and boring in the loins and calves, &c. Pains in the chest (pleurodynia) are common, as well as pains in the throat and nape of neck. Great hebetude and torpor have marked some epidemics. That of 1712 was called the “sleepy sickness,” by reason of the prevalence of these symptoms.

DIAGNOSIS.—This is not as a rule difficult. The march of the epidemic, the number of persons attacked, the prominence of the nervous symptoms, the rapidly developed debility and the character of the cough, usually severe out of proportion to the physical signs, distinguish it from all other epidemic diseases. It has to be distinguished from the “simple cold” or non-specific catarrh. Some cases, too, bear a strong resemblance to beginning enteric fever, but influenza lacks the temperature-curve, the usually rapid pulse, the splenic enlargement, and the eruption of enteric fever, and the progress of the disease will in a few days clear up the most doubtful cases.

TREATMENT.—At this point we necessarily and decidedly part company with our friends, the allopaths. My own firm conviction, from long and extended observation, is that the allopathic methods of treatment are far more dangerous to life than the disease itself. Nor is the reason far to seek. The allopathic policy is one of suppression and concentrated attack upon single symptoms—symptom treatment, in fact, in its most violent and fatal form. Is the fever high? Then it must be brought down *at any cost*, shutting his eyes to the fact that it is a mere symptom, and that to forcibly bring it down is equivalent to screwing down the safety-valve of a steam engine, while the fire, or source of the fever, is left untouched, with the result that something else gives way—some more vital organ is attacked. The same policy is pursued with other outstanding, isolated, single symptoms. Is the catarrh troublesome? Then

it must be treated specially and dried up, with the result that the disease centres upon some more vital part of the respiratory system ; and so on through the long and wearisome list of single symptoms. Yet from their tower of scientific straw, plastered and painted to look like granite, they sneer at us because, *so they say*, we treat symptoms, and in thus judging us they condemn themselves, for they who judge practise the same things, only more so. One is forcibly reminded here of a parable concerning a beam and a mote. But *we do not treat symptoms* ; we merely make use of them as a traveller makes use of milestones and finger-posts, hills, trees, or other topographical peculiarities of the country through which he passes, in order that he may know his exact whereabouts, and as guides to lead him to his desired destination. The difference between these two modes of using symptoms is as great as it is possible to be.

In absence of homœopathic treatment during an attack of influenza the best thing for the patient to do is to go to bed, between blankets if the muscular pains are severe, take light liquid nourishment, *e.g.*, hot milk diluted one half with barley water ; if the cough is severe, dry and spasmodic, then set a bronchitis kettle going in his room to keep the air moderately moist. For the rest avoid all allopathic drugs, and take no thought for the temperature or anything else. I suppose this is all too simple and easy for our allopathic brethren to be content with, they must *do* something more than that.

“ Folk maun do *something* for their bread,  
An' sœ maun death.”

The above may be regarded as the *general treatment of influenza*, and which may be practised alike by homœopath and allopath.

We now come to the *specific medicinal treatment*. Do not misunderstand me ; there is no *one specific* for influenza, or any other disease, nor in the nature of things can there ever be. What we have to do is to find and apply the specific remedy for each individual case as it presents itself, though, as in all epidemic diseases, there will most probably be one or two medicines more frequently indicated than others. I will now name a few of the medicines which I have found more or less



useful in the various epidemics since 1890, giving the indications which seem to me (rightly or wrongly) to warrant their use in this special disease.

*Aconite*.—In discussing the claims of this medicine to a place in the therapeutics of influenza, I would first direct attention to Hahnemann's introduction in his *Materia Medica Pura*. There is one group of symptoms so characteristic of aconite that Hahnemann said: "Aconite should not be given in any case which does not present a similar group of symptoms." These are the symptoms of the *mind and disposition*, viz.: "Restlessness, anxiety and uneasiness of *mind and body*, causing tossing and sighing and frequent change of posture; forebodings, anticipations of evil, anguish of mind, dread of death, and even distinct anticipations of its occurrence."

Now aconite does not seem to have any effect on organic substance—does not produce any marked or characteristic change in the tissues or fluids of the body, and it cannot therefore in itself be sufficient to carry a patient safely through a complete course of pure acute inflammation of any organ or system. The only modification to the above statement is in the case of measles, where, so far as my experience goes, aconite is usually in itself quite competent to do all that is needed to be done, and I rarely give measles cases any other medicine.

In the action of aconite that localisation is wanting which is the essential feature of these inflammations. Its *great* use in such cases is in the very early stage of the inflammation, *i.e.*, in the stage of *general arterial excitement*, which precedes its localisation in any one organ or tissue, and therefore even *before* the "active hyperæmia" stage and long before the stage of exudation. It must never be given merely to "subdue the fever," and then some other remedy added "to meet the case;" nor is it to be alternated with other drugs for the purpose of "controlling fever." If the fever be such as to require aconite, then no other drug is needed, and if other drugs seem indicated one should be sought which meets the fever as well, for each drug has a fever after his kind.

There is no resemblance in the pathogenetic symptoms of aconite to the features of any dyscrasia, and for this reason it can never be required in any of the miasmatic

fevers or dyscratic diseases—save perhaps as a rare and temporary intercurrent in some complication, or where the group of symptoms of the mind and disposition are present. Its action bears no resemblance to that of any poison, such as that which produces typhus or typhoid, intermittent or remittent or continued fevers. Our allopathic friends even have discovered that aconite is “good for fever,” and they have tried it in such fevers as typhoid with, I need hardly say, no beneficial result on the death rate of that disease. Some of our own men, with a total misunderstanding of the essential inner nature of the pathogenesis of aconite, and led away by a few unimportant and superficial similarities, have even recommended its use in “ulcerative endocarditis!”

What then is its use in an epidemic of influenza? It can hardly be of use in *genuine* influenza; but it is of great use in those cases where one is in doubt whether the symptoms manifested are the result of a *simple chill* or to the specific poison of influenza. A few doses of acon. 30 will speedily banish all doubt; for if the case is the result of a simple chill and be taken sufficiently early acon. will be all sufficient to effect a cure, but if due to the poison of influenza it will have no beneficial effect and some other remedy will have to be given.

*Gelsemium*. In the earlier epidemics of the present series—from about 1889 to 1892—*gelsem.* and the somewhat similar remedy, *baptisia tinct.* were very frequently required, and occasionally *eupator. perf.* The difference between *gelsem.* and *baptis.* is chiefly one of degree, the former being the milder acting of the two, *baptis.* being the more deeply acting, and being, as it were, an advanced *gelsem.* Both have intense muscular soreness and prostration, both have drowsiness and nervous excitement with prostration, and both have an afternoon exacerbation of fever. In *gelsem.* we have the suffused redness of the face, causing a semi-intoxicated look, with general mental torpor and thick slow speech, not so much due to the mental torpor (as in *baptis.*) but rather to the depressing effects on the motor nerves. I have always regarded the intense occipital headache beginning in the nape of the neck and cervical spine and spreading over the head as a special indication for *gelsem.* as opposed to *baptis.*; this headache is often

accompanied by stiff neck. The patient answers questions either slowly or imperfectly, as if all the functions of the brain were blunted—like a person well under the influence of liquor.

It is possible that gelsem. would have been the remedy also in some of the epidemics of the past when many of the cases were supposed to resemble "spotted fever" *e.g.*, in the epidemics of 1729-30 where we find such symptoms as great pains in the limbs, with fever, drowsiness, petechial eruptions between the 4th and 7th days, copious sweats, bilious stools, &c.

The gelsem. fever seems to be remittent or intermittent in its type. I believe also when we meet with cases of influenza in children, other things being equal, gelsem. is a remedy likely to be very useful, as it is generally in the remitting types of fever in children. The child is drowsy, with suffused redness of the face, is peevish and irritable when aroused, but this is quite different to the mental restlessness of aconite.

*Baptisia tinctoria*.—Much that I have written about gelsem. applies with equal, and even greater, force to baptisia—the fever, the drowsiness, the torpid semi-comatose conditions of the brain, the uniformly suffused red besotted face, the intoxicated look, the intense muscular soreness and prostration, the restlessness, *because the parts rested on feel sore and bruised, and the bed also feels as if it were too hard*, and hence the patient moves often in his attempts to find a soft place (in this latter respect it resembles arnica.) It is useful in those cases also which seem at their outset to have a close resemblance to "typhoid fever," or perhaps I ought to say the "typhoid condition," as well as those cases in which the peculiar form of dyspnœa above mentioned occurs.

*Eupatorium perfoliatum* ("Thoroughwort" or "Bone-set.") This medicine is useful in cases where the *bone pains* are specially prominent—intense aching in the limbs and elsewhere as though every bone in the body was being broken. In such cases we have constant change of position by the patient *even though the pains are not worse by repose*; he complains of a bruised, broken feeling all over the body. Both this remedy and baptis. have marked soreness of the eyeballs. I have not had occasion to use eupator. perf. a great deal,

though one did meet with appropriate cases occasionally in the earlier epidemics of this series, and the present type of influenza seems also to tend in that direction.

*Natrum muriaticum*.—This very useful medicine is to be kept in mind for those cases where the loss of taste and smell accompany the catarrh (compare puls.), together with hydroa or "cold sores" on the lips and cracks at the angles of the mouth. It will be still further indicated if the patient has been dosed with quinine, ammoniated or otherwise.

*Arsenicum*.—This is a remedy of great value in the aged and in children, and especially in the catarrhal form of the disease when we meet with the characteristic prostration and weakness, with its sudden onset and rapid advance, with burning heat and unquenchable thirst and restlessness. Further it is of great use in those cases where the gastro-intestinal irritation is a marked feature, giving rise to diarrhoea, and more especially if the diarrhoea should be brownish or coffee-coloured and provoked by every attempt to eat or drink. We are taught in a general way that arsen. should not be given too soon in a disease lest we increase the downward tendency (*e.g.*, in typhoid fever), and that rhus. tox. may with advantage precede it. But, as in most cases, there is an exception to the rule, and that is in gastro-enteric inflammations, as in the cases now under consideration arsen. is often called for at the very beginning of the case, and nothing but benefit follows its administration when properly indicated. The restlessness is one of the characteristic indications for arsen.; the patient cannot rest in any place, changes his position continually, and that too even though he is fatigued by so doing. The period of general aggravation is from 1 to 3 o'clock a.m.

There is at first sight a considerable likeness between acon. and arsen., viz.: the restlessness, full bounding pulse, great thirst, hot dry skin, anxiety and fear of death; but acon., as we have seen, has practically no effect on the tissues or fluids of the body, whereas arsen. affects both profoundly.

*Arsenicum iodatum*.—This is a remedy I have not used much, chiefly because the provings are so meagre. It is said, however, to be specially useful, and should

therefore be kept in mind. In a general way the indications for its use (chiefly *clinical*, I believe) are the same as those of the oxide, but it is to be preferred when the symptoms indicating arsen. occur in marked strumous constitutions. It is stated to be specially useful for influenza in horses, as in 1880, when there was an epidemic of influenza affecting horses chiefly, in Canada, and the United States, east of the Mississippi river.

*Rhus tox.* should not be forgotten, as it may occasionally be useful. It has the well known restlessness, which compels the patient to toss about, is worse on first moving but better from continued motion; it compels him to toss about in bed, and he is *better for a short time* in each new position, but very soon he has to change again. This tossing is not, like arnica and baptisia, because the bed feels hard, but because of the tearing pains in the muscles and fasciæ. There may be copious coryza with sneezing and dry cough, the cough being worse from evening until midnight, and excited by cold drinks.

*Arnica mont.* is occasionally useful. Like the others, it has a restlessness. In this case the patient may be kept awake till 8 o'clock a.m. by heat, restlessness, and constant desire to change position, the bed feels too hard, and so he moves often in order to find a soft spot. The patient at the same time may be drowsy and stupid and *very apathetic*.

*Allium cepa* (the common red onion).—In cases where we have profuse watery discharge from the eyes and nose, but without the great and rapid prostration characteristic of arsen. The tears are bland, but the nasal discharge is very acrid and watery, and accompanying these symptoms we may have a very painful laryngeal cough. It is interesting to note that the onion contains appreciable quantities of phosphorus and sulphur.

**THE COUGH.**—Should any special remedies be required for the cough—apart from those indicated by the general symptoms—*sticta pul.*, *phos.*, *hyos.*, *con.*, *dros.*, *rumex*, and *ant. tart.* are a few of the more likely ones.

*Sticta* ("Lungwort") has been used largely in influenza, where the cough was a prominent and distressing symptom. It is dry, worse in the evening.

and night, and allows the patient neither to sleep nor lie down.

*Phosphorus*.—With the cough we find rawness and soreness of the chest, with oppression at its upper part more especially, as if a weight were lying upon it. The cough is aggravated by cold air and by lying on the back or left side, and from talking and laughing.

*Hyoscyamus*.—An irritable, dry, nervous cough, which comes on as soon as the patient lies down, but is better on rising or sitting up (puls. is similar in this respect).

*Conium*.—Tormenting night cough when first lying down; there is hardly any cough during the daytime. It is spasmodic in character and simulates whooping cough. The patient is unable to expectorate, but must swallow what he coughs up.

*Drosera*.—A spasmodic, hoarse and deep sounding cough as soon as the head touches the pillow; worse in the afternoon and evening, and again *after midnight*.

*Rumex Crispus*.—Violent, incessant, fatiguing cough, aggravated or excited by pressure on the trachea or throat pit, by talking, and by every inspiration of cool air, or by any variation in the volume, rapidity or temperature of the inspired air. It is provoked by a tickling in the suprasternal fossa, and is accompanied by stitches through the left lung and rawness under the clavicles. It is worse in the evening and night, and from 2 to 5 a.m.

*Antimon. tart.*—In bronchitis, with much loose phlegm but feeble expulsive power, *i.e.*, in the threatening "paralysis of the lungs," especially in infants and the aged. The mucus is plentiful, loose and rattling, yet the patient cannot get it up, and may not even feel the need of coughing, because the sensitiveness of the reflex mechanism is being blunted by the venous condition of the blood. Probably along with this we may notice a bluish tint on the red surface of the lips and the gradual development of a drowsy condition. When these symptoms are present the patient is in a *very dangerous* condition. Bary. carb. is complementary to ant. tart. in cases of impending lung paralysis in the aged.

Another medicine well worth keeping in mind is kali iod., as it is of great use in *cedema pulmonum*, accompanied with great rattling of mucus in the chest.

with watery expectoration, *looking like soap-suds*. In the case of children, ipecac. often precedes the ant. tart. stage.

Let me point out (1) the value of steam in the atmosphere of the room in cases of dry irritating cough; (2) in the case of the aged it is most important to avoid as far as possible any risk of "hyostatic congestion" of the lungs. If the patient is able to bear it, he should be propped up with pillows, almost in a sitting posture, so many hours each day, and failing that he should be turned frequently from one side to the other, thus calling in the aid, rather than permitting the hindrance, of gravitation to the circulation through the lungs. In regard to medicines, ant. tart. and kali iod. will likely prove most useful, together with the judicious use of stimulants *e.g.*, whisky and water.

In regard to *complications* and *sequelæ* I have had little or no experience. At the time of writing I have two old ladies, one 79, the other 88, suffering from bronchitis, which is *possibly* the result of a recent attack of influenza; but with this exception I have had no experience in *complications*, nor have I ever had a single death from this disease, nor any patient even within measurable distance—speaking humanly—of death, with the exception of the first old lady above mentioned. Nor do I think that this experience is peculiar to me; I believe it is the general experience of homœopathic practitioners of all the various grades of faith and practice.

In this respect homœopathic treatment contrasts very markedly with old school therapeutics; for after all, though the old school may not be quite so repulsive *looking* as in the days when she was armed with, and made such free use of, the lancet, nevertheless it is to be doubted whether with her antipyretics, antiperiodics, purgatives, narcotics, hypnotics, stimulants *et hoc genus omne*, being at the same time so ably aided and abetted in this direction by the manufacturing chemist, it is to be doubted, I say, whether she is less dangerous.

I have intentionally said very little about *potency*. Most of the remedies named in the foregoing list work very well in the medium and lower potencies (1x to 12) in influenza cases, though one may often go higher with advantage to the patient. As I have frequently said, so I would say again, that I believe the potency question

would look after itself provided we would always select the *most like* remedy and give it alone, only changing to another if we find the medicine is *not* the most like, or if a change of symptoms demand it. By constant and daily practice at this one would *speedily* form scientific *habits* of thought and practice, so far as prescribing is concerned. Another point which cannot be too strongly insisted upon is, that having given a medicine, whatever the potency, should the patient show distinct signs of improvement, then it should be discontinued, or at least given very much less often, and then as soon as the improvement ceases it may be again given, or, if the symptoms have altered, another more appropriate one should be selected. In this way one can gauge exactly how much medicine is necessary to cure the patient, and thus avoid the risk (a very *real* one) of introducing complications from over-dosage—I mean that when given in excess of what is necessary to cure, the medicine may begin to produce its own characteristic *pathogenetic* symptoms.

In the old school the practice is to give *as large a dose as the patient can stand*, and repeat it as often as possible with the same proviso, *i.e.*, the dose should *just be under the minimum lethal*. In homoeopathy the rule is to give the *smallest amount that will cure the patient*; anything more is clearly unnecessary and wasteful, and *may be injurious*.

As a "pick-me-up" after an attack of influenza a few doses of psor. (80th, 200th or higher) will be found of great benefit.

Oxford, February, 1898.

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### SOME INFLUENZA "EXPERIENCES."

By T. W. BURWOOD, L.R.C.P. Edin., L.R.C.P. Ireland, &c.

SINCE 1890, when the medical world was really brought face to face with influenza as such—though I believe I had frequently seen sporadic cases which were a puzzle to me, and to which I could not attach a name—my experiences of the disease have been most varied and interesting. To those who have had to deal with it on a large scale, its monster demon microbe has played such



a variety of pranks that one and all must allow the disease to be one of the most "tricky" that has had to be combated with.

In years gone by, when I heard of a patient having influenza, I pictured him sitting wrapped in blankets before a fire, his feet in a hot mustard foot-bath, and eating gruel with "something" in it. His running nose and eyes required constant attention, the frequent secretion from which made great demands on the stock of pocket handkerchiefs at his disposal. Now nothing of the sort predominates; but one whose ailments generally take a neuralgic type gets severe neuralgia, it matters not where; it may be in head or eyes; or the entire spinal column, with all its plexus of nerves, may receive the full force of the storm, and allow the patient no rest.

Should he be of a rheumatic type, he may suddenly get aching in the limbs; he is tortured in all his muscles, his lumbar regions seldom escaping, and he feels almost unable to drag one leg after the other.

Or he may be one whose digestive system is easily upset, and he may, without rhyme or reason, so far as he knows, be placed *hors de combat* with a violent attack of vomiting, or his intestinal tract may be affected and diarrhoea may be and often is present.

Or he may have a "liver," and here the mischief often plays a fine game.

But where there is a tendency to pulmonary trouble we are more likely to have grave and serious consequences, and much anxiety to both doctor and patient. Should he, however, when he gets the slightest cold, be annoyed with hoarseness, laryngeal irritation and constant tickling cough, only let the influenza poison gain an entrance at that weak point in his armour and he will have a very busy time night and day. If the patient be a female, in ninety cases out of every hundred, the attack comes on either during or just after the usual monthly period, and should the uterine sphere be her weak point, you may be sure the tempest will wake up ovarian neuralgia and other complications.

The peculiar vagaries of both pulse and temperature, such as are never seen in any other disease, are so typical that a trained observer cannot fail to know where "he are!"

A patient comes into your consulting room, throws himself into a chair, tells you he "cannot make out what is the matter. The last few days he has been ailing with he does not know what, but anyhow he feels as weak as a kitten!" You take his pulse and find it beats 90 to 100, while his temperature may be quite sub-normal, or over  $100^{\circ}$ , with a pulse only 65 or 70. You at once send him to bed, and tell him "to remain there until you allow him to get up." Or you are sent for to see a patient who has "gone to bed perfectly well—never better in all his life; he was awakened in the night with pains all over him," and after enduring agonies, sends for the doctor the first thing in the morning, who when he arrives finds him with a pulse of 140 and a temperature of  $104^{\circ}$ — $105^{\circ}$ , without a single complication to account for this sudden outburst, and no complaint except his pains.

Both patient and friends are in a state of great alarm, and the only cool and calm person present is the homoeopathic doctor, who can with confidence assure them all "the patient will be much better in the morning" and so he is!

I have just seen a boy of 14, son of an Indian officer, with a pulse of 84 and pains in all his limbs; every morning at 9 his temperature is normal; he gets a cold stage with shivering; at 3 p.m. his temperature is  $108^{\circ}$  and he is prostrate; at 9 p.m. his temperature is  $98.4^{\circ}$ . For some three months before this boy was born his mother had Indian fever very badly, and this, his first attack of influenza; simulates the Indian fever most minutely. In my experience many scores of patients who have resided in malarial districts assert that what they are suffering from is simply Dengue fever. In all my cases I have never found a single one, whether simple or aggravated, in which the attack did not produce a state of depression and prostration out of all proportion to the severity of the symptoms.

In my experience during the first epidemic those attacked were adults, and not a single child was affected; in the following year and subsequently the younger members of the community have not escaped. Not infrequently very young children are attacked; they are unable to detail their symptoms, and the doctor with all his care cannot say what is the matter with them; but

when the little patient is convalescent, the only conclusion to be drawn is—"it must have been influenza."

In years gone by, before I encountered this disease as such, how many cases I can look back on which were enigmas to me, and to which previous experience could give no name, but with our symptomatology and our remedies I battled successfully, because I treated the patient and not the disease, which "disease" I now recognise as influenza.

In the matter of treatment my experience is of course homœopathic.

At the outset, my usual custom is to mix 12 drops of aconite 1x in 12 dessert-spoonfuls of cold water, and order 1 dessert-spoonful every hour for six hours, and afterward every 2 hours until my next visit, and then every 3 hours until the temperature is normal.

After that my sheet-anchor is arsenicum, as its pathogenesis covers the entire field, whether nervous, pulmonary, stomacic, intestinal, or cardiac. My experience has shown that after arsenicum, nux vomica completes the cure. The above three remedies of course refer to plain sailing cases with no complications.

Another experience, and I have had many of them, is even with a low pulse and sub-normal temperature aconite is not contra-indicated, as it covers more symptoms than any other medicine I know of. Should the case develop a low typhoid type, and aconite has failed after 24 hours, then baptisia 1x may be relied on with confidence. For the special neuralgias, gelsemium 1x, 20 drops in a half tumbler of cold water, a teaspoonful every 5 or 10 minutes, acts like a charm. Belladonna has not been a satisfactory experience for the laryngeal cough, while rumex crispus 1x, spongia 1x or hyoscyamus 1x have triumphed gloriously.

For the rheumatic type, after aconite 1x, bryonia 1x and rhus tox 1x have proved in every way satisfactory.

My experience in those cases in which the brunt of the mischief is spent in the uterine sphere, actea r. 1x comes in after aconite with splendid results. Even the cases where vomiting and diarrhœa are present, I seldom have found aconite fail, and if it has, then iris vers. comes to the rescue.

In all lung complications I adhere persistently to aconite, a dose every hour for six hours, and then

bryonia 4 or phosphorus 5, according to circumstances, every hour for the next six hours, and so on alternately, not stopping the aconite until the temperature has been normal for 24 hours. In the bronchial catarrh, when adventitious sounds are heard all over the lung or in patches, with a musical buzzing which the patient hears so distinctly that it keeps him awake listening to the concert, *ipcc. 1x* is all I ever wanted.

My experience in the *adjuvants* used gives me much satisfaction. First thing on seeing a patient I order a hot bath at a temperature of 98°, all the time he is in the bath the hot water is to be allowed to run in until the temperature of the water has reached 2° Fahr. higher than the patient's own temperature before he entered the bath, and after remaining in for 20 minutes to return to bed. If in two hours the temperature taken under the tongue is above 100°, I order a cold body pack from the arm pits to the hips, to be changed when dry and repeated until the temperature is normal. If the spinal pains are severe, the compress is made from 8 to 10 inches wide and sufficiently long to reach from the nape of the neck to the end of the spine, instead of the body pack.

For the laryngeal cough, a compress of surgical lint wrung out of cold water and covered with flannel is found to be most soothing and comforting to the throat. If the headache is unbearable, frequently fomenting the forehead with a sponge wrung out of hot water, and a cold compress below the occiput will, according to my experience, seldom be applied in vain.

In the matter of diet, seeing the disease produces very early a feeling of extreme prostration, I invariably feed my patients generously from the onset, even with a high temperature. I consider the best of everything the wisest for my patients, and I see they have it; consequently when I have mastered the disease, I have no weary convalescence. My experience has led me to adopt a practice which I insist on in all cases. I tell my patients, as soon as I have made my diagnosis, to keep in bed until the temperature has been normal for 24 hours; at the end of that time, provided it remains normal, he may dress and sit in his room; the next day he may go down stairs, and the following day, if the weather is suitable, he may go for a short walk.

Usually by the end of a week he is able to return to his business. Where there have been serious complications, and in delicate constitutions, a change of air is a desirable finish.

In all my experiences during the last eight years my medicinal armamentarium has been strictly and absolutely confined to homoeopathic remedies, with the satisfactory result of not having lost a single case.

As the M. H. R. may be read outside the profession, I hope that those of its subscribers who live at a great distance from a homoeopathic physician may find what I have said useful. These experiences have been written during the course of an influenza epidemic, and while driving in my brougham from one patient to another, consequently, with frequent interruptions, so if what I have said seems snatchy, jerky, and disconnected, I crave the indulgence of my readers. At the same time, I feel my subject is a Protean one, and quite beyond the limits of a magazine article.

Ealing, W.

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## PULMONARY COMPLICATIONS IN INFLUENZA.

By BYRES MOIR, M.D.

Physician to the London Homoeopathic Hospital.

THE present outbreak of influenza has been proving very fatal to old people from lung complications. These are met with in the forms of bronchitis, broncho-pneumonia, and lobar pneumonia, and present many points of interest both in diagnosis and treatment.

The preliminary symptoms of aching head and limbs are often slight, but there is usually a thickly coated tongue, with complete loss of appetite. The fever is usually slight, or temperature may be sub-normal. The cough is a marked feature; it is hard, dry and racking, often in paroxysms resembling whooping cough, and very intractable to remedies. As a rule there is no expectoration, and when there is any it is of a glutinous character. Respiration is difficult, the air not entering the lungs freely. Over the posterior portion of the lungs sharp sticky râles can be heard. Sometimes a case may terminate fatally, without any sign of consolidation being present. In other cases patches of solid lung appear here and there, or sometimes extensive consoli-

dation of both lungs may supervene. If pleurisy occurs it often runs on into an empyema.

In cases where improvement takes place, the expectoration becomes less glutinous and more free, and a large amount may be discharged; if this does not take place, the heart begins to show signs of over-strain from the effects of constant straining cough and the interference with the circulation in the lungs.

In the present outbreak I have not met with a case of the worst form of lobar pneumonia. In these the physical signs are often more like those of an extensive pleuritic effusion than of consolidated lung. The percussion note may be quite dull, breath sounds absent, and no vocal resonance to be heard. If an exploring needle is used no fluid except a little blood can be obtained. In February, 1892, when influenza was raging, I saw a gentleman of 66 who had previously been in good health. He had been seized the morning I saw him with difficulty of breathing and pain in the left side. There was dulness on percussion, but no breath sounds could be heard. By the evening he was delirious; there was rattling of mucus, but no expectoration. The next day both lungs were involved, and he sank in three days. The marked features in his case being the total absence of respiratory sounds over the posterior regions of the lungs, the rapid delirium, and the absence of any expectoration, the lungs being evidently blocked with a glutinous secretion.

Broncho-pneumonia, which is not usually met with in adults, is frequently met with as a sequela or in the course of an attack of influenza, and is very dangerous when the patient is over 70.

In the beginning of January I had to see a gentleman of 78 in a house where there had been several cases of influenza. He was evidently suffering from an attack of influenza, but not enough to make him take to his bed, of which, like so many old people who have had good health, he had a perfect horror. His temperature was normal, but the cough was most troublesome and racking, though nothing could be detected on the lungs, and none of the ordinary remedies seemed to relieve it.

After a few days, the peculiar sticky râles could be heard over the lungs, and a little glutinous expectoration was brought up. He was taking little nourishment, and

weakness was increasing, but it was with great difficulty that he was made to lay up and to submit to a nurse, by this time a patch of consolidation with moist crepitus had developed in the left lung, but expectoration was more copious, and with regular feeding he improved, and after a week seemed to be out of danger, but though the same care was taken and he had not left his bed, there was a recrudescence of the pneumonic trouble in the other lung, from which he sank in four days.

I have at present in the hospital a man of 38, who was admitted on the 9th February in what appeared to be a moribund condition. A fortnight before he complained of headache, lachrymation and nasal discharge, with cough and wheezing. He continued at work till the 6th, but was then compelled to give in on account of the difficulty of breathing.

On admission there was great dyspnœa and lividity. Pulse 120. Temp. 100.2°. Frequent loose cough, with muco-purulent expectorations. Mucous râles could be heard all over the chest, with a friction sound over lower part of left lung. There was no dulness to percussion. Heart sounds scarcely heard on account of emphysema. In this case the next day the cyanosis was less marked, and improvement has been rapid, due to the power of expelling a copious muco-purulent expectoration.

My chief object in putting these notes together is to obtain from others their experience in the treatment of similar cases, and especially on the two points of cough and expectoration.

For the cough I must say that I have been disappointed in the usual remedies. In the early stages the dry cough has more the characteristics of hyoscyamus or drosera, but these, in my experience, do little good. Besides these I have used aconite, belladonna, rumex, sanguinaria, lachesis, and many others, but without definite results.

In the pneumonic stage as met with in old persons antimonium tart. does not benefit as it does in children, and I have seen more good result from phosphorus, but I think the best remedy is as Dr. Blackley so strongly emphasised at the last meeting of the British Homœopathic Society—iodide of arsenic.

For the heart failure strophanthus in 2-drop doses is very satisfactory as a stimulant.

## NOTES ON INFLUENZA.

By GILES F. GOLDSBROUGH, M.D.

Assistant Physician to the London Homœopathic Hospital.

At the risk of boring the readers of the *Review*, the following notes on the well-worn subject of Influenza are presented as bearing on the prevalence of the disease, and the character of the cases occurring at the present time.

As far as the writer is able to speak for the South of London, the disease is very prevalent, but not in the proportions of the epidemics experienced during recent years. And what is more noticeable, owing perhaps, to more careful precautions being taken against infection, not many members of one family have been affected. Two is the maximum the writer has met with in any instance. Children too, this time, have as yet nearly all escaped.

As regards the character of the cases, they have been varied, but falling under the usual well-recognised type. The majority of cases, however, have not been so severe as have been experienced during the past five years; the fever has not run so high or continued so long. It cannot be said, however, that patients have finally recovered any more quickly than formerly, and among the chest sequelæ, troublesome, dry bronchial catarrhs and bronchitis have been very conspicuous. The recurrence of the familiar type has served to illustrate again the value of one or two homœopathic remedies, and for that purpose it is referred to here. A typical case may be cited emphasising the value of these remedies.

E. A. D., a strong, healthy man of 27, was quite well on the morning of January 23rd. During the day he suddenly became very ill, and was seen by the writer in the evening in the following condition. He was very prostrate, with intense headache and confusion of mind, aching and soreness all over the body. Temperature 101.6, pulse soft, very compressible, about 90. Respiration difficult, with sharp pain through the right side of the chest. Frequent, severe, shaking cough, loose, but no expectoration. Tongue coated with thick, white fur, and odour of breath very foul. The patient was seen downstairs, and was cautioned as to the possibility of



fainting on going upstairs. As a matter of fact, he did faint on trying to ascend the stairs. He was put to bed between blankets in a warm room, and had given him *baptisia*  $\phi$  gttj., and *ant. tart.* 2x gr. i.; om. hor. alt. He was seen again on the afternoon of the next day and the change in his condition was remarkable. He was bright and cheerful, and greeted his medical man with a firm hand-grip. The pains in the head and limbs had gone, as also had the pain in the chest; the cough was loose and easy. Temperature 99, pulse 70, regular, soft. Tongue nearly clean. A request was made for solid food. There was no return subsequently of any symptom of moment. The cough lasted rather over a week, and there was want of appetite and a feeling of weakness, but the patient regained his ordinary health without other sequel.

It is scarcely possible to think that had not the remedies mentioned been administered, the patient could have recovered from his severely-ill condition so quickly, and although this may be an exceptionally favourable case, and the fever and prostration may last from one to three days, it is a comparatively common experience in the hands of the writer in the use of *baptisia* and *ant. tart.* The reason for alternating the two remedies is, that the pathogenesis of *baptisia* does not meet the chest symptoms of an incipient bronchitis or pneumonia such as those of an influenza usually appear to be. On the other hand, these are met by *ant. tart.* as in the case cited or by *bryonia*, and alternation is therefore perfectly justifiable. The chest condition produced by *baptisia*, it may be noted, is rather that of a parietic dyspnoea than an embarrassment due to congestion in tubes or air-cells. The picture of the other symptoms of influenza observable in the pathogenesis of *baptisia* render it the most completely homoeopathic remedy to the common type of the disease in the earliest stages, ranking higher than *aconite*, *gelsemium* or *veratrum viride*.\*

As regards after treatment, the bronchial catarrhs present a problem which in the experience of the writer is not yet solved. The most commonly used remedies by him are *ipecacuanha* and *hyoseyamus* prescribed

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\* Vide *Cyclopædia of Drug Pathogenesis*, vol. 1. p. 572.

according to the indications for each, and administered in frequently-repeated doses with glycerine, or the spiritus chloroformi. For the after prostration he has found chin. sulph. very useful, also strychnia, and strophanthus in heart failure.

A few cases have occurred recently in which the disease seems to have spent itself in the stomach, the generalised condition presenting itself as an acute gastric catarrh. The writer has had three or four such cases during the past two months. He would hesitate to describe them as influenza, except for two well defined characteristics (1) the otherwise unaccountable origin of the disease not succeeding any error in diet or exposure to cold, and (2) the peculiar taste in the mouth and odour of the breath which have supervened after the acute symptoms have subsided. The gastric pain and tenderness, with vomiting, and thickly-coated tongue have lasted two or three days, unaccompanied with fever; the tenderness has continued longer with coated tongue and disgusting influenza taste, as already mentioned, and an absolute loathing of food. Ars. alb., ant. crud. and kali bichrom. appear to be the best remedies for this condition.

Two marked effects of influenza on the nervous system have come more especially under the writer's notice. These are an orbital neuralgia, and mental depression. The neuralgia has usually been of a severe type, the supra- and infra-orbital nerves being affected, with or without tenderness along the nerve-trunks, and sometimes the eyeball has been very painful, the symptoms simulating those of acute glaucoma, although distinguished from this by the absence of increased tension of the eye-ball or sluggishness of pupil. Spigelia, colocynth, or arsenic in this order, seem to be the best remedies for this condition.

As regards mental depression, the case of a man of over 50, who had recovered from the acute symptoms of influenza, was somewhat remarkable. With the exception of a coated tongue and some old cystitis which had been resuscitated by the occurrence of the influenza attack, he was nearly well, when one night he summoned all his family round him and assured them his last moments had arrived. He urged that the doctor should be sent for, which request was complied with post-haste, but upon the doctor's arrival he found that there was

not the slightest ground for the apprehension ; it existed, indeed, in the man's mind only. The family were immediately reassured, but the man's depression entirely passed off only after a few days' administration of aurum metallicum 3.

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## SOME PULMONARY REMEDIES FOR INFLUENZA CASES.

By D. MAC NISH, M.A., M.B., C.M. Edin.

Assistant Physician to the London Homœopathic Hospital.

DURING the present epidemic of influenza, *veratrum viride*, the green hellebore, is worthy of a trial. Its chief sphere of action is in the initial stages of pulmonary disease—the stage of engorgement and congestion.

According to Ringer, in large doses it causes a very rapid thready pulse, a cold clammy skin, nausea, vomiting and great muscular prostration. This description during the present epidemic accurately corresponds to the condition of many of the patients during the preliminary stages. During this epidemic the fever is usually asthenic, with "the very rapid thready pulse" so accurately described in the provings.

During the past four weeks over 20 cases have been under my treatment, and the type has been fairly uniform, viz., fever usually  $101^{\circ}$  to  $102^{\circ}$ , a pulse over 100, coldness of the body, great prostration, very often nausea and sometimes, especially in children, vomiting. On examination during the initial stages, the base of either lung is found on percussion to be slightly tympanitic or flat. A few fine crepitations are heard over this area, the vocal resonance and fremitus are increased and occasional pain is complained of. At this stage *veratrum viride* 1x, one drop every hour, is most beneficial. As soon as the fever subsides, the *veratrum viride* should be discontinued, and the medicine homœopathic to the condition given. In cases of lobular inflammation the pathological conditions vary rapidly, patches of dulness appear and disappear over the lungs at short intervals of time. In these cases, as long as the fever continues and the symptoms correspond, it is advisable to continue the *veratrum viride*. The rapid changes of the pathological condition preclude one giving

a definite opinion of the efficacy of the drug. From many cases treated, the following may be cited as an example.

B. S. S., female, *æt.* 8, was visited on 25th January, 1898. There was a history of delirium during the night, most troublesome cough, and pain on the right side of the chest posteriorly. Patient complained of nausea, and had vomited once that morning. On examination, temperature 102.4°, pulse 140, small, easily compressible, respiration 60, very shallow. There was a dull note over the base of the right lung extending up to the sixth rib posteriorly, fine crepitations were present over this area, the vocal resonance and fremitus were increased. In the upper and anterior part of the lung the breathing was louder than usual, but no adventitious sounds were audible.

The left lung seemed to be normal. A Gamgee jacket was at once applied to the chest. *Veratrum viride* 1x, one drop every hour.

On the 26th temp. 99°. Pulse 100. Resp. 30. Patient had passed a very good night. Cough troublesome at intervals. The chest on examination was much the same. *Ver. vir.* 1x *mj.* 2 h. d.

27th. Temp. 98.4°. Pulse 80. Resp. 26. Patient felt very well; cough much less; no pain in chest. An occasional crepitation heard over the affected area. Note on percussion flat. *Rep. bryonia* 1x.

29th. Temp. 98.2°. Pulse 80. Resp. 24. Cough occasional; still slight dulness over the right base; no crepitation audible. Breathing now of the bronchial type, the inspiratory and expiratory sounds being equal. *Rep. bry.* 1x.

31st. Temp. normal. Pulse 80. Resp. 24. No cough; percussion note still impaired over the right base; breathing bronchial. *Rep. ars. iod.* 8x.

Feb. 2nd. Ordinary temp.; chest normal; no cough; patient well.

The case cited is a sample of many under treatment at the present time.

When liver symptoms are prominent, *baptisia* 1x, and *chelidonium* 1x are to be considered. In the pneumonia of old people associated with liver symptoms, *baptisia* 1x, one drop-doses, is beneficial. Where in such cases the debility is the chief complaint of the patient,

liquor strychniæ nitratis 8x, in one drop doses, has proved most useful in the disease, not only clearing up the lung, but also allaying the fever and restlessness. The forms of pulmonary disease at this time are most varied, still it is advisable to treat the patient primarily on his symptoms, and secondarily on the pathological changes in the lungs.

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## CLINICAL AND THERAPEUTICAL NOTES ON INFLUENZA.

By E. B. ROCHE, L.R.C.P. Lond., M.R.C.S. Eng.

THE name "influenza," as expressing a kind of "cold," has been familiar all my life, but it was only in 1890 that I learned that this was an appropriation, and that there was a proper proprietor of the name, with a definite character and history, who had come to demonstrate his existence and claim his name. One wonders now at the complete disappearance for so many years of the disease, while the name lingered tacked on to colds with feverish symptoms, general pains, headache and languor. The main characteristics of influenza soon impressed themselves—sudden feeling of illness with cold chills, fever, severe headache, general aching of back and limbs, sneezing, coughing, sore throat, sickness, and sometimes diarrhoea. Rapidly spreading in all directions and coming under extensive observation, it was found that there were varying types—mainly nervous, pulmonary and gastric. This was mainly also the result of what has been established as the great feature of influenza, namely, the marked accentuation of whatever is the weak point of the individual attacked.

Besides these main types were cases where glandular enlargement, throat symptoms, cardiac excitement and failure were prominent. The sudden onset of the symptoms in a person quite well up to then, and with no suspicion of having taken cold, marks this disease.

Very little is known of the poison itself. It appears to be carried by the air, spreading from the East with great rapidity and varying virulence. It comes and continues in all conditions of weather, but seems to move with strong winds. The attack lasts four to eight days,

and leaves the patient frequently affected with debility, languor, and depression of spirits quite beyond what might be expected. The great point of treatment, though difficult of realisation, is to place the patient at once in bed.

Aconite should be administered in frequent doses to promote free perspiration. After this, of course, the prominent symptoms will indicate the remedy.

Headache, belladonna or glonoine. Coryza and ocular irritation, ars. Severe pain in the back and legs, with hard cough, bryonia. Bronchial extension, with yellow expectoration, kali bichrom.; while deeper bronchial symptoms or broncho-pneumonia call for ant. tart. or phos. Gastric symptoms, with the harsh, irritating cough, are met by bryonia, while more hepatic conditions, with sickness and sore throat, call for merc. sol. Cardiac excitement is met by ignatia or cactus, and symptoms of failure by strophanthus or strychnine. The resulting weakness and nervous debility call for ars., nux., or gelsem. according to the predominance of the symptoms.

Influenza appears to be contagious in the feverish stage, though where it is epidemic this is difficult of proof. In a number of cases a measly rash has come out, mainly in children. This fact is important, and may be linked with the other fact of the occurrence of a similar rash after use of enemata in cases of prolonged constipation. The persistence of a severe and shaking cough is a frequent sequel, and the almost certain stirring up of the individual weakness, together with a most unusual degree of debility, teaches the patient that influenza is a disease *sui generis*. The frequency of grave nerve depression and melancholia must have forced itself on all observers with a considerable number of cases of insanity and suicide. The majority of the fatal cases, mainly from pulmonary mischief, are in those who, neglecting the early symptoms, try to keep about, neglect the warning, will not go to bed, and expose themselves to cold, and at the same time have a weak point to be assaulted.

The lower mortality of late epidemics is doubtless due to the public recognition of the importance of taking to bed as avoiding serious danger, lessening complications, and hastening recovery. In the Eastern Counties

the disease was, as to this invasion, first epidemic in 1890, then in 1892 and again in 1894. There is now another epidemic. The type is milder and less fatal—less of the pulmonary and more of the gastro-bilious form. I have seen nothing to indicate or favour the idea of any relation of influenza to enteric fever.

## TWO CASES OF SCARLET FEVER MODIFIED BY INFLUENZA.

By T. G. STONHAM, M.D. Lond.

Physician to the Electrical Department, London Homoeopathic Hospital.

ONCE more influenza is with us, and, as usual, is protean in its forms, thereby often affording us a problem in diagnosis. We have read how difficult it proved to be at King's Lynn to distinguish it from enteric fever, and more recently, how at Warwick Asylum a sudden outbreak was for a time thought to be caused by wholesale ptomaine poisoning, until it was proved to be due to influenza of the gastric type.

Not only does influenza simulate other diseases, it also modifies them when they are present, and sometimes to such an extent that it becomes difficult to recognise them. We have lately seen two cases of influenza co-existing with scarlet fever, in which the course of the latter has been in several respects altered by the influenza symptoms becoming developed during the latent period of the scarlet fever which followed as these were abating. As the incubation period of influenza is probably very short—only a few hours—the two complaints must have been contracted almost simultaneously.

### CASE I.

B. B., aged 15. On Jan. 10th complained of a severe headache and sore throat, with pains about the body and a temp. of  $101^{\circ}$ . The patient was sent to bed.

Jan. 11th. The symptoms continued; the temp.  $101^{\circ}$  in the morning and  $102^{\circ}$  in the evening. Influenza was diagnosed as the probable cause of the illness.

12th. The fever and other symptoms remained about the same. No cough and no further development of the throat affection. No rash on any part of the body.

13th. In the morning the pulse was better the

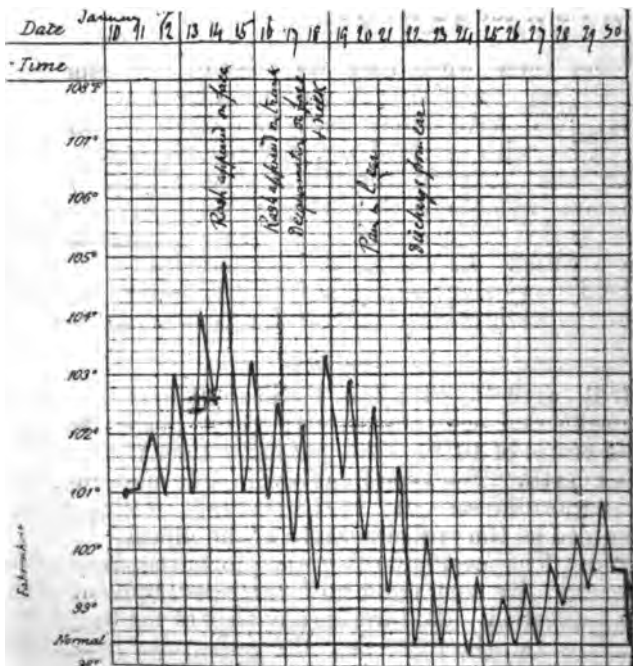
throat less painful the headache and pains about the body gone. She seemed to be recovering in a normal way from an attack of influenza. The temp., however, was as high as 101°. In the evening the patient became very unwell, with hot burning headache and dry hot skin; and a temp. of 104° F.

14th. Temp. in the morning 102.6°, in evening 104.8°. A few discrete, rather dark-coloured papules on the face and forehead. The sore throat had abated; the tongue furred, but no strawberry appearance.

15th. Much the same, except that the temp. had fallen to 101° in the morning, 103° in the evening; no extension of rash.

16th. A genuine scarlet fever rash appeared on the trunk, while the dusky papules on the face had died away. Temp. 101° in the morning, 102.5° at night.

17th. Desquamation in large branny scales set in over the face and neck; no extension of the scarlet rash on the trunk either now or subsequently.





18th to 20th. Gradual defervescence occurred on the disappearance of the rash; the face and neck desquamated most freely. On the evening of the 20th there was much pain in the left ear.

Subsequently. For the next few days the ear complication caused a considerable evening rise of temperature, which was lowered by a free discharge from the ear on the 22nd. She was at first perfectly deaf in the left ear, but hearing gradually improved, till by Feb. 8th it became quite normal again, though there continued for a time to be a slight discharge.

The urine was frequently tested for albumen, but none found. About the 26th Jan. desquamation commenced on the hands, and the convalescence proceeded normally.

The remedies used were gelsemium, bellad., puls., rhus., merc., cor., and arsenic.

#### CASE II.

A. W., aged 18, was taken ill on Dec. 5th with the usual symptoms of influenza,—headache, fever, pains in limbs and shivering, and then, after a day or two's treatment by rest in bed and gelsemium subsided, so that on Dec. 9th he was so much recovered that he was permitted to go down stairs. But in the evening he became very feverish, and scarcely slept all night, with intense laryngeal pain and dyspnoea.

Dec. 10th. Temp.  $103^{\circ}$ . He complained of great pain in the throat and larynx, but an examination revealed nothing but a slight redness, altogether out of proportion to the severity of the symptoms. He was quite aphonic and had much dysphagia. There were no other symptoms of note and it was feared that he might be going to have diphtheria. He was given aconite and spongia.

Dec. 11th. The laryngeal symptom much better, but he remained feverish.

12th. No further development in throat. Epistaxis occurred. General feebleness and ill feeling. Temp.  $101^{\circ}$ .

13th. More epistaxis in the morning. In the evening the throat was more red but less painful. A vivid scarlet fever rash appeared on the face, neck and trunk. Temp.  $102^{\circ}$ .

14th. Temp. 99°. The rash was much fainter and appeared to be dying away; it was still limited to the trunk, face and neck.

15th. The rash remained in the same situation but quite faded. No throat symptoms now, and patient appeared to be convalescent. The face commenced to desquamate in rather large flakes.

16th. In the evening the temperature ran up to 104°, and the red papular rash over the chest, abdomen and back again became very bright, but there was no extension in area. The tongue covered with a thick yellow fur.

17th. The rash fading and the temperature falling. From this time the rash quickly faded away, never having attacked the lower extremities at all, and only partially the upper extremities. The face, neck, and chest at once desquamated in large pieces, commencing on December 16th and being complete in a few days. Convalescence proceeded normally, and the hands began to desquamate about December 27; the feet did not desquamate at all.

The urine at no time contained any albumen.

The medicines used were gelsemium, aconite, spongia, lachesis, belladonna, arsenicum.

In both these cases influenza took place during the prodromal stage of scarlet fever, giving rise to an acute illness before the scarlet fever symptoms commenced, so that the rash, instead of appearing as usual on the second day of illness, appeared after an illness in one case of five, and in the other of eight days.

In both cases the rash appeared in an abnormal manner and was limited in extent, the lower extremities entirely escaping and the upper extremities being only very slightly affected.

In both cases the throat symptoms began at the commencement of the illness and were most severe before the rash appeared, and in neither case did the tongue present its characteristic appearance.

In both cases a very free desquamation of the face and neck took place as soon as the rash subsided on the face, and while on the trunk it was still prominent.

Quite 10 days to a fortnight elapsed before it commenced elsewhere.

## ON A REFRACTORY COUGH, OFTEN INFLUENZAL.

By STANLEY WILDE, L.R.C.P., L.R.C.S., Edin.

ONE reads very little in our periodical literature of the successful treatment of coughs, and judging from personal experience, the reason is apparent. Most practitioners would, I think, acknowledge that coughs are a great bugbear to treatment. I refer to the ordinary catarrhal cough. You examine the chest in these cases and elicit no signs of bronchial disturbance; you look into the throat and gain little from doing so. The voice is not husky, but the patient has a troublesome racking cough, which by a process of negative reasoning you refer to the trachea. It is these tracheal coughs, I believe, that give so much trouble, and are so rebellious to treatment. We are rich in remedies with distinctive indications, but this is where the difficulty comes in. Cross-examine patients as you will, you cannot obtain from them, in the majority of instances, any precise indications for any particular medicine. Their coughs are *not* worse at any special time (they often tell me that they "just cough at any time"); they have not noticed that eating, or drinking, or speaking makes any difference, nor is the cough worse on movement, or on change of temperature, and so on and so on. I am speaking now of actual cases, and draw no fanciful picture.

I often wonder what the so-called "Hahnemannian" would do in such cases! There is nothing to be done, under such conditions, but prescribe a remedy which has a special affinity to the part affected, and, as often as not, with non-success. One admires the fine differential individualisation by the late Carroll Dunham of such medicines as bell., causticum, phos., and rumex, but it is difficult to put it into practice, because patients cannot be got to have these fine distinctive symptoms to order, so to speak.

Recently a case of this kind came under my care, associated with influenza. The patient, a middle-aged man, subject to a harrassing cough, but now much intensified. An examination of the chest revealed nothing abnormal. The cough was violent and

spasmodic, with a copious expectoration of frothy mucus. I could obtain no special aggravations or ameliorations of the cough from the patient. After prescribing various medicines without the least effect, I noticed one day at the patient's bedside a glass of water, and asked what it contained. He then told me that it was cold water, which he sipped, because he thought it eased his cough a little. On this slight hint I prescribed *causticum* 8x, knowing that this medicine had the symptom "cough relieved by a swallow of cold water," and with very decided relief. This simply goes to prove that the law of similars is all right if one can only get a fair chance to fit the remedy to the case. But the extreme difficulty of doing this in the treatment of coughs must be within the experience of the majority of practitioners.

Sedatives are sometimes effectual and even necessary. I call to mind an instance of severe tracheal cough where the patient was well-nigh exhausted from incessant cough and loss of sleep. Medicine after medicine had been given with no effect; and so one morning, on visiting the patient and seeing him quite prostrate, I gave him a tabloid containing ten minims of tinct. opii. Next day he told me he fell asleep shortly after I had left the house, and awoke "feeling a new man." Curiously, the cough became manageable after this, and the tabloid was not repeated.

In these coughs *codeia* 1x in two drop doses is often very helpful, and the simple and old-fashioned mixture of glycerine or honey and lemon juice, which often soothes and acts as an expectorant, is not to be despised. To this mixture I often add a little vaseline with good effect; and, as adjunctive treatment, the inhalation of steam from water containing a little vinegar, and the application of a hot poultice or fomentation to the windpipe are frequently beneficial.

But the fact remains that this type of cough is difficult and unsatisfactory to treat; and I have essayed this short article, not with any thought of conveying information, but to elicit from others their experience in this troublesome affection.

## ON INFLUENZA.

By D. DYCE BROWN, M.D.

Consulting Physician to the London Homeopathic Hospital.

So much has been written on influenza that little remains to be said on it, except one's personal experiences of the present outbreak of it. I avoid, therefore, all generalities in these short remarks, and confine myself to noting the main features of the disease as I have seen it in its present recrudescence, and the treatment I have found most successful. In the first place I have found that the serious chest complications have been the exception rather than the rule as in former outbreaks. Some serious cases I have seen in consultation, but they are the exceptions at present, and have yielded satisfactorily to antim. tart. 8x, phosphorus 8 or 4x, and arsen. iod. 8x, according to the well-known indications for these remedies. There is always more or less catarrh of the respiratory apparatus, and this has yielded always to bryonia 8 or 1x.

But the marked type of influenza at present is, in my experience, one where the poison expends its force on the nervous system and the digestive organs, the two often combined in the same case. In some the temperature runs high, with hardly any local symptoms to speak of, except the digestive catarrh. In these, I find aconite 1x and bryonia 1x each alternate hour admirable in most cases. But when the tongue is much coated in the centre, and clean at the edges, with complete aversion to food, I gave baptisia 1x in place of aconite, with very satisfactory results. The digestive state may show thickly coated white tongue, utter loss of appetite, and nausea, when antim tart. 8x soon relieves, and at the same time is beneficial for the prostrate feeling which accompanies this state; and it is well followed by nux vomica. Or there may be a clear, red, dry tongue, with nausea or vomiting, when arsenicum 8x and belladonna 1x quickly show an improvement. The arsenicum here also meets the sense of prostration. Occasionally there is diarrhoea, requiring mercurius cor. or arsenicum, or veratrum, as the symptoms may indicate; while in other cases, a troublesome form of consti-

pation occurs, seemingly produced by a temporary paresis of the muscular coat of the bowels. The bowels *seem* to be acting slightly, or even fairly, when suddenly the symptoms of returning sickness, coated tongue, loss of appetite, with severe abdominal pain, or severe tenesmus lead to an examination of the abdomen, when the ascending colon is found to be loaded and tender, requiring large and repeated enemas, which dislodge large hard faecal masses. When such digestive cases have got "round the corner," nitric acid 1x, in 2 or 3 drop doses, comes in admirably to complete the convalescence.

But in many cases, the main feature is the extreme sense of prostration, with few local symptoms, and little or no rise of temperature. As one patient described his feeling to me when I first saw him, "I feel three parts dead." This patient's temperature was normal. Besides the general prostration, one finds a great variety of neurotic symptoms—headache, generally of the neuralgic type, coming on intermittently or remittently, nausea, without marked gastric disturbance, craving for food, with constant "sinking," sleeplessness, restlessness, and very depressed spirits; abdominal neuralgic pains, pains of the same character in the chest walls, simulating pleurisy, weak or intermittent heart-action. Such cases are the slowest of all to recover, often leaving a long and tedious condition of weakness, bodily and mentally. In one case beginning as influenza that I saw in consultation—an elderly lady—all the symptoms of pneumogastric paresis were present—rapid pulse, short, difficult breathing, sleeplessness, commencing engorgement of the bases of the lungs, enlarging liver, and commencing albuminuria.

In these neurotic cases, food is sometimes taken well, and craved for, while in others there is complete anorexia. Stimulants are very unequally borne, and sometimes not at all. In the therapeutic treatment of these patients, I find the only way is to be guided by the symptomatic indications, to cover the totality of the symptoms; but in most cases the selection falls easily on arsenicum, belladonna, gelsemium, china, or chininum nitricum, nitric and phosphoric acids, and actæa. Sleeplessness is often a very troublesome symptom, requiring belladonna, gelsemium, or ignatia, coffea and chamomilla.

It would be beyond the scope of these few observations to describe in full the detailed indications for the various remedies I have named, while at the same time it would be unnecessary, as their pathogenesis is so well known in our school.

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### AN ANOMALOUS INFLUENZAL CONDITION FOLLOWING A GYNÆCOLOGICAL OPERATION.

By EDWIN A. NEATBY, M.D.

THE surprises which influenza springs upon the hapless practitioner are so numerous that it behoves us all to make common property of a knowledge of its crooked ways. The tendency which this truly formidable malady evinced, especially in the 1889-90 epidemic, to induce suppurative processes somewhat resembling pyæmic conditions, continues to receive all too many illustrations. Its disposition to discover weak points and to render active latent constitutional or local defects should put us most carefully on our guard and bring into play all our preventive resources. The case I am about to relate displays some of the eccentricities of the disease when brought into contact with a case of a semi-surgical character. Towards the close of last year I was requested by a colleague to see a patient of his for a threatening abortion of about the sixth month. Rest failing to stop the process, and the lady becoming weak, it became necessary to complete the emptying of the uterus already in progress. This was done with the usual precautions as to asepsis.

The patient's state before the end of a fortnight was so good that she rather chafed at confinement to bed, and at the end of fourteen days, after an examination of the pelvic organs, she was permitted to get up. Except for some neuralgic twinges about the head she felt "quite well." Suddenly, the same day (Tuesday), the temperature rose, bad headache set in, severe general aching came on, the muscles feeling as if beaten and bruised. The pulse was very little accelerated. The classical symptoms of influenza excited no alarm, and the case being at an end gynæcologically, Dr. Moir took up the management. By Thursday the patient seemed

extremely ill, and was sleeping very badly. Difficult and frequent micturition developed, and examination of the urine showed that cystitis was present, and after filtration of the urine albumen was still evident; the reaction was alkaline and the sp. gr. about 1020. There was also great tenderness to touch, and some tenderness in the renal regions and loins, and Dr. Moir was of opinion that some degree of nephritis was present. Neither blood nor casts however were discovered.

To increase the complexity and anxiety of the case, on the Thursday considerable tympanitis had developed, and I saw the patient again on Saturday and Sunday. This had so much increased as to cause real distress with the breathing, and the tongue was dry, coated and indurated. The pulse also became for a short time hard and quick, but never frequent. Its greatest frequency was on one occasion 96, usually it was from 80—84 at the patient's worst. After the aforementioned Sunday morning (the sixth day), the symptoms gradually abated, and by the eighth day the abdomen had resumed its usually flat state. Before the lady became ill several members of her household and family had had influenza, and the initial symptoms of the attack justified the diagnosis. It was when the irregular abdominal symptoms showed themselves that fears were entertained lest the influenza should have lighted up pelvic or abdominal inflammation, or whether a late septic condition, following on the abortion, had arisen. Pelvic examination, the infrequency of the pulse, and the known vagaries of influenza confirmed the original diagnosis, and the absence of vomiting acted as a "saving clause."

The fever continued for nearly three weeks before finally becoming normal.

My object in relating this case is to reassure others placed in similar trying circumstances, but it may make the history more complete if I state that gelsemium was first given, followed by baptisia, which seemed exceptionally well indicated. Bellad. and cantharis followed, the latter being replaced later by mercurius cor. Poultices and the application of glycerinum belladonnæ gave considerable relief, and the use of peptonised in place of plain milk was followed by a diminution of the distension of the abdomen. Arseniate of quinine was finally administered, and the temperature fell after being up



as stated. The case must be regarded as one of acute cystitis followed by pyelitis, probably only or chiefly on the left side.

I am indebted to the gentleman in charge of the patient, and to Dr. Moir for permission to publish the case.

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## REVIEWS.

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*The London Homœopathic Hospital Reports.* Edited by G. BURFORD, M.B., O. KNOX SHAW, and BYRES MOIR, M.D. Vol. vi. London. 1897.

THE volume of the Reports before us opens with a full and clear account of the recently proposed Federation of the Homœopathic Hospitals of the United Kingdom. Of this very promising proposal we gave an account in our leading article for January; on this ground, and, further, because we understand that a meeting is about to be held to formulate a plan of operations to effect this very useful purpose in the course of a week or two we need say nothing further about it than to advise our readers to carefully peruse Dr. Madden's essay and study the proposals made in it.

The next paper by Dr. J. G. Blackley, *On Some Primary Anæmias and their Treatment* is instructive, interesting and useful. The opening sentence reads as follows:—"Although the researches of Cutler and Bradford made it tolerably certain that iron had no action upon healthy blood, there can be little doubt that there is good ground for the old and widely diffused belief in the virtues of iron as a remedy in anæmic conditions." With the observations of Cutler and Bradford we admit that we are not familiar, but the experiments of Löffler, with iron upon healthy persons, do, we think, show that it must have an action upon the blood very similar to that which obtains in some forms—and those the most common—of anæmia. He says "Iron is said to be a strengthening remedy, and in fact is employed chiefly or exclusively in morbid states, in which weakness is a prominent feature. But let us glance at our provings. A constant and invariable symptom was general debility, the sensation of weakness, of heaviness and prostration of the limbs, of disinclination for corporeal or mental activity, fatigue, insuperable drowsiness—all signs of a diminution of the strength and feeling of strength. Verily" he adds, "It requires no excessive enthusiasm for the homœopathic doctrine to see in these a striking proof of

its truth." *Journal for Experimental Medicine*, Berlin 1849, and *British Journal of Homœopathy*, vol. viii., p. 258.

It is true that the means for examining the physical constitution of the blood, which are at our command to-day were non-existent in 1849, but before explaining the employment of iron on merely empirical grounds and justifying its use by clinical experiment alone, a thorough proving like that of Löffler, with the addition of those sources of research which Dr. Blackley so fully makes use of in his bedside investigation, and which he has clearly set forth in his post-graduate lecture, an abstract of which appeared in our *Review* for 1897, ought to be made. Meanwhile, we not only have good reason from clinical experience for crediting iron with the powers to cure simple anæmias, but also scientific grounds for doing so.

Of the various forms in which iron is administered, Dr. Blackley prefers in protoxalate. The illustrative cases reported are interesting and suggestive, and their progress is demonstrated by investigations showing the improvement in the physical condition of the blood.

In idiopathic anæmia, Dr. Blackley shows the best results to have accrued from the exhibition of arsenical preparation, and demonstrates that in thus using arsenic we are carrying out the law of similars. Lead he also shows to be a homœopathic rival of arsenic in this condition.

Three cases of aleucæmic lymphadenia (Hodgkin's disease) are reported, but no improvement unfortunately occurred in either.

Mr. Knox Shaw contributes an interesting paper, from which much may be learned of the progress and difficulties of cataract extraction, based upon 110 carefully studied cases that had been operated upon by him.

A very interesting paper is that by Dr. Byres Moir on *Changes in Circulation Leading to Breakdown in Middle Life*. The cases which are reported to illustrate it are fully drawn and of great clinical interest.

Mr. Dudley Wright reports, in the next paper, two cases, one of carcinoma of the pancreas with gastric complications, and the other of suppurative pancreatitis, in which both received, for a brief period, a certain degree of relief from extreme suffering by means of a surgical operation. They are undoubtedly interesting, but we cannot regard them as encouraging.

Dr. Goldsbrough's essay entitled *Diagnostic Method in Disease of the Spinal Cord* strikes us as one of the most instructive and useful to the general practitioner in the volume. The method adopted is that worked out by

Sir William Gowers in his work on *Diseases of the Nervous System*, and Dr. Goldsbrough applies it to the elucidation of an obscure case of spinal disease, taking the reader step by step in the unravelment of the various symptoms. It forms a most complete and valuable clinical lecture.

Dr. Roberson Day's report of *The Department for Diseases of Children* is very full and equally interesting, and contains many therapeutic observations of value in the records of the cases he has presented.

The report on *Thirty Cases of Diphtheria with Special Reference to Treatment*, by Dr. Henry Bodman, is very carefully done, and the conclusions have evidently been fully and impartially considered from the facts brought under his notice in the hospital wards. The inclusion of two cases that were moribund on admission in his therapeutic statistics somewhat spoil his results, or, rather, the accuracy of the lessons to be deduced from them. Moribund cases, however useful for pathological purposes, teach nothing therapeutically. In concluding his essay, Dr. Bodman writes:—"The best treatment for diphtheria extant may therefore be summarised as follows:—(a) The administration of a homœopathically selected remedy; (b) the injection of a suitable quantity of antitoxin proportionate to the severity of the case; (c) the local application of antiseptics to the affected surface.

"There is no reason why homœopathic and antitoxin treatment should not be applied together. The antitoxin treatment may be regarded as supplementary to the homœopathic, for it probably supplies ready made that which we aim at producing in the body by the homœopathic remedy. If this be so, it has the advantage of being independent of the capacity of the individual for reacting to a stimulus. Neither is there any reason why a belief in the efficacy of antitoxin treatment should lead us to abandon local treatment, for it is a useful measure, which may hasten recovery by removing the source of infection."

Dr. Edwin A. Neatby's contribution is a clear clinical demonstration of the conditions under which prolapsed, movable, or floating kidneys are met with; the circumstances surrounding them, and the most approved methods designed for affording them relief.

This is followed by a clinical lecture by Dr. Goldsbrough on *Chorea from a Therapeutic Standpoint*, in which he gives a survey of the number and character of cases of chorea treated in the hospital during the last ten years, and of the treatment adopted. It will, we think, prove very useful in suggesting therapeutic ideas to the practitioner in his endeavours to

afford relief in cases of this often intractable and tedious disorder of the nervous system.

The concluding essay in this volume of the *Hospital Reports* is one on *Syphilis Congenital and Acquired*, by Dr. Roberson Day, who is in charge of the Children's Department, from which he has drawn the facts which have led to his conclusions. It is an instructive and useful contribution to the study of this, as Dr. Day truly describes it, "poly-morphous disease."

This volume fully maintains the high standard reached by its predecessors, and reflects the greatest credit upon the medical staff of our hospital, while it affords another demonstration of the value of the Institution as a source of instruction in therapeutics, medical and surgical, and in the study of disease.

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*British, Colonial and Continental Homœopathic Medical Directory, 1898.* Edited by a Member of the British Homœopathic Society and Dr. ALEXANDER VILLERS, of Dresden. London: Homœopathic Publishing Company.

In spite of the feeling on the part of some of our colleagues that a homœopathic directory is *de trop*, while a list of the members of the British Homœopathic Society is printed in the *Transactions* of the Society, yet the support given to this *Directory* shows clearly that a large majority of our *confrères* think otherwise. Owing to the withholding from the *Directory* of a considerable number of names, the list of homœopathic practitioners in Great Britain cannot be perfect. Still, the little book is a valuable one for reference, and is as perfect as it can be under the circumstances. It contains besides a list of homœopathic veterinary surgeons, of homœopathic chemists, of all provincial towns in which are homœopathic practitioners and chemists, of all homœopathic hospitals and dispensaries, with their officials and medical staff, of homœopathic works published in 1897, and of homœopathic journals. And last but not least in value in importance, a list of homœopathic practitioners and chemists in all the British Colonies and on the Continent. We are often asked by patients going on the Continent for the names of homœopathic practitioners in the various towns they visit, and it is a great help to have this list, compiled chiefly by Dr. Villers, of Dresden, to refer to. We congratulate the editor on his careful and troublesome work so well done.

D. DYCE BROWN, M.D.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE fifth meeting of the session was held at the London Homeopathic Hospital, on Thursday, February 8rd, at a quarter to eight; the President, Dr. Edwin A. Neatby, being in the chair.

The following specimens were shown :—

- (1.) Aneurism of the arch of the aorta (Dr. Byres Moir).
- (2.) Pericarditis and aneurism (Dr. Washington Epps).
- (3.) Perforated appendix cæci (Dr. Byres Moir).
- (4.) Fibroid of uterus extruded from the cervix and removed by the écraseur (Dr. Edwin A. Neatby).

SECTION OF GENERAL MEDICINE AND PATHOLOGY.

Dr. EDWARD BLAKE read a paper entitled, *The Study of the Hand for Indications of General Disease.*

The summary of this valuable paper is too long to insert in our present issue, owing to exceptional pressure on our space. It would be spoiled by abbreviation, and we hope to publish it next month.

Mr. F. A. WATKINS next read a paper on the *Homœopathic Treatment of Pneumonia in Children under the Age of Five Years.* The author said that pneumonia in children under the age of five was generally of the lobular type. He then described a case in a child, aged one year and eight months, lately a patient in the London Homeopathic Hospital. With regard to diagnosis, he thought the greatest difficulty lay in distinguishing between the lobar and the lobular forms of pneumonia. He described both forms, and exhibited temperature charts of each variety. He mentioned bronchitis as a source of error in diagnosis. He next carefully detailed the points that enter into a case, and which affect the prognosis. He quoted statistics from allopathic sources which gave the mortality of the disease in children as varying from 40 to 50 per cent. In discussing treatment, he said that aconite should only be given in the early stages, that antimony tart. was our sheet anchor, phosphorus was helpful when the lungs are drier and there is much consolidation, and that the iodide of arsenic was invaluable when the temperature had dropped, in order to promote resolution. He then presented a table of fourteen cases that he had observed whilst house-physician. The first eleven were cases of broncho-pneumonia, and all recovered. The last three were of the croupous form. No. 12 made a good recovery, No. 18 died on the eighth day, death being preceded by convulsions and a temperature of

108.4°. No. 14 was admitted moribund, and only lived five hours.

The summary of the cases, presented in a tabular form, was most instructive, and will be published in full in the *Journal* of the Society.

Mr. Watkins stated that during the last five years 49 children under five years of age had been admitted with broncho-pneumonia, and of these only six had died. Four of the fatal cases were admitted in a moribund condition, and two were complicated with croup. The mortality of broncho-pneumonia in the London Homœopathic Hospital is therefore only 12 per cent.

A discussion followed, taken part in by Dr. HUGHES, Dr. NEWBERRY, Dr. MOIR, Dr. BLACKLEY, Dr. H. NANKIVELL, Dr. STONHAM, Mr. DUDLEY WRIGHT, Dr. BLAKE, Dr. JONES, Dr. MACNISH, Mr. JOHNSTONE, Mr. KNOX SHAW, Dr. EPPS and the PRESIDENT.

## NOTABILIA.

### THE CONSULTATION QUESTION.

THE appeal made by Mr. Jessop, of Leeds, to representative men of the profession to state whether the resolutions, agreed to nearly fifty years ago by the British Medical Association, not to meet in consultation medical men who practise homœopathically, are still incumbent on those members of the profession who do not so practise, has not, during the past month, been any more encouraging to some people than it was during January. Mr. Malcolm Morris, who is more distinctly "representative" than any one who has come forward to assist Mr. Jessop in his researches, expresses his views in the *Practitioner* in the following paragraph, on which we will make some comments.

#### "HOMŒOPATHY AND 'ALLOPATHS.'

"Homœopathy as a system is to my mind a delusion, when it is not a deceit. Yet it is unquestionable that, in regard to therapeutics, we owe more to the homœopaths than we are sometimes willing to admit. A consultation with a homœopath can, as a rule, serve no useful purpose; it is as if a Catholic priest and a Methodist minister were to be asked to confer as to the spiritual consolation to be administered to a dying sinner. But after all, as the judge reminded the overbearing counsel, that 'the court were at least vertebrate animals,' the homœopaths may urge that they are members of the medical profession. This fact appears to be forgotten by some champions of

medical orthodoxy. At Bath, trouble has arisen in consequence of the exclusion of the homoeopathic practitioners from a committee of the medical profession of the town. And in a recent issue of the *British Medical Journal*, the President of the Bradford and District Medico-Ethical Society argues that members of that body are debarred from meeting homoeopaths in consultation under rules so-and-so, which he quotes. These rules are to the effect that no member shall meet in consultation, other than a registered medical practitioner, or shall consult professionally with any medical practitioner who conducts his practice otherwise than in an honourable and legitimate manner. Of course, if a homoeopath is unqualified, *cadit quæstio*. But the assumption that a homoeopath cannot be considered as practising in an honourable and legitimate manner appears to me unwarrantable. Are pilules and honour incompatible? And is a man to be held to practise illegitimately because his method of treatment is to the Greeks foolishness? If so, there may be many within the strictest sect of orthodoxy who practise otherwise than in a legitimate manner. It is a curious coincidence that in the issue of the *British Medical Journal* containing the letter from the Bradford 'defender of the faith,' there is another from a well-known disciple of Hahnemann, who takes part in what may be called a public consultation on the treatment to be adopted in certain cases.

"In the letter from the President of the Bradford and District Medico-Ethical Society to which reference has been made, 'allopath' is used throughout to denote the non-homoeopathic practitioner. I, for one, protest against this objectionable party nickname. It is an invention of the Hahnemannian sectaries, and it is surprising to see this question-begging term quietly accepted as a 'legitimate' designation by a representative of rational medicine. The scientific physician is neither a homoeopath nor an 'allopath.' Like Molière, *il prend son bien où il le trouve*, and, regarding not systems but facts, uses whatever method or instrument he thinks likely to serve his purpose."

The opening sentences of this paragraph strike us as paradoxical. "Homoeopathy as a system is to my mind a delusion —when it is not a deceit." Then in the next sentence the readers of the *Practitioner* are assured: "Yet it is unquestionable that in regard to therapeutics, we owe more to the homoeopaths than we are sometimes willing to admit." Is it from a "delusion" or a "deceit" that those who repudiate homoeopathy "owe more than they are sometimes willing to admit"? This reminds us of a statement made by Dr. Burney Yeo, when addressing his class at King's College Hos-

pital: "I believe that the homœopathists have, in many instances, called attention to the value of drugs which had been too much neglected." (*Medical Times*, May 17th, 1884). The observations which this elicited in the Hahnemannian Oration for 1884 are equally applicable to the sentences quoted from Mr. Morris's paragraph. Said the Orator on this occasion: "This sentence is a distinct testimony to the truth of the principles taught by Hahnemann. It affords striking, albeit most unintentional evidence that there is doctrine in reference to therapeutics. Were it otherwise how could the homœopathists have been able to call attention to the value of these drugs? Beyond the method of Hahnemann, they had no means of ascertaining the therapeutic value of drugs which were not within the range of the knowledge possessed by the bulk of the profession. Homœopathists have called attention to the value of drugs which had been too much neglected; and they have been able to do so simply because they studied the physiological effects of these drugs—*more Hahnemanni*—and applied them in practice in the treatment of disease as the law of similars dictated." A system which has had such results as Dr. Burney Yeo and Mr. Malcolm Morris have attributed to it, cannot have been a delusion, still less a deceit. On the other hand, it is perfectly possible—perhaps we should be justified in writing "probable"—that Mr. Morris's conception of homœopathy is "a delusion."

"A consultation with a homœopath can, as a rule, serve no useful purpose" we are told. To this it is only necessary to reply that such consultations have been held to very useful purposes on many hundreds of occasions. *Solvitur ambulando*. But Mr. Morris says that "it is as if a Catholic priest and a Methodist minister were to be asked to confer as to the spiritual consolation to be administered to a dying sinner." The comparison is an impossible one. The Catholic priest and the Protestant minister have a divine revelation to guide them, and upon the instructions given to them in it they place totally opposite interpretations. Medical men have no divine revelation to guide them; there is no orthodoxy in medicine. Experience is their only authority, and, as all must admit, *experientia fallax*. Hence the highest authorities in therapeutics are but fallible men, and very fallible they are, too, often enough. Still, when making experience our guide, we find that the fullest recorded experience of the past 2000 years points with a uniformity that is so striking as to disarm doubt, that the principle *similia similibus curentur* is a true one, and that when medicines are prescribed in harmony with it disease is more likely to be promptly relieved and more completely cured, than when the relation between the drug



prescribed and the disease to be cured is that expressed by the axiom, *contraria contrariis opponenda*, "the antipathic method," on the one hand, or "the allopathic or heteropathic plan, the giving of medicines which occasion phenomena altogether different or foreign (neither similar nor exactly opposite) to those of the disease," on the other. Mr. Morris protests against the term "allopath" to describe a non-homœopathic practitioner as an objectionable party nickname. It is one for which we admit that we have no special liking. First, because it is more or less inaccurate; the non-homœopathic practitioner more generally depending for his remedies upon such as are antipathic in their relation to disease. And secondly because the non-homœopathic practitioner scouts the very idea of there being "doctrine in therapeutics;" "a device of the enemy," the President of the Royal College of Physicians termed it a few years ago. The same authority had assured the students of Guy's Hospital, ten years previously, that he believed that "we know next to nothing of the action of medicines and other therapeutic agents." The homœopathic practitioner on the contrary is fully assured that there is doctrine in therapeutics, that he is not obliged to depend upon chance for his knowledge of a drug, or when and how to use it in the treatment of disease, and therefore as the term "allopath" implies dependence upon a "principle," we think that those medical men to whom it is applied are not worthy of it—they repudiate all regard for any therapeutic principle, depending wholly upon empiricism, pure and simple, and that is undeserving of being described as a therapeutic "principle." A homœopathic practitioner, on the contrary, prescribes medicine upon a well defined scientific basis whenever it is possible for him to do so; the non-homœopathic practitioner makes no attempt to do anything of the kind. *Il prend son bien où il le trouve*, as Mr. Morris says, quoting Molière, and when he finds "*son bien*" in the writings of a homœopath he is especially cautious to avoid noticing the source of his inspiration!

Another contribution towards the solution of Mr. Jessop's doubts appears in the *Journal* of the 5th ult. from Mr. Arthur Wiglesworth, of Liverpool, who, however, does not correspond to our ideal of one of "the leading representatives of the profession." Mr. W. claims, he says, "some small right to speak on this subject because at a very early stage of my career much pressure was put upon me to induce me to become a homœopathic practitioner. I was introduced to a gentleman practising on Hahnemann principles, and I read much literature upon the subject." Then follows Mr. W.'s

notion of what homœopathy means. A notion which clearly shows that however much he may have read about it, he had digested very little. A homœopath, who practises as Mr. W. says he ought to practice, cannot, he thinks, receive the right hand of professional good fellowship, or be met in consultation. "But the matter is rendered still worse by reason of the bastard homœopathy which is practised at the present day." That is a homœopathy which does not correspond with Mr. W.'s account of the genuine homœopathy! He says, however, that by bastard homœopathy he means, "a homœopathy which is practised upon a supposititious idea of drug action upon a healthy subject, but which has never been put to practical proof." What sort of homœopathy Mr. W. means by this we cannot imagine! He then writes of men, who "practise with the principles of Hahnemann as adulterated with present day homœopathy or allopathy according to the wishes or principles of their patients." This is bad enough, but we are told that worse remains behind. "Allopathic drugs," he writes, "are often prescribed as homœopathic, when their action must be known to be purely the former." He then refers to a case of aortic aneurism for which two homœopaths prescribed iodide of potassium in allopathic doses, and then enforces his illustration by saying that "no amount of iodide of potassium will produce an aortic aneurism." This observation we do not think to be by any means original, and we can assure Mr. W. that we never heard of anyone who did suppose the iodide of potassium to have any such power. The only drug that has given any indications that it might prove useful in aneurism is the chloride of barium, and in using it in a case of abdominal aneurism Dr. Flint of Scarborough "obtained striking remedial effects almost amounting to a cure." (*Homœopathic Review*, June, 1879, and *Practitioner*, July, 1879). Dr. Flint "accounts for its effects from the irritating influence on the arterial system which baryta salts are found in experiments on animals to exert." (Hughes' *Pharmacodynamics*, p. 288). Dr. Howett, of Toronto, and the late Dr. Torry Anderson have since reported cases in which it was successfully used. The evidence that chloride of barium is homœopathic to the aneurismal condition is slight, the clinical evidence of its utility is small. On the other hand, abdominal or thoracic aneurism is a necessarily fatal disease. Hence, the medical man who would use, if he could obtain, a clearly homœopathically-indicated medicine in which he was justified by previous results in placing confidence, feels himself bound in such a case in falling back upon empiricism. Dr. G. W. Balfour's strongly

urged recommendation of large doses of the iodide of potassium appeals at once to any medical man having such a case under his care.

The late Dr. Drysdale, when replying to Mr. Ellis Jones, who, at a meeting at the Liverpool Medical Institute in 1859, had said in effect, that homœopaths were mere sectarians who were bound by certain dogmas, and by a restricted creed that confined them to a definite course that they were bound to follow, said: "Homœopathists had no dogma or creed that must be believed in and followed independently of its proofs derived from observation and experience alone. The homœopathic theory was adopted by him and others as resting on these, and its exact place in medicine could be determined by experience alone—not only the past, but future experience—and homœopathy not being held as a dogma, he admitted that that place might be modified by future experience. As an instance of the effect which future discoveries might have in determining the exact place to be held in medicine by the homœopathic principle he noticed the treatment of entozoa. Formerly the origin of these parasites was enveloped in profound obscurity, and it was not known whether they were in reality products of diseased action, and to be treated as diseases properly so-called, or mere foreign bodies which had obtained entrance into a person otherwise healthy or diseased. It was now known that they were not diseases properly so-called in any sense of the word, and, therefore, when it was necessary to expel them, it must be done in the same way as any other body by the means that are principally used for that purpose in common practice, though for any disorder accompanying their presence the specific medicine must still be used as before."

Mr. Wigglesworth's letter has been replied to in the *Journal* by Dr. J. H. Clarke, and a very excellent reply it is. The following is the text of it:—

#### CONSULTATION WITH HOMŒOPATHS.

"Sir,—In common with many others, I welcome the appearance in your columns of the letter signed 'An Open-minded General Practitioner,' as an indication that a better state of things in the domestic policy of the profession may be at hand.

"Your other correspondent (Dr. Wigglesworth) has evidently taken some pains to understand what homœopathy is, but I must ask your readers to go to Hahnemann's works rather than accept Dr. Wigglesworth as a competent interpreter of his doctrines. For I do not wonder that, with Dr. Wigglesworth's misapprehensions of them, he declined to become one of the body he imagines homœopaths to be. But homœopathy

is not what he paints it. For one thing, homœopathy has no 'specifics for diseases.' It has a method, by means of which, a probable specific may be found for any given case of disease; but the remedy in every case must be selected in accordance with the particular disease manifestations present. Corrosive sublimate produces symptoms found in many cases of dysentery, and will cure cases, otherwise arising, in which these particular symptoms are prominent: but it will not cure all cases by any means, and it is therefore no 'specific for dysentery.' Rhus and bryony produce rheumatic symptoms, but neither the one nor the other is a specific for rheumatism. The pains produced by rhus are relieved by motion, and those produced by bryony are increased by motion, and each drug will only cure those cases in which the corresponding characteristics are met with. The great virtue of homœopathy lies in this, that it supplies a method by which the appropriateness of any remedy may be ascertained beforehand in any case. The question of dose is a matter for experience to decide, and until the limits of the sensitiveness to drug influence of the human organism is ascertained, it is useless to dogmatise on this point.

"I should like to remind Dr. Wigglesworth that the practice of homœopathy is not quite as simple a matter as 'falling off a log,' that there are many degrees of adeptship among those who accept the truth of the doctrine on which the rule of *similia* is based, and also that there are many degrees of similarity between drug effects and disease conditions, any of which may be utilised for therapeutic purposes.

"With regard to the question of consultations between allopaths and homœopaths, I should like to suggest that the point be referred to the General Medical Council. Should the Council decide that it constitutes 'infamous conduct in a professional respect,' that will practically settle the matter. On the other hand, supposing a registered practitioner of either school should be in need of professional help in any case, and should be refused the same for doctrinal reasons, I should like to know whether or not the Council would deem the conduct of the refuser to be 'infamous.'

"I am, &c.,

"JOHN H. CLARKE.

"80, Clarges Street, Feb. 5th."

The *British Medical Journal* of the 19th ult. contains the following very interesting letter from a non-homœopathic practitioner on the same subject:—

"CONSULTATION WITH HOMŒOPATHS.

"Sir,—I venture to think that the letter of your correspondent, 'An Open-minded General Practitioner,' fairly

expresses the views of many of the more enlightened members of the profession. That his letter should have appeared in your columns augurs well for the future, and seems to herald an era of tolerance and even of goodwill towards men who are working honestly according to their convictions in therapeutics. It is now too late in the day to characterise such practitioners as either 'fools or knaves.' They have graduated (some with distinction) in the regular schools, and there are no grounds for the uncharitable assumption that they are actuated by other than honourable considerations.

"Looking at the situation from the standpoint of one conversant with the inner facts, your correspondent suggests that the antagonism to homœopathy, to say the least of it, is rather unseemly. The majority of those who stigmatise homœopathy as something akin to quackery, and its practitioners as 'irregular,' have extremely vague notions of the doctrine, and no experience of the practice which they denounce. Those who have carefully worked at the subject, as your correspondent has done, recognise the great acquisitions to our knowledge of therapeutics which have resulted from the labours of the homœopathic school. The extent to which such knowledge has been utilised is set forth in the standard text books on treatment, but is clearly legible only to those who have studied homœopathy. The real truth of the matter is that the so-called 'irregular' therapeutic method of one generation is placidly accepted as sound practice by the next. And so it is obvious that in the domain of therapeutics (the proverbial 'backward boy') there is no room for dogmatism. Let us, therefore, as members of a liberal profession, relegate penalties for heresy and schism to another tribunal, 'prove all things and hold fast that which is good.'

" I am, &c.,

" M.D."

This is followed by another letter, this time from a physician who practises homœopathically in Manchester—Dr. Arnold, of Oxford Road. We have only space for the concluding paragraph, which contains, as will be seen, some striking facts as to the power of the infinitesimal dose.

"A man may be a consistent homœopath without ever using or even believing in infinitesimals. At the same time the evidence in favour of the action of infinitesimals is practically overwhelming, and much of it has been provided by authorities whose orthodoxy Dr. Hime could not impugn. Darwin, for instance, in his work on *Insectivorous Plants* describes the vigorous physiological reaction exhibited by the leaf glands of *drosera rotundifolia* to 1-20,000,000th of a

grain of phosphate of ammonia. Naegeli's more recent experiments on the power of dilute solutions of metallic salts to inhibit the growth of certain vegetable organisms, such as spirogyra, carry the proof of infinitesimal action far beyond Darwin's twenty-millionth of a grain, and should remind Dr. Hime that, in matters admitting of the experimental test, the 'cannot possibly believe' attitude is foolish. It was adopted by certain very positive gentlemen who had a controversy with one Galileo, and its appearance in Dr. Hime's letter only shows how very thin is the scientific veneer on some of our latter-day scientists."

One incident arising out of this correspondence in the *Journal* is amusing. In the letter we reprinted from the *Journal* on p. 128 of our last number, the writer expresses the deep sense that he has of his obligations to Dr. Hughes' *Manual of Therapeutics*. Seeing this in the *Journal*, the publishers naturally thought that the editor would desire that his readers generally should know where they might obtain the book, accordingly, they sent a carefully worded advertisement of it to the *Journal* office. But no; it was returned on the following day as being "unsuitable to our columns"!

A correspondent recommends a book in the pages of the *Journal*, but the publisher of that book is not permitted to advertise it in the columns devoted to book announcements!

It reminds of a line in *Tristram Shandy* :—

"The world is ashamed of being virtuous."

#### THE PHILLIPS MEMORIAL HOSPITAL, BROMLEY.

THE ninth annual meeting of the above institute was held on the 17th ult., the President of the hospital, Mr. Walter Merton, occupying the chair. The report furnished the usual figures as to the number of patients and the state of the finances, all of which were encouraging. The most gratifying information of all placed before the subscribers related to the development of the rebuilding scheme. A most advantageous site had been acquired on a long lease, with option subsequently of purchase. By the end of last year the building fund had reached £2,794 as a jubilee commemoration, which added to previous amount raised by efforts of the committee, realised a total of £4,600.

It is estimated that this sum would not only, to a great extent, if not entirely, build and equip the new hospital, but it had already purchased the entire freehold and leasehold interest in the present hospital, the future income from which would more than provide for all time the ground rent of £80 payable under the lease of the new site.

### THE PLYMOUTH HOMŒOPATHIC HOSPITAL.

THE *Western Daily Mercury* (Feb. 9th) begins an account of a Sale of Work in aid of the above institution with the following words :—

“Probably few benevolent institutions in the West of England have done as much good work in a more unostentatious and unobtrusive way as has the Homœopathic Hospital and Dispensary at Plymouth; certainly none have done so much *pro bono publico* with such little public recognition or support. Of more recent years in particular the medical staff and officials of the institution have considerably enlarged their sphere of usefulness, and have in many ways set commendable examples to kindred institutions; yet the public generally have shown little inclination to recognise and help the workers. It was probably as much with a view to bringing more strongly before the inhabitants of the Three Towns the great usefulness and evident need of the institution, that the bazaar which is now being held in the Guildhall was conceived, as of effecting the immediate purpose in hand—the clearing off of a deficit of something over £600. Necessary enlargements and alterations of premises, and a growing demand on the institution which has not been met by a corresponding increase in either subscriptions or donations, have been the cause of the present deficiency, which has been of steady growth, and which has taken several years to accumulate.”

We quite agree that in some instances which we could name, if necessary, the managers of homœopathic hospitals do not seek adequate publicity for their good work. Hospitals form the best method of spreading a knowledge of homœopathy and of making its benefits available to the public. To bring them into prominent notice is an advertisement at once justifiable and necessary. We are glad indeed to see that an effort of this nature has been made by our friends at Plymouth. Homœopathy at the Three Towns except in the matter of numbers, is exceptionally well represented in practitioners, and there can be no doubt that the good work the Plymouth Homœopathic Hospital does will necessitate its still further enlargement; as it will surely create a demand for further practitioners familiar with homœopathy, we hope it will also do a good deal toward supplying them. We are able to announce that the total amount of receipts from the sale is about £800.

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### THE LEAF HOMŒOPATHIC COTTAGE HOSPITAL, EASTBOURNE.

This little hospital has done good work for more than 10 years, and we are sorry to say that its funds are not in so good

a condition as may be desired. It seems only necessary to make the need known to have it supplied in such an enlightened and wealthy a place as Eastbourne. Though we cannot address the Eastbourne public in our pages, we might perhaps suggest to the managers of the hospital that an "advertisement" such as was so successful at Folkestone, might do good also at Eastbourne. At that town the nursing models proved very attractive, and would we hope be available for Eastbourne also.

The Leaf Cottage Hospital has eight beds and a cot; 80 patients were admitted, of whom 50 were cured and 19 relieved, the rest were unrelieved and under treatment.

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### THE HOMŒOPATHIC HOSPITAL, MELBOURNE.

We are glad to note the continuance and increase of the work done in connection with this hospital. During the year ending June, 1897, the number of out-patients was 5,978—an increase of 1,868; the number of in-patients treated was 792, with a death-rate of 8.12 per cent. In the dental department the patients number 821 against 855 during the previous year.

Chloroform has been almost entirely superseded by ether.

The overdraft of £788 of the Maintenance Fund has been reduced to £125, and the overdraft on the Building Fund is also smaller than last year.

"In 1876 the principle was adopted of receiving small payments from those in-patients who, although unable to fee a medical man, are able to pay a trifle per week. The amounts fixed are—for out-patients, 1s. to 2s. 6d. per week; for in-patients from 5s. upwards, and, although a very large proportion receive gratuitous treatment, yet the principle has worked so well that its adoption has been a matter of satisfaction to the management."

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### HUGHES' MANUAL OF THERAPEUTICS.

ALL readers of English homœopathic literature will learn with pleasure of a new proof of the fact that Dr. Hughes' *Manual* is still so well appreciated in other lands that a new translation of it—into Russian—is to appear. The "Society of Homœopathic Physicians of St. Petersburg" have undertaken this interesting work, for which the author's consent has been obtained, and Dr. W. von Dittmann will be the translator.



We understand that Dr. Hughes' *Manual of Pharmacodynamics*, for which he is probably most widely known all the world over is already rendered into the language of the Czars.

Both manuals have been translated into French, and a Spanish version is said to be in existence. Many years ago the *Manual of Pharmacodynamics* began to appear in one of the German journals, but as far as we know has not been published separately.

Finally, we believe, Dr. Hughes has been asked to allow the *Manual of Therapeutics* to appear in a Hindustani dress.

This remarkable popularity of scientific works, extending over so many years, speaks for their usefulness in a way no words of ours, even if called for, could do.

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#### THE SUMMER POST-GRADUATE COURSE AT THE LONDON HOMŒOPATHIC HOSPITAL.

THE Educational Committee, we are informed, have again made arrangements to supply material for clinical study under the direction of the staff of the Hospital in the main as last summer. The aim of the course is practicalness, if such a word be permissible. It is not to present an encyclopædic digest of any subject or course of subjects. It is to present to medical men the salient clinical features of a subject or a case, illustrated so far as is possible *in corpore vili*; to make common property of the views of the hospital staff—physicians, surgeons and specialists—on diagnosis, prognosis, treatment, etc. Speaking now as representing the practitioner, we believe the course cannot be made too practical even at the risk of repetition, and that information on and management of everyday cases will be more valued than learned disquisitions on the technicalities of the specialist. For those who wish a thorough special course in any branch arrangements will be made by the Hon. Secretary of the staff, Dr. Washington Epps. As far as we have been able to ascertain, clinical lectures will be given daily, except Saturdays. One hour will be devoted to a lecture demonstration and for a similar space of time a member of the out-patient staff will exhibit his cases. In a later issue we hope to be able to present more details.

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#### PATHOGENETIC EFFECT OF SODIUM SALICYLATE.

DR. RICHARDSON RICE, of Coventry, communicates a report of the following case to the *British Medical Journal* (Nov. 20), illustrating the profound prostration which may arise from the use of sodium salicylate:—

“An old lady lately under my care, suffering from symptoms traceable to the uric acid diathesis, had intense inflammation and nocturnal pain in the tissues surrounding the first joint

of the great toe and in the heel, with general œdema of the right foot. These symptoms rapidly subsided under treatment with colchicum and alkalis. Subsequently vague shifting pains of a rheumatic nature developed, and I gave her 10 grain doses of sodium salicylate every four hours. This was followed after the third dose by symptoms of the most alarming prostration, mental and bodily. The pulse became weak and compressible, and fell to the remarkably small number of 35 beats a minute. Her temperature also became abnormal. On stopping the salicylate treatment the symptoms rapidly disappeared, and the pulse became 80 per minute. These symptoms could not be attributed to the action of the colchicum, as I kept her on it for several weeks with complete relief to all the symptoms."

#### ANNUAL HOMŒOPATHIC CONGRESS.

The Congress will this year be held in London on Friday, June 3rd. Full particulars will be published in due time.

#### CORRESPONDENCE.

##### HAHNEMANN'S TOMB.

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

GENTLEMEN.—As you have probably learned from the last two numbers of the *Revue Homœopathique Française*, the negotiations with the hitherto owners of Hahnemann's tomb in Paris have (thanks to Dr. Cartier) reached completion, and the ground, with its honoured contents, is legally at the disposal of his disciples, who are represented in this matter by the Committee appointed for the purpose at the International Congress of 1896. What shall be done with our trust is a matter for deliberation; but, ere we can arrive at any judgment, it is necessary to know what funds we shall have at our command. The following letter has accordingly been drawn up, and has received the approval and signature of all the members of the Committee:—

"To \_\_\_\_\_

"Moved by a sentiment of respect for the memory of the founder of Homœopathy, the International Congress of his disciples meeting in London in 1896 formed a Committee having for its aim the raising to Hahnemann a tomb-stone worthy of him, that which now marks the place of his mortal remains being rude and poor.

"The Société Homœopathique Française, working in union with the International Committee, has at last, after fifty-five years of oblivion and neglect, succeeded in obtaining a deed signed by the heiress of Hahnemann, whereby she authorises

it to raise a funeral monument over his grave and to maintain this in perpetuity. We propose to erect such a monument by international subscription, feeling sure that all who value homœopathy will acknowledge that there is no burial-place on earth which more loudly calls for such a *souvenir* than that wherein repose the ashes of our illustrious Master. To this his glorification we invite the homœopaths of the whole world. Will you aid us in our task by employing, as regards your own country, such means as seem to you most suitable for making our project known and collecting subscriptions towards it? And may we consider you (or will you find us another who will so act) as a corresponding member of our Committee, with whom we may put ourselves in regular communication?

"The date of the inauguration of the monument is to be the occasion of the meeting of the International Homœopathic Congress in Paris, in 1900. The time before us is therefore short, and we shall be grateful if you will take the matter in hand as soon as possible. You will kindly address your answer to this letter to one of the members of the Committee, preferably the President or the Secretary.

"With the assurance of our high esteem, believe us to remain,

"Yours very faithfully,

"LEON DE BRASOL, M.D., President,  
8, Nicolaievskaja, Petersburg, Russia.

"FRANÇOIS CARTIER, M.D., Secretary,  
18, Rue Vignon, Paris, France.

"RICHARD HUGHES, M.D.,  
86, Silwood Road, Brighton, England.

"BUSHROD JAMES, M.D.,  
Cor. 18th and Green Sts., Philadelphia, U.S.A.

"ALEXANDER VON VILLERS, M.D.,  
7, Lüttichaustrasse, Dresden, Germany."

This letter, in its original French, or its foregoing (free) rendering into English, will be sent to some society or leading physician in every country not represented on the Committee. The members of the Committee will themselves undertake the work desiderated for their own respective countries; and I think I cannot better initiate my share of the task than by sending the present letter to our British homœopathic journals. I will therefore, gentlemen, beg your insertion of it, and any commendation to your readers you may feel disposed to award it; and remain

Yours very faithfully

RICHARD HUGHES.

Brighton, Feb. 1898.

## 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. EDWIN A. NEATBY.

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

Communications have been received from Dr. HUGHES (Brighton); Dr. HAYWARD (Birkenhead); Dr. HAWKES (Liverpool); Dr. GIBBS BLAKE (Birmingham); Dr. J. R. DAY (London).

## BOOKS RECEIVED

*British, Colonial and Continental Homœopathic Medical Directory for 1898.* Edited by a Member of the British Homœopathic Society and Dr. Alexander Villers. London: Homœopathic Publishing Co., E.C.—*Saw Palmetto (Sabal serrulata): its History, Botany, Pharmacology, Therapeutic Applications, etc.* By Edwin M. Hale, M.D. Philadelphia: Boericke & Tafel. 1898.—*The Tallerman Treatment, by Superheated Dry Air.* Edited by Arthur Shadwell, M.A., M.D., Oxon. London: Baillière & Co. 1898.—*Why Your Business Does Not Increase: British Trade v. Foreign Competition.* By Lieut.-Col. K. M. Foss, I.S.C. London: "Mercantile Guardian" office. 1898.—*Transactions of the American Institute of Homœopathy.* 1897.—*Therapeutics of Plague.* By Mahendra Lal Siroar, M.D., D.L., C.I.E. Calcutta. 1898.—*The London Homœopathic Hospital Reports.* 1897.—*Journal of the British Homœopathic Society.* January. Bale, Sons & Danielsson, Ltd.—*The Homœopathic Journal of Surgery and Gynecology.* January. New York and Chicago.—*The Chemist and Druggist.* February. London.—*The Calcutta Journal of Medicine.* January.—*The Indian Homœopathic Review.* November and December, 1897. Calcutta.—*The North American Journal of Homœopathy.* January. New York.—*The Homœopathic Eye, Ear, and Throat Journal.* February. New York.—*The Medical Times.* February. New York.—*The Medical Century.* January and February.—*The New England Medical Gazette.* January and February. Boston.—*The Hahnemannian Monthly.* February. Philadelphia.—*The Homœopathic Recorder.* January. Philadelphia.—*The Homœopathic Encyc.* February. Lancaster.—*The Hahnemannian Advocate.* December, 1897, and January. Chicago.—*The Minneapolis Homœopathic Magazine.* January.—*The Pacific Coast Journal of Homœopathy.* January. San Francisco.—*The Medical Brief.* February. St. Louis.—*Revue Homœopathique Française.* December, 1897, and January. Paris.—*Revue Homœopathique Belge.* December, 1897. Brussels.—*Allgemeine Homœopathische Zeitung.* February. Stuttgart.—*Leipziger Populäre Zeitschrift für Homœopathie.* February.—*La Homeopatia.* November, 1897. Bogota.—*Rivista Omiopatica.* November and December, 1897. Rome.—*Homœopathische Maandblad.* February. The Hague.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCK BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59 Moorgate Street, E.C.

THE MONTHLY  
HOMŒOPATHIC REVIEW.

—:—

THE BRADFORD  
MEDICO-ETHICAL SOCIETY.

MEDICO-ETHICAL societies have existed, as a part of the voluntary organisation of the profession of medicine, for now some 50 years. The ostensible motive with which they were originally formed was excellent. It was intended that they should, by rules mutually agreed upon by the members constituting them, strengthen medical men in their duty, in so acting one towards another in the exercise of their profession, as they would desire that each should act towards the other. This, we say, was the ostensible motive of their formation. The actual object sought after by their rules was to compel the sacrifice of the right, aye, and more than the right, the duty of private judgment, on the part of all members to the rules which the majority might find it to their interests to agree to.

One of the earliest of these medico-ethical societies was that of Manchester. Conspicuous among its rules was one obliging its members to refuse to meet in consultation or render any professional assistance to a medical man who was known to treat diseases homœopathically. Very early in the history of this society the late Mr. ROBERTON, a surgeon of considerable

reputation, not merely in his immediate neighbourhood, but throughout the profession, was requested by the late Dr. EDWARD PHILLIPS to meet him in consultation at the bedside of a patient—a near relative of Mr. ROBERTON'S. Preferring to exercise his right of private judgment rather than submit to the yoke the Society sought to impose upon him, he went to Bowdon and met him. No sooner did the fact of his having done so become known in Manchester than this Society called him to account. The result of his arraignment we have forgotten, but our impression is that he resigned his membership. One of the members gravely informed him that to meet a homœopath in consultation "under any circumstances whatever" was, in a professional sense, to commit the "unpardonable sin."

A similar rule, we believe, still obtains in all medico-ethical societies. For several years obedience to it was urged by the medical press. As we pointed out in our number for February, the *Lancet* in 1872 found it better policy to try and reduce to a *minimum* the differences which hinder professional intercourse between the members of a liberal profession, and not to raise up barriers that the public could neither understand nor sympathise with. This has been the trend of feeling in the profession for many years past, and, as a consequence, consultations between homœopathic and non-homœopathic physicians and surgeons have become increasingly frequent, and the refusals of the latter to respond to the requests of the former, for a consultation, have been proportionally rare.

Mr. JESSOP, of Leeds, as we stated in February, evaded the question involved, in a letter to the *British Medical Journal*, which we reported at page 68. Why he should have done so is an interesting question, especially as we have been informed, on excellent authority, that he has met, in consultation, a medical man practising in Leeds, whose name appears in the *Homœopathic Medical Directory*, and also a gentleman who, having been house surgeon at the London Homœopathic Hospital, acted as the *locum tenens* of the medical man in question. However, he did raise the question, and illustrated the necessity for ascertaining the attitude of the profession towards homœopathy, at the present time, by stating that he had been credibly informed that a London con-

sultant bearing a well-known name, an equally well-known Manchester consultant, and an eminent Bradford practitioner had been acting in consultation with one, who for many years had represented homoeopathy in a large manufacturing town in Yorkshire. There was nothing very surprising in all this; but the enquiry led to the publication, in the *British Medical Journal*, of some interesting letters, which, we hope, have revealed to Mr. JESSOP that there are still some members of the profession of medicine who have such a sense of their duties as members of a liberal profession, that they can, and do, rise above regarding these duties as being consistent with the "private policy of a corporation or the little arts of a craft," and, in their endeavour to save life, "search for remedies from every source and from every hand, however mean and contemptible" such source and such hand may have been represented to them to be.

The Bradford Medico-Ethical Society, however, apparently regarding what they are pleased to conceive to be "the dignity and interests of the Faculty" as something infinitely more important than "the duties of a liberal profession whose object is the life and health of the human species," have, through their President, the Medical Officer of Health for the borough—and, therefore, we presume, a physician not engaged in the practice of medicine—a gentleman whose name is favourably known to students of Preventive Medicine, placed on record, in the pages of the *British Medical Journal* (January 22nd), an excerpt from these rules regarding consultation. These read as follows:—

81. No Member shall meet in consultation other than a regular registered practitioner.

82. No Member of this Society shall meet in professional consultation any medical practitioner who conducts his practice otherwise than in an honourable and legitimate manner.

83. No Member of this Society shall knowingly meet in professional consultation any consultant resident within a radius of fifteen miles who shall meet in consultation any such irregular practitioner.

Commenting on the foregoing, Dr. HINE writes:—

"An honourable man could hardly belong to a society which has adopted the above rules, as understood by us, and

at the same time meet homœopaths in consultation. If it were supposed that there was any loophole for such a thing, I have not the least doubt the rules would be altered to specially prevent it."

Why could not an honourable man belong to a society having these rules, and, at the same time, meet homœopaths in consultation? There is no reference to homœopathy in them, nothing in either which describes medical men who, in treating sick people, select their drug agencies on a homœopathic basis. Remarking on these rules, Mr. MALCOLM MORRIS writes: "The assumption that a homœopath cannot be considered as practising 'in an honourable and legitimate manner,' appears to me unwarrantable. Are pilules and honour incompatible? And is a man to be held to practise illegitimately because his method of treatment is, to the Greeks, foolishness? If so, there may be many within the strictest sect of orthodoxy who practise 'otherwise than in a legitimate manner.'"—*The Practitioner*, Feb., p. 122.

Since the foregoing paragraph was in type, Dr. HINE has stated, in the *Journal* of the 26th ult., that his Medico-Ethical Society has altered this rule by adding words to it "whereby homœopaths are specifically stated the persons with whom members of the society might not hold consultation. One solitary hand was" he writes "held up in favour of an amendment, authorising consultations with any registered practitioner. Even the seconder of this amendment did not vote for it."

The third rule is a curiosity. A member is by it prohibited from meeting in consultation "any consultant residing within a radius of fifteen miles, who shall meet in consultation any such irregular practitioner." This rule would absolve the "London consultant, bearing a well-known name, and the equally well-known Manchester consultant" from the penalty of daring to do their duty in spite of the orders of the Bradford Medico-Ethical Society, while it exposes the "eminent Bradford practitioner" to all the vials of their wrath which the Society can pour out upon him. Leeds, moreover, is only 9 or 10 miles distant from Bradford. What will the Society say to "the distinguished surgeon in our neighbouring city of Leeds"? He is within the fifteen miles limit, and we have seen that he, too, has been credibly reported.



to have met in consultation two medical men, who may be presumed to rely upon homœopathy to direct them in selecting their drug remedies, for one of them has his name in the *Homœopathic Medical Directory*, while the other is a member of the British Homœopathic Society.

The "eminent Bradford practitioner" is, however, well within the Society's "sphere of influence," and he appears to have been promptly "brought to heel," as we learn from a letter from the secretaries published in the *British Medical Journal* of the 12th ult. Having quoted from the letter of, as they describe him, "the distinguished surgeon in our neighbouring city of Leeds," and that of "Dr. HIME, the President of this Society," the secretaries proceed to say that they have—

"Ascertained from Mr. JESSOP the particulars of the consultation between an 'eminent Bradford practitioner' and a homœopath referred to by him. We have the greatest possible satisfaction," they continue, "in being able to inform you that the gentleman in question has written in answer to our enquiries, and states that he met the homœopath in consultation inadvertently not knowing that he was such.

"We trust," they conclude, "you will give the fullest possible publicity to this explanation. The statement as to want of orthodoxy among the profession here in reference to homœopaths, made by so eminent a man as Mr. JESSOP, has been regarded here as a serious reproach by the profession, and we have lost no time in dealing with it, and request you at the earliest moment to publish this letter.—We are, &c.,

JOHN DUNLOP,

L. S. MACKENZIE,

Joint Secretaries Bradford and District  
Medico-Ethical Society."

Have the secretaries quoted the whole of the letter that afforded them so much satisfaction? Did the writer of it express no opinion on the broad question at issue? Two reasons present themselves as suggesting that he would have availed himself of so excellent an opportunity of doing so. *First*, because it is impossible, after all that has appeared in the *Journal* and *Practitioner*, on the subject that it is one which can remain without further discussion; and *Secondly*, because the writer stated his views fully and clearly upon it, when he wrote in 1877 to Dr. WYLD as follows:—

"I have always felt that there was not sufficient reason why the two schools of medicine, who could not help agreeing

with each other on the fundamental facts of chemistry, anatomy, physiology and pathology, should refuse to meet at the bedside of the sick because they were not agreed as to treatment. I know, of course, that it is said that the two modes of treatment are incompatible—that the one must counteract the other—that we cannot serve God and mammon, &c. It is just because I do not agree with this opinion, and because I think that a careful investigation of nature indicates the common ground upon which both modes of treatment stand, that I am now writing you this letter.”

Had he, as he would have been more than justified in doing, admitted that he had met a homœopath in consultation, and denied that he had offended against the 32nd rule of the Society, inasmuch as he had no reason to suppose that the gentleman he had met conducted his practice otherwise than in “an honourable and legitimate manner,” the further discussion, which we believe to be inevitable, would have had a good sound basis upon which to proceed.

To have the courage of one's opinion, and to exercise one's right of private judgment, are privileges infinitely more precious than any that can by any possibility attach to the membership of a Society—aye! even of the Bradford Medico-Ethical Society. Especially has it become so since the meeting on the 18th ult., the result of which Dr. HIME communicated to the *Journal* of the 26th ult. We would urge upon any member who is conscious of his duty to his profession and Society—

*Fortem posce animum.*

While to all, who, let the consequences be what they may, scorn to allow “I dare not to wait upon I would,” we recall the frequently realised prospect held out to them by VIRGIL—

*Forsan et hæc olim meminisse juvabit.*

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### ON LYMPHADENIA.\*

By J. GALLEY BLACKLEY, M.B. Lond. Senior Physician  
London Homœopathic Hospital.

UNDER the generic title “lymphadenia,” it has been found possible to gather together a number of highly interesting diseases, in all of which *anæmia* is an early

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\* The third of a series of post-graduate lectures “On the pathology and therapeutics of the blood.”

and prominent symptom ; diseases whose affinities and mutual relations have been, until recently, very imperfectly understood. As early as 1845 VIRCHOW, in describing *leukæmia* (weisses Blut), was fully aware of the connection between the leucocytosis and the hypertrophy of certain of the hæmatopoietic organs (spleen, lymphatic glands, &c.), but it has been reserved for modern pathologists to follow up this clue and thoroughly unravel the mystery of the connection existing between such apparently unlike diseases as lymphadenoma (Hodgkin's disease), leucæmia, splenic anæmia, and the anæmia of infants. In all of these it is found that the initial and essential lesion consists either in hypertrophy of already existing lymphoid tissue, or at times in a genuine new growth of such tissue.

By *lymphadenia*, then, is understood, not a nosological entity but a *pathological state* characterised by anæmia, by hypertrophy of certain of the hæmatopoietic organs (spleen, red bone-marrow, lymphatic glands and lymphoid tissue generally), and, *sooner or later*, by augmentation of the leucocytes in the blood.

It is important to remember that the last-named and most striking symptom of the lymphadenic process, the leucæmia or leucocythæmia, has no independent existence, but is invariably accompanied by a neoformation of lymphoid tissue ; in other words, there can be no leucæmia without lymphadenia, although lymphadenia may be unaccompanied by leucæmia in all but the latest stages of the process. Leucæmia is, in fact, only an episode, and all lymphadenias, whether complicated by leucæmia or not, form part of the same pathological entity.

In a large majority of cases the lymphadenic process commences either in the spleen or the lymphatic glands, but it may be situated in the bone marrow, in the tonsils, in the intestines, in the testicles, or even in the skin. When lymphadenia has for its initial seat an organ already provided with lymphoid tissue, there occurs simple hyperplasia of this, and microscopic examination of a hypertrophied gland, for instance, shows in the early stages a finely reticulated tissue with multitudes of small uni-nuclear leucocytes in its meshes ; in the later stages this reticulum loses its delicacy, becomes more dense, and the leucocytes become larger and fewer :

if, however, lymphoid tissue is not normally present, small leucocytes with a single nucleus are first deposited, and then a fibrous stroma.

The best known examples of the lymphadenic process, although by no means common, are yet sufficiently frequently met with to enable most students to have the opportunity of seeing them once or twice in hospital practice. Named in order of frequency, they are Hodgkin's disease or "lymphadenoma," leucæmia or leucocythæmia, splenic anæmia, and the idiopathic anæmia of infants.

### I. HODGKIN'S DISEASE (ANÆMIA LYMPHATICA).

This interesting disease, named after Hodgkin, who first described it in 1832, and subsequently included in nosological tables, under the title "lymphadenoma," has been been latterly more aptly designated "anæmia lymphatica," and will be found under this title in the latest edition of the "Nomenclature of Diseases."

Of its etiology, little that is reliable is definitely known. It has evidently a marked preference for the male sex, and for ages ranging from 30 to 50. Trousseau enumerates as exciting causes, chronic coryza, lachrymal tumour, otorrhœa and superficial lesions of skin and mucous membranes.

The pathological anatomy of the disease is very much what our account of the lymphadenic process would have led us to expect. When glands are excised and examined microscopically in the early or *soft stage* they are found to consist of masses of small round cells, imbedded in a delicate fibrous stroma. In the latest, or *hard stage*, this stroma is seen to have increased in quantity and density, and the contained cells (leucocytes) have proportionately diminished, and have become largely multinuclear. In 75 per cent. of cases the spleen is enlarged, and this likewise is primarily soft. Where the bone-marrow is affected the changes are the same as those to be described presently under the head of leucæmia. The tonsils are frequently hypertrophied, and lymphomatous nodules are found along the whole of the gastro-intestinal mucous membrane. Examination of the blood in large numbers of cases tends to show that, with the exception of a moderate amount of anæmia, absence of abnormalities is the rule. The number of

leucocytes may be permanently increased, but not very much, and most of these are small and possess a single nucleus. In a few cases a true leucæmia has, in time, been seen to develop, and this fact, in addition to others to be referred to later, have led German writers to speak of this disease as "pseudo-leucæmia," or, more strictly speaking, the "aleucæmic 'Vorstadium'" of leucæmia.

*Symptoms.*—The most striking, by far, is the enlargement of the lymphatic glands, which are usually involved in the following order:—

(a.) Cervical glands.

b.) { Axillary ,,  
    { Inguinal ,,

(c.) Internal ,,

After this comes the enlargement of the spleen, which can usually be felt below the hypochondrium as soon as the superficial glands are visibly enlarged. Other external appearances are pallor or sallow hue of skin with pigmented patches, and ecchymoses or petechial hæmorrhages in places; nodular eminences on the skin, varying from the size of a hemp seed upwards, are also often found. The skin is generally dry, but occasionally the very opposite obtains, and drenching perspirations are frequent. Epistaxis, hæmatemesis and melæna are also frequently met with; the bowels are usually constipated, but where this is not so the patient is troubled with diarrhœa.

*Subjective symptoms* are fairly numerous, and comprise languor, palpitations, loss of appetite, digestive disturbances of various kinds, dyspnœa, ringing in the ears, vertigo, headache and visual disturbances. Temperature is usually somewhat raised above the normal, but presents, in addition, alternations distinctly suggestive of the remittent type of temperature curve.

The most frequent complications are dyspnœa and stridor, paralysis from pressure on the recurrent laryngeal nerve, "gastric crises," jaundice and the advent of amyloid degeneration of internal viscera.

The usual duration of the disease is from one to two years.

The differential diagnosis is fairly easy; from scrofulous or malignant glandular enlargements it is readily distinguished (a) by the fact that the subjacent glands are never attached to the skin and (b) by its spreading

Name.	Date.	Red Cor- puscles.	White Cor- puscles.	Treatment.	Remarks.
I. Mary S., aged 7	October 2, 1895 ...	2,500,000	8,333	Arsen. 2x gr. i., increased gradually	Spleen very large. Red blood corpuscles normal. White normal.
	November 4 ...	2,620,000	15,400		
	" 20 ...	...	...	Arsen. iod. 3x gr. ii. t. d.	
	December 10 ...	2,316,000	4,562	Thyroidin 3x gr. ii. t. d.	Spleen rather less.
	Sept. 28, 1895 ...	680,000	4,858	Arsen. 2x gr. ii. t. d. ...	Red regular in size and shape; no nucleated. White normal.
II. James W., aged 42	October 5 ...	1,020,000	3,333	" gr. iii. " ...	
	" 10 ...	1,100,000	5,000	" gr. v. " ...	
	" 12 ...	900,000	...	" gr. x. " ...	Unimproved. Ultimately fatal.
	Dec. 18, 1895 ...	5,000,000	25,000	Glyc. ext. medull. 3 i. ter die	Universal lymphadenoma; liver and spleen enlarged. Red normal; white mostly lymphocytes.
III. Joseph K., aged 28	January 1, 1896...	5,000,000	83,000	Glyc. ext. medull. 3 i. ter die	
	" 27 ...	3,570,000	21,000	Glyc. ext. medull. 3 i. ter die	
	" 31 ...	5,860,000	21,400	Glyc. ext. and arsen. 2x.	Unimproved. Ultimately fatal.

to other and frequently distant glands. A semi-malignant form of lymphoma (lymphosarcoma) is characterised by the presence of abundant uninuclear leucocytes (lymphocytes) in the blood, whereas in true sarcoma where the leucocytes are increased they are of the large multinuclear variety.

In the matter of treatment not much that is very encouraging can yet be said; arsenic is the only drug that has given in allopathic hands even a semblance of uniformly beneficial results, and this only as the result of enormous doses and at the expense of setting up symptoms of neuritis, &c. The drug is certainly not homœopathic to the lymphadenic condition, and the true simillimum for this last has yet to be found. The annexed tabular record of three cases recently treated in the wards of the London Homœopathic Hospital, the first two of the aleucæmic type and the third of the mildly leucæmic variety, shows the results of the treatment, whether by arsenic or bone-marrow, to be equally unsatisfactory.

## 2. LEUCÆMIA.

As pernicious anæmia is distinguished from severe symptomatic anæmias not only by the extent of the anæmia, but also by its permanent and progressive character, so in like manner we distinguish leucæmia from mere leucocytosis, firstly by its persistency, and secondly by its extent; whereas, in extensive leucocytosis the number of leucocytes seldom or never rises above 50,000 or 60,000 per cubic millimetre, in genuine leucæmia it never falls below 70,000, and may rise until the number, in extreme cases, even equals that of the red corpuscles. Amongst the *predisposing causes* of leucæmia may be enumerated repeated attacks of malarial fever, anæmia lymphatica, diseased tonsils with subsequent hypertrophy of the cervical glands, and lastly ablation of a hypertrophied spleen, which, contrary to one's natural expectation has been known to convert a simple leucocytosis into a persistent and grave leucæmia.

### PATHOLOGICAL ANATOMY.

The commonest types of leucæmic lymphadenia are the myelogenous, the splenic, and the glandular, in all of which the blood-forming organs are found infiltrated with leucocytes. In the other and rarer types there is

either hyperplasia of lymphadenoid tissue generally, causing hypertrophy of tonsils, solitary follicles, Peyer's glands, thymus, or subcutaneous lymphoid tissue, or there is an actual new growth of lymphoid tissue causing true heterologous nodules to be deposited in the liver and kidneys. The most important changes, however, are found in the great blood-making organs. In the bone-marrow the fat cells disappear, their place being chiefly taken by the colourless marrow cells which have multiplied enormously and, to a less extent, by large nucleated red corpuscles. The spleen is enlarged, sometimes to an enormous extent, and on microscopic examination this is found to be chiefly due to proliferation of the lymphoid cells. Besides these there are found numbers of large white cells frequently enclosing ordinary red or nucleated red corpuscles.

The changes of the blood in leucæmia are chiefly seen in the increase of white corpuscles, but besides this we find the specific gravity lowered, ranging from 1,036 to 1,049; the alkalescence and coagulability are both diminished, and the clot is found to be buffed and cupped. The red corpuscles may be normal in appearance, but marked poikilocytosis is occasionally seen; where nucleated red cells are found they are generally of the normo-blastic type; blood plaques are numerous. The changes in the white cells are many and striking; the numbers usually range between 100,000 and 1,000,000, but cases have been recorded where the white cells have actually exceeded the red corpuscles in number; the oxyphile (eosinophile) cells are much increased in proportion to the rest, and the natural amoeboid movements of the white cells are seen to be very sluggish. The predominance of large or small leucocytes has led to a rough classification of leucæmic cases into *lymphæmia* (found in lymphatic cases) and *splenæmia* (in splenic cases,)\* but in splenic and myelogenous cases, it is found that the leucocytes belong to the variety known as myelocytes,† and not to the ordinary large leucocyte with a polymorphous nucleus found in all mere leucocytoses.

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\* "Kleinzellige" and "grosszellige Leukæmia" of German writers.

† After double staining, these appear as large spherical cells nearly filled by large pale-stained nuclei immersed in neutrophilic protoplasm.



The *symptomatology* of leucæmia comprises that of all profound anæmias with the addition of others due to the presence of the enlarged spleen and to a less extent of enlarged liver and lymphatic glands, though the last never occasion so much suffering as in Hodgkin's disease. The feeling of fulness due to the presence of the enlarged spleen is usually the first symptom to attract the attention of the leucæmic patient, and this usually increases until the distension and pain are a source of great discomfort to the patient. In extreme cases the enlargement in an upward direction may seriously interfere also with the action of the stomach, heart or lungs. The most striking circulatory symptom is hæmorrhage, which occurs in a large proportion of cases, most frequently from the nose and less frequently from the bowels, stomach, lungs or uterus; into the skin, brain, joints, cellular tissue or peritoneum. The hæmorrhagic tendency is so great that slight injuries may give rise to serious loss of blood; the extraction of a tooth, or the puncture for paracentesis, has thus led to death; whilst most cases in which excision of the spleen has been attempted have been fatal from the same cause.

What has been said with regard to treatment of the lymphatic form of anæmia is equally true of leucæmia; no true *simillimum* for this or other lymphadenic conditions has yet been discovered.

### 3.—SPLENIC ANÆMIA.

This condition may fairly be looked upon as the a-leucæmic variety of splenic lymphadenia; the most striking symptom is the anæmia, which is very decided, the red cells ranging in number from 2,700,000 to 800,000 per cb. m.m. The hæmoglobin is low in individual corpuscles, the corpuscular richness being often as low as 0.5, but the shape of the red corpuscles is preserved, and deformities are rare. The leucocytes oscillate in number between 30,000 and 60,000 per cb. m.m., but the number in individual cases is subject to great fluctuations; in purely anæmic cases the leucocytes are mostly of the large variety, consisting of a single large nucleus surrounded by hyaline protoplasm.

## 4.—ANÆMIA INFANTUM PSEUDO-LEUCÆMIA.

VON JAKSCH was the first to recognise the existence of this affection, apart from the numerous symptomatic anæmias incidental to infancy, such as those of rickets, of syphilis, of malarial poisoning, &c., &c., and the title adopted for it by him sufficiently indicates its position as a member of the lymphadenic family. According to VON JAKSCH the affection includes the following elements:—

1. Grave anæmia, the red cells frequently falling below 1,000,000.
2. Extensive leucocytosis.
3. Great variations in the size, form and staining powers of the white cells.
4. Deformed, degenerated and nucleated red cells.

The symptoms, in addition to those of anæmia, include marked swelling of the spleen, and, in a less degree, of the liver and lymphatic glands. The blood conditions in one of VON JAKSCH'S cases were as follows:—

Red corpuscles	=	820,000
White „	=	54,000
Hæmoglobin	=	diminished.

The leucocytosis is marked and lasting, and the proportion of white to red corpuscles may rise to 1—20, 1—17, or even 1—12. Stained films show:—(a) Diminution of blood plaques; (b) degeneration of red corpuscles (polychromatophilia), with irregularities of size and shape; (c) normo-blasts in considerable number; (d) many oxyphile and multinuclear leucocytes.

The *differential diagnosis* is fairly easy if regard be had to the following four points:—

1. Red corpuscles decreased.
2. Leucocytes polymorphous.
3. Liver not enlarged in proportion to the spleen.
4. Hæmorrhagic symptoms are rare.

Prognosis is hopeful, recovery being common; but how far the recovery of recorded cases has been due to treatment rather than to a natural tendency to a favourable issue is fairly open to question.

TWO CASES OF DERMOID CYST OF THE OVARY.

I. Rapid Growth of an Ovarian Dermoid ten years after the Menopause, with disappearance of a pre-existing Fibroid. Ovariectomy: Recovery.

By G. M. CARFRAE, M.D., and GEORGE BURFORD, M.B.

II. Ovarian Dermoid Cyst, removed by Ovariectomy, followed by Tachycardia and Acute Insomnia: Recovery.

By H. WYNNE THOMAS, M.R.C.S., and GEORGE  
BURFORD, M.B.

*Fibroid Tumour of the Uterus with Hæmorrhage, both disappearing after the induction of the Menopause. Dermoid Cyst of Ovary, with growth ten years after the Menopause. Ovariectomy: Recovery.*

CLINICAL HISTORY: By Dr. CARFRAE.

THE patient was a single lady æt. 62. She had been under my care at various periods for 20 years; and at her first consultation she complained mainly of recurring headaches, constipation, and menorrhagia.

Examination revealed a uterine tumour which I believed to be a fibroid; it was sessile, about the size of a large orange, but not spherical, and attached to the posterior wall of the uterus. The symptoms continued of much the same character until 50, when the menopause came on. A definite improvement in general health now set in; the headaches disappeared, and the hæmorrhage entirely ceased, and did not recur.

Early in 1896 the patient came to me complaining of bladder irritation, during the day only; and of general nervous symptoms. Cantharis and terebinth brought relief to the vesical distress.

In September of the same year she spoke of acute pain in the abdomen, with a sense of fulness, and troublesome flatulence, for which I gave salol. She disliked examination exceedingly, and as the distension seemed more or less due to flatulence, I did not insist on it.

In May and June of 1897 she again complained of distension, and the former headaches had returned. I

now made a local examination, and found the characteristic signs of an abdominal tumour, the growth was dull on percussion over its anterior surface, and was easily defined by palpation. *Per vaginam*, the lower segment could be distinctly felt, though quite unattached to the uterus. The fibroid of former date, however, had completely disappeared. I diagnosed an ovarian unilocular cystic growth.

Shortly afterward I advised its removal, but as this was impracticable at the time, the operation was deferred until January of the present year.

#### OVARIOTOMY : By Dr. BURFORD.

On January 23rd, 1898, I performed ovariectomy on this lady, removing a fair-sized dermoid cyst, the size of a large cocoa-nut and containing fluid fat, hair, bony plates, and an incisor tooth embedded in the cyst wall. *The uterus was normal*, and no growth remained. Although exceedingly nervous about the operation, she bore the stress remarkably well, and was not even troubled by post-operative sickness. The pulse and temperature remained about normal, and the convalescence was unbroken, save for a certain amount of distress due to intestinal inertia, as the recovery proceeded. She was an exceedingly active woman, and her dietary had been largely of meat; and the change to a simple dietary and prolonged quiescence affected not the earlier but the later stage of the recovery.

Once this difficulty had been surmounted, she gained rapidly in health and strength, and returned to her friends with a practically new lease of existence.

*Remarks.* It was comparatively late in life ere this ovarian growth began to give trouble. During the menstrual epoch, the uterine fibroid with its associated menorrhagia were paramount: as the menopause came on the hæmorrhage entirely ceased, and the fibroid disappeared. Ten years after the menopause the dermoid had reached sufficient dimensions to cause distress. Not only for the relief of the symptoms, but for the protection of the patient against malignant development, we regard the operation as of signal service to her.

*Dermoid Cyst of the Ovary, removed by Ovariectomy:  
Prolonged Tachycardia followed by acute Insomnia and  
Cerebral Irritability: Recovery.*

By H. WYNNE THOMAS, M.R.C.S. and GEORGE  
BURFORD, M.B.

The previous clinical history of this patient is brief. She was a single woman of 33, of fair health up till five years previously, when an acute attack of influenza seized her. Thereafter the period, previously lasting some four or five days, became scanty, lasting less than one day. She complained of pain in the right flank, and local examination showed the presence of a fair sized cyst, probably ovarian in origin, and lying in front of the uterus, which organ was closely applied to the posterior wall of the cyst.

She was received into the private ward of the Phillips Memorial Hospital at Bromley for operation, which was undertaken by Dr. Burford, Dr Madden anæsthetizing, and Dr. Wynne Thomas assisting.

OVARIOTOMY: By DR. BURFORD.

On February 12th, 1897, I performed ovariectomy on this patient, removing a large dermoid cyst of the ovary, with the usual contents of hair, fat, and irregular bony plates. The fatty matter was cheesy in character, and would not flow through the trocar; the cyst was therefore removed practically entire.

The same evening the pulse was 104 per minute, and the temperature 100°. But that the pain in abdomen was acute, the general condition was very satisfactory. Arnica was administered every two hours in hot water.

On the second day the retching and vomiting being troublesome, ipecac. was given. This effectually met the symptom, no sickness occurring after. The patient had a quiet night, but very little sleep. Temperature 101°; pulse 132.

The third day, as frequent faintness was complained of, digitaline was administered in  $\frac{1}{80}$  grain doses every three hours. Merc. dulcis 1x to open the bowels. During the night the faintness repeatedly recurred, and the sleep was in snatches of a few minutes; very restless. Temperature 101°; pulse 124 per minute.

On the fourth day, the frequent faintness persisting, china was administered, at first alternately with and next

in place of the digitaline. The bowels were freely opened. Milk, with lime water, was frequently given. Temp. 101°. Pulse 120.

On the fifth day the faintness continued; the temperature was 98; the pulse ran up to 160. Brandy and Valentine's meat juice were given in addition to the milk; the china was continued, and a few doses of merc. corr. interpolated, to check some rectal tenesmus.

During the night the pulse ran up to 170, and then became uncountable; the temperature remained at 98°. Arsenicum was given at frequent intervals. Sleep in periods of a few minutes, with restlessness when awake.

The sixth day, the highest temperature was 101, and the most frequent pulse 164 per minute. Champagne was now administered, in addition to the milk and brandy. Arsenicum was continued. The bowels were still very troublesome, the motions being slight and sometimes offensive. During the night strophanthus was substituted for arsenicum, the total sleep amounting to 35 minutes.

Not until the fourteenth day did the pulse finally drop below 140 per minute, the temperature ranging from 98° to 101°. Insomnia now became a serious difficulty; although for some time the sleep had been broken and scanty, as the pulse regained tone the nights became more restless. The patient would become drowsy for half-an-hour, then suddenly awaken with a violent fit of restlessness, and endeavour to get out of bed. A variety of hypnotics was given, each without effect; and after aconite, gelseminum, hyoscyamus *inter alia* had been fruitlessly administered, belladonna in the third centesimal dilution, as prescribed by Dr. Thomas, was effective. Ultimately, about a month after operation, the full capacity for natural sleep returned.

The convalescence now proceeded apace, and the patient returned home, some seven weeks after the operation, in rapidly improving health. She has made continuous progress since then, and at the date of writing is proposing to begin bicycling.

*Remarks.*—The leading features during the convalescence were tachycardia and insomnia, with intestinal irritability in the earlier stages. The heart trouble was severe and prolonged; and on its cessation insomnia, with mental irritability, took up the running. Through-

out there were no signs or symptoms of peritoneal involvement; the local conditions were beyond suspicion. The complete restoration of the patient to vigorous health is the clearest proof of the functional character of these profound perturbations.

The supervision of this most trying convalescence was ably carried out by Dr. Wynne Thomas, whose judgment and resource were so repeatedly tested. Dr. Madden, as consultant, freely gave his valuable advice and assistance from day to day. And the nursing arrangements, skilfully controlled by the matron, Miss Hyde, contributed in no small degree to the ultimate satisfactory issue.

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STRANGULATED UMBILICAL HERNIA: EXTENSIVE SLOUGHING OF COVERINGS, PROBABLY DUE TO ABUSE OF ICE-BAG: RECOVERY.

By JOHN D. HAYWARD, M.D. Lond.,

Surgeon Hahnemann Hospital, Liverpool.

It is probably the experience of every surgeon that occasionally, after an operation in which everything has been favourable both locally and constitutionally, the issue will be mysteriously unfortunate; whereas, on the other hand, in some cases a favourable result will occur, where such was not to be expected. It has seemed to me that such surprises are especially frequent and startling after abdominal operations, and particularly in those for strangulated hernia.

I have known death to occur after an uncomplicated operation for hernia, in which, neither at the operation nor at the post-mortem, could any local or constitutional cause therefor be discovered. As illustrations of the opposite class, I especially recall two cases. In one, which was that of a strangulated femoral hernia in a middle-aged woman, the loop of bowel was black in colour and grooved where it had been nipped; as it was still shiny it was returned, and an exceptionally rapid recovery resulted. The other case was that of an old man with a broken-down constitution and a strangulated inguinal hernia; the bowel, although obviously damaged, was returned and, before the close of the operation, considerable quantities of liquid fæces came from the

wound. It was considered less hopeless to leave things alone than to open the abdomen in order to look for the leaking bowel. Fæcal discharge came from the wound for a few days; but otherwise recovery was complete and uneventful.

I consider a recent case of recovery under similarly unfavourable circumstances worthy of a brief note, if only *pour encourager les autres*, especially as the complication was probably induced by an item in the pre-operative treatment.

Mrs. R., aged 55, has had an umbilical hernia for the past 12 years. The patient is a florid, healthy woman; she is extremely stout, indeed an ordinary roller towel will not meet round her for use as a binder.

The hernia first appeared after lifting some heavy articles, during which the patient says she felt something "give and crack." The protrusion never went back after its first appearance, but varied in size; it was never smaller than a couple of fists. She wore a hernial belt, with a large pad, to support the swelling and prevent further protrusion.

This rupture gave but little pain or trouble until two months ago; occasionally it would become larger, harder and somewhat painful, but a short period spent lying on her back, with gentle manipulation, would relieve this condition.

Early in October the tumour suddenly became very tense and painful; but her doctor was able to relieve her by taxis, and she was kept to bed for three days.

On the evening of Friday, November 26th, 1897, she had taken a heavy tea and had been laughing immoderately, after which she felt the rupture had become large and painful. Dr. Mahony (who attends her, and by whose kindness I became interested in the case) was sent for, and attempted reduction by taxis in vain. Vomiting soon set in and, from this evening on, no fæces or flatus was passed. Other attempts at manipulation were fruitless; and although the patient's general condition kept good the vomiting was so persistent that on the morning of the 28th operation was hinted at, but not viewed with favour by the patient or her relations. Dr. Mahony at this time mentioned the case to me, and, operation being refused, I suggested an ice-bag. I note this, in order to assume responsibility, because I am of opinion that my



not having fixed a period for the use of this appliance, led to a prolonged application, which was responsible for a serious complication later on. Vomiting became very frequent, and in the forenoon of the 30th it had become faecal in appearance and odour. I was asked to visit the patient for the purpose of operation on the evening of this, the fifth day. The condition was evidently one of complete strangulation; there was a quantity of brown, offensive, faecal, vomited matter on view, and evidently no further time to lose. The patient's mental and general condition were remarkably good; the tongue was brown and very dry, and it and the lips were covered with black sordes; the pulse was good, but breathing was rather rapid and the breath offensive.

Dr. Mahony administered chloroform, which was excellently taken; and, under adverse circumstances in surroundings, by the light of a candle, I performed herniotomy. A large umbilical hernia was present, about the size of the head of a child of eight years old. The skin over it was cold, was extremely congested and dusky, with two or three purplish patches. I then learned that the ice-bag, which had just been removed, had been employed continuously for 30 hours!

The operation was uneventful, the skin covering the sac was thin; on opening the sac large masses of omentum presented; behind and surrounded by this was found a knuckle of dusky, but shiny, small intestine. This bowel was tightly nipped, and its return into the abdomen, with the gratifying "slip and gurgle" did not occur until the umbilical orifice had been nicked with the hernia knife and some little force exerted. Some omentum was returned, but the bulk thereof was unreturnable. I should have liked to have removed it all, but was afraid to prolong the operation, which so far had only taken a few minutes. However I transfixed, ligatured with catgut, and removed a piece the size of a goose's egg, which it had been necessary to handle in order to get at the loop of bowel; the remainder was left in the sac to which it was adherent. No vessel required ligature; the wound was sewn up and drained, an attempt having been made to operate and dress aseptically.

The patient rapidly recovered from the chloroform, and in about 20 minutes from the commencement of

proceedings she was chatting cheerfully. She had two large motions in the course of the night, and passed flatus and urine freely. She did not vomit after the attack, a half-hour or so previous to the operation.

Nothing but warm water was permitted by the mouth for the first 24 hours, after that Wyeth's beef juice and barley water were used for a couple of days.

All went well until the fourth day when the temperature rose to 101, and it was evident that some of the skin and omentum were sloughing. Two stitches were removed, and on the next day the others were cut, leaving the wound completely open. A flap of black gangrenous skin at the upper end of the incision, the size of a crown piece, was snipped off with scissors, as was a considerable piece of gangrenous and foetid omentum. In the course of the next week, the whole mass of omentum, external to the umbilical ring, came away in soft offensive sloughs, which freely leaked oil. Charcoal poultices, iodoform, izal, corrosive and boracic compresses were used, and small pieces of gangrenous skin snipped off occasionally.

Despite the horrible state of affairs locally, the general condition improved daily. The bowels were opened once or twice each 24 hours, she took food freely, had no pain or discomfort whatever, was cheerful and slept all night, except when waked for the dressings. But for anxiety as to extension of the gangrene to omentum in the abdominal cavity, or as to leakage of discharge or diseased matter into the peritoneum, there was nothing to cause concern. Why this latter did not occur it is difficult to see, for the enlarged umbilical opening was at the bottom of this diseased mass. Active interference was avoided, for fear of actually precipitating such an occurrence. The tongue cleaned and became moist, and the temperature did not rise again above 100, while it was generally normal. She was troubled with a good deal of cough which had been present before the operation, but, strangely, this caused no trouble at the hernial orifice. By Dec. 14, all the contents of the external sac had come away and the cavity had granulated up in another fortnight. Nature, therefore, has performed a radical cure, there being now no protrusion; and, although she is to wear the pad for a month or two, the inflammation at the neck of the sac has so

firmly closed it, that in time this may be safely dispensed with.

In a fair experience of operative hernia cases I have never previously known the sac with its contents and coverings to slough. In this case I believe that the low vitality of the distended skin covering the hernia and of the fat flabby omentum was injuriously affected by the prolonged use of the ice-bag. Theoretically, the ice-bag should often prove of use in facilitating reduction by taxis, what its practical value is found to be I am unable to say. Recently a gentleman of 85 called on me, complaining of fœtid vomiting having suddenly come on. I found a small inguinal hernia, of which he was unaware; it was tense and had no cough impulse. I directed him to go home and to bed, to put an ice-bag on the lump, and I would visit him in an hour or two. At my visit the hernia was readily reduced, with relief to the symptoms. This is the only case I recall where taxis seemed to be rendered successful by the ice-bag. In the light of my case reported above, I should be loth to use the cold application for more than an hour, or at most two.

I am indebted to Dr. Mahony for permission to report the case, as also for the following note:—

“As responsible for the internal medical treatment of this patient, I have only to add that she was, at the time of the operation, under the action of sepia; and that she received, during the time of our combined attendance, merc. sol, thuja and nat. carb., each in a high potency, and as called for by the variation of the symptoms.”

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## A CASE OF APPENDICITIS TREATED MEDICALLY WITHOUT RECURRENCE.

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

Physician in charge of the Department for Diseases of Children, at  
the London Homœopathic Hospital.

It is the relapsing cases of appendicitis about which we most frequently hear, when they eventually find their way to the surgeon, having very often survived repeated attacks of the disease. Much less frequently do we hear of those cases where there has been but a single attack.

There are some surgeons who maintain that relapses are the rule, and that sooner or later an operation will

be required to effect a cure. We do not know the proportion which exists between the primary and the relapsing cases, and statistics on this point are greatly needed.

The following notes were taken at the time of the illness of Master T. R., age 16, who had a very severe primary attack of appendicitis. He made a perfect recovery, and has continued well ever since.

On March 14th, 1896, I was asked to see T. R., aged 16. The previous day he had taken his meals in a hurry, so as to ride his bicycle. I found him in bed, with a temperature of  $101.4^{\circ}$ , and pain in the hypogastrium, but no tenderness. Appetite nil. Later in the day the temperature rose to  $103.8^{\circ}$ . He had no vomiting or diarrhoea. I gave baptisia 1x every three hours.

The same evening he had rigors, with profuse perspirations.

Early the next morning (March 15th) I saw him. He had slept very little, been very restless, and was in severe pain. He had vomited just before I arrived, and again while I was there—green, bile-stained vomit. His bowels also acted three times, small, brown-formed motions. Tongue moist. Urine painful on passing. Had slight rigors at times.

The decubitus was characteristic, patient lying on his back with the legs drawn up; the abdomen was tender and tympanic, but not distended. There was some special tenderness over the ilio-cæcal region, and also over the left hypochondrium. The pulse was 102, full, soft, compressible.

Later in the day, Dr. Moir and Mr. Knox Shaw kindly met me in consultation. There had been no vomiting since I left in the morning, but the abdominal tenderness continued, especially over the cæcum and at McBurney's point. The temperature was  $104^{\circ}$ . Respirations were frequent and shallow. The medicine was changed to acon. 1x and bry. 3x alternate hours; and locally veratrum viride tepid compresses to the abdomen, 3j to aq. ʒvj.

Diet: Non-particulate, *e.g.*, clear beef tea, Valentine's meat juice, peptonised milk, the juice of oranges to allay thirst; to be fed every two hours.

At 7 p.m. he was freer from pain and pulse was good.

On March 16th he was freer from pain, had slept a little, and his pulse, 88, was soft and compressible. He

vomited twice in the night and once while I was there—a green vomit with mucus, but not offensive. The abdomen could be examined with less pain. The bowels had acted three times in the night slightly. The same treatment was continued, but the diet was restricted to Valentine's juice, clear beef tea, veal or chicken broth, no milk or Benger's food.

He had a good deal of flatulence, and in the afternoon there was much urging to stool, chiefly flatus and a little mucus passing. The pulse was steady at 70, and temp. 100.6°. At 9.30 p.m. there was less tenesmus, and there had been no further action of the bowels. When at rest the abdominal pain was absent; but on palpation the cæcal region was still tender. Medicine changed to bell. 1x and merc. cor. 3x alternate 2 hrs.

On March 17th he was better. Had slept over 8 hours. Temp. 100.4° this morning, and no vomiting or tenesmus. In the afternoon he vomited twice, the first time with a little blood. He was very restless during the day, so I gave ignat. 1x in alternation with the bell. 1x, and locally ordered belladonna and glycerine. Percussion showed distinct dulness in the right iliac region, and the pain was localised at this spot. In the evening he was much quieter, with a compressible pulse of 62 and a temp. of 99.4°; there was no return of vomiting.

March 18th. Had passed a good night, with 9½ hours sleep. Had no pain, except from flatulence occasionally. Temp. normal. Pulse 70, good.

March 19th. Passed a quiet night, and slept 4 hours 40 minutes; three small motions, partly formed, passed with flatus. He has no real pain now or tenderness; and the dulness in the right iliac fossa has diminished, and temperature is normal. Pulse good, 68.

March 20th. Passed a very good night, and slept nearly 6 hours. There was now a distinct fulness to be felt in the right iliac region, which when pressed was slightly tender, but it caused no actual pain. It continued slightly dull.

March 21st. Progress maintained, passed a very good night. Appetite returning. Ordered raw meat sandwiches and peptonised milk.

March 23rd. Declared himself "perfectly well."

March 27th. Made steady progress, and took solids such as chicken and fish. His temperature continued subnormal for some days. Sulph. 3 gr. i. three times a day was now given.

On March 30th he sat up for the first time; he never had any more pain or tenderness, and convalesced steadily, leaving for Eastbourne on April 29th.

A few days ago (February, 1898), he walked into my consulting room, as fine a specimen of the *genus homo* as one could wish to see, over 6 feet in height and well proportioned. He has never had any return of his symptoms since.

## REVIEWS.

*The Homœopathic Journal of Surgery and Gynæcology.* Medical Century Co., Chicago and New York. January. Vol. I., No. 1.

THIS is the first number of a new homœopathic journal devoted to surgery and gynæcology, chiefly to the former, and we welcome the new comer, and wish it all success. As a frontispiece, there is an excellent portrait of our distinguished *confrère*, Dr. Tod Helmuth, of New York, and in the body of the journal a very interesting sketch of his life.

The issue of a new journal in America of this size and importance is a further indication of the go-aheadness of homœopathy under the guidance of our friends across the water.

*The Tallerman Treatment by Superheated Dry Air in Rheumatism, Gout, Rheumatic Arthritis, Stiff and Painful Joints, Sprains, Sciatica and other Affections.* Edited by ARTHUR SHADWELL, M.A., M.B. Oxon., M.R.C.P. London: Baillière, Tindall & Cox, 1898.

THE value of such a method as this, as indeed of any therapeutic method or course, can only be established or refuted by experience. It has not fallen to our lot to see any cases which have derived benefit from it, but this is probably due to the extremely limited experience we have had with the "dry hot-air bath." The testimony of this volume is certainly considerable and weighty, not the least part of which is found in the following lengthy quotation from the preface by Dr. Shadwell. He writes: "When requested to supervise the preparation of the volume I readily consented for three reasons. In the first place experience has convinced me of the value of the treatment; in the second, I think it ought to be very much better known than it is; and in the third I have no personal interest whatever. I originally

approached Mr. Tallerman's invention with the scepticism which becomes second nature to a medical man, but having tested it on my own *corpus vile*, I found that it did what it pretended to do, and then I saw a boy with a knee-joint full of fluid and wincing at every movement, gradually charmed off, within half an hour, into a smiling and painless indifference, which permitted the free handling and flexion of the limb without a murmur. Since then, I have repeatedly seen results produced in old and hopeless cases of rheumatic arthritis which I could not have believed on any lesser evidence than my own eyesight. The facts related in this volume amply corroborate my experience, and make it unnecessary for me to say anything more on that head. Attested as they are by many independent observers of high standing in the profession, they form a body of evidence which no one can affect to ignore or despise. They do not come from one or from a few *cliniques*, but from a large number of first-rate hospitals, not only in this country, but in Paris, the United States, and Canada. It is impossible to deny the weight of so large a mass of concurrent testimony."

Again, on page 4, Dr. Knowsley Sibley, of the North-West London Hospital, writes of the effects of the dry heat that "*locally* (1) the heat produces dilatation of all the cutaneous vessels and free circulation through the parts; it is impossible to say how deeply into the tissues this extends, but from the results it may be judged to be some distance, and at the same time there is a marked stimulation of the nutrition of the cutaneous nerves; (2) there is free perspiration of an acid sweat; and (3) relief from pain, however produced, is almost at once apparent. *Generally* (1) there is profuse perspiration and dilatation of vessels; (2) increase of the rate of the pulse and force of the heart's action; (3) increase (slight) of the respiratory movements; and (4) an increase of the body temperature, often of two or three degrees Fahrenheit."

The records of the cases are well worth perusal, and the more so that they are not always records of success. Time may show in what class of cases good results are most likely to be obtained.

A small institute has been established where cases of a suitable nature are treated free of expense when the patients are quite unable to pay. We should be glad to know if there is any *via media* between charitable relief, such as this, and the very high fees at one time demanded (and as far as we know still charged) at the Welbeck Street Institute. If the benefits of the treatment are as represented, it is wrong that they should be restricted to the prince and the pauper.

## MEETINGS.

## BRITISH HOMŒOPATHIC SOCIETY.

THE fifth meeting of the session was held at the London Homœopathic Hospital, on Thursday, February 3rd, at a quarter to eight; the President, Dr. Edwin A. Neatby, being in the chair.

## SECTION OF GENERAL MEDICINE AND PATHOLOGY.

Dr. EDWARD BLAKE read a paper entitled, *The Study of the Hand for Indications of General Disease*.

Dr. Blake having shown what a large amount of information could be gleaned concerning character, health, occupation, habit and method of life generally from a careful study of the hand, went on to describe the significance of colour in its bearing on disease.

He then spoke of the changes in skin-texture, especially as relating to the nails, showing the significance of white markings, longitudinal striation and of lateral furrowing. The first usually traumatic, the second a mere result of thinning, a process which occurs normally after middle life and abnormally after neuritis of various kinds; cross-furrowing being a sign of metabolic arrest, seen after many serious illnesses.

Original observations were detailed as to the rate of nail-growth at differing ages, the average in man being 125 days. The growth of the nail sometimes forms a valuable element in diagnosis, diseases of the lower neuron being usually associated with arrest of ungual development. Hysterical imitation of degenerative disorders of grey matter, on the other hand, do not affect the nail-growth.

The coma of diabetes may be distinguished from the coma of uræmia; if there be a rash present on the forearm, in the following way: Purple maculæ indicating uræmia, whilst a raised rash, yellowish-brown in colour, points to xanthoma-diabeticorum.

Brown spots on the wrist, occurring in the course of osteo-arthritis, lentigo rheumatica, first described by Dr. Blake in *The British Journal of Homœopathy* in 1881, was four years later re-discovered by Dr. Kent Spender, of Bath. It was incorrectly called by him "xanthoma." The termination "oma" should of course be reserved for something in the nature of a tumour.

Dr. Blake then spoke of the geographical distribution of eruptions on the hand, showing that eczema elects the line of skin fringing the lunule, whilst psoriasis prefers the free border of the nail, thus forming a curious exception to the



clinical rule that whilst eczema loves the aspect of flexion, psoriasis prefers the aspect of extension.

It is often said that palmar psoriasis is *always* syphilitic. The word "always" is not admissible in matters pathological. Psoriasis of the palm is sometimes arsenical, occasionally traumatic, and frequently due to trade irritation.

Mr. Jonathan Hutchinson has adduced such strong evidence that epithelial cancer may follow the internal use of arsenic, even after a long interval, that when we can establish in a given case that it certainly is not arsenical, then a very patient and protracted trial of the higher dilutions of this drug should be made before resorting to surgical measures.

Syphilis, when found in its primary form on the hand, generally attacks the skin at the side of the nail. The chancre has no elective site, it only occurs there because a hang nail or a border cut usually exist in that locality, thus forming the needed chink in the armour for the penetration of the protozoal arrow.

Dr. Blake afterwards described the various diseases which are associated with some change in the form of the fingertip, which is acuminated in osteo-arthritis and in acromegaly.

In acromegaly the nail is narrow and over-lapped by exuberant skin, whilst in Marie's disease—pulmonary hypertrophic osteo-arthropathy—the nail is broad and spreading and the finger tips clubbed. This state of things is not confined to Potts' disease of the spine; it occurs also in congenital mitral disease, in traumatic neuritis, in tubercular phthisis, in some forms of bronchorrhœa, and in hepatic abscess, when the pus escapes by way of the air passages.

Dr. Blake suggested that the finger clubbing might be due to veno-lymphatic stasis, showing most at the points of least resistance.

He then drew attention to the curious resemblance between the small ribbed nails and the stunted fingers as an acquired condition in acromegaly and the normal stall of the anterior hand of the larger anthropoid apes.

Œdema of one hand, if *acute*, points to peripheral neuritis, either catarrhal, toxic or traumatic in origin; if *chronic*, then vessels obstructed by adenomatous or other axillary tumour should be hunted for.

If both hands swell, then albumenuria, due to primary renal changes, or arising from diphtheria or saturnism, would be thought of.

Morning deadness of one hand is not necessarily cardiac. A common cause is pressure on a nerve-trunk during sleep, especially in a gouty person. If the symptom persist, digitalis

cures the greater number of cases. If it fail, ignatia, apis, and aconite may be thought of.

If neuritis, with sudden deadness of one hand, occur in an otherwise healthy woman, especially if amenorrhœa appear without pregnancy, alcoholism should be suspected.

Deadness of the little finger is common to leprosy and to general paralysis of the insane.

In the discussion following the reading of the paper, Dr. DUDGEON, Dr. H. NANKIVELL, Dr. BLACKLEY, Dr. BYRES MOIR, Mr. KNOX SHAW, Dr. STONHAM, and the PRESIDENT took part.

Mr. F. A. WATKINS next read a paper on the *Homœopathic Treatment of Pneumonia in Children under the Age of Five Years*, a summary of which appeared in our last issue.

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The Sixth Meeting of the Session was held at the London Homœopathic Hospital on Tuesday, March 3rd, the President, Dr. Edwin A. Neatby, in the chair.

Dr. Dewey, Dr. Eugene Porter and Dr. Pemberton Dudley were elected corresponding members of the Society.

#### SECTION OF SURGERY AND GYNÆCOLOGY.

Dr. Cash Reed (Plymouth) read a paper entitled "Clinical notes on Endometritis, chiefly the senile form," the paper was illustrated by a lantern demonstration of microscopic slides.

The first case he described was that of a lady aged 68, with a bulky, soft, easily bleeding uterus, the sound passing  $3\frac{1}{2}$  inches; there was also profuse, offensive leucorrhœa. The uterus was dilated, and the endometrium curretted, and pure carbolic acid applied to the surface. The patient made a good recovery. Micro-photographic slides were exhibited of the case, and the opinion of Mr. Johnstone given that if the condition was not actually malignant, there was a malignant tendency.

The second was a lady, aged 86, suffering from metrorrhagia, due to endometritis in a virginal uterus.

A discussion followed, taken part in by Dr. Burford, Dr. Madden, and Dr. Neatby.

Mr. Gerard Smith then gave a practical demonstration of "The molecular physics of the X ray phenomena." The demonstration was liberally illustrated with most interesting experiments, especially with regard to fluorescence under the X rays, and at the close a vote of thanks was given to Mr. Gerard Smith.

NOTABILIA.

THE CONSULTATION QUESTION.

THE correspondence on the above subject in the *British Medical Journal*, which we noticed last month, has been continued. It has, however, drifted rather towards a discussion on some features of the practice of homœopathy than been directed towards the consideration of consultations between homœopathic and non-homœopathic practitioners. This, indeed, was noticeable during February, when the *Journal* published a letter from Dr. Arnold, of Manchester, containing admitted facts illustrating the power of infinitesimal particles of matter to influence living organisms. A portion of this letter we printed at p. 185 of our last number. In the *Journal* of the 5th ult. Dr. Brazil, of Bolton, published a reply to Dr. Arnold, in which he says that he has been particularly struck with "the number of medical men who are coquetting with homœopathy." That is to say, Dr. Brazil is surprised with the number of medical men who are enquiring into the meaning of the subject and as to the results which have accrued from treating disease homœopathically. He is astonished that in the domain of therapeutics there should "not be room for dogmatism," and that any one should advance such a proposal as to "relegate penalties for heresy and schism to another tribunal," and at the same time urge members of a liberal profession to "prove all things" (including homœopathy among them) "and hold fast that which is good." Dr. Brazil must, however, remember, as Mr. Jessop remarked, that this is "a world of change," and that we live in times when dogmatism regarding facts in nature must give way to experiment and yield, as Tyndall has said, to a "patient industry and a humble, conscientious acceptance of what nature reveals." But he adds as primary conditions of such an enquiry "an honest receptivity, and a willingness to abandon all pre-conceived notions, however cherished, if they be found to contradict the truth."

Dr. Brazil, in directing his attention to Dr. Arnold's letter, says that he "contends that Darwin's success in stimulating the leaf glands of *drosera rotundifolia* with  $\frac{1}{20000000}$  grain of ammonium phosphate is an argument in favour of infinitesimal doses. A few days ago I measured one of these little glands, it was  $\frac{71}{10000}$  inch in length by  $\frac{55}{10000}$  inch in diameter. If we assume that it weighs  $\frac{1}{1000}$  of a grain then, (it is probably not one-tenth of that—the larger estimate will suffice for my purpose) and we prescribe for a man weighing 150 lbs. in proportion we should have to give 50 grains, a decidedly allopathic dose.

“ But the fact is that medical science is but little concerned either to attack homœopathy or to defend allopathy. We are not allopaths or any other paths ; we are practitioners of the science and art of medicine. Causes of diseases are so various, and their pathology so different that the problems involved in their treatment are far too complicated to obtain a solution in any such bold general formulæ. Attempts to relegate treatment to any such so-called systems are not rival solutions of a scientific problem, but, as Dr. Pye Smith has aptly remarked, ignorant answers to an absurd question. Just as there is no one cause of disease so there can be no one system for its cure. The true principles proceed on other and far different lines, and he is the most enlightened physician who follows out his plan of treatment, not in deference to a general formula but in pursuance of a scientific reason.

“ For the physician who has grasped these principles homœopathy falls naturally into its own proper place among obsolete medical theories, and the question of consultation with homœopaths answers itself. There must be a common ground of agreement between the consultants or consultation is out of the question. Let orthodox medical men consult together, and let the homœopath consult with his own confrère. *Thrasyllus a Thrasyllō consilium petat.*”

Dr. Brazil's strictures upon homœopathy are too absurd to have been derived from any other source than his inner consciousness. Imagination or assumption have evidently prompted them ; experiment and observations have had no part whatever in formulating them.

In the *Journal* of the 12th ult. Dr. Arnold replies to him in the following letter :—

“ Dr. Brazil's criticisms of my remarks on infinitesimal action would have, perhaps, been more to the point had he made himself acquainted at first hand with the authorities I quoted. Darwin does not say that  $\frac{1}{1000000}$  of a grain of ammonium phosphate is required to stimulate each separate leaf gland of drosera, but that half a teaspoonful of water containing that amount of the salt, when poured upon a leaf of the plant, caused ‘ the inflection of almost every tentacle, and often of the blade of the leaf.’ The amount of the salt brought into action on any one gland by this process must obviously have been very much less than the one twenty millionth of a grain. Dr. Brazil will have to re-state his rule of three sum—that is to say, if he does not see that his argument is faulty in itself even if his numerical data were correct.

“ The striking picture of an ‘ organism bathed in unlimited supplies of a toxic solution ’ seems to be a product of Dr. Brazil's inner consciousness; at any rate, it has no relation to any of Naegeli's experiments. Naegeli's work is of great

interest, among other things he found that one part of hydrated oxide of copper was sufficient to render 1,000,000,000 parts of water toxic to spirogyra the amount of copper oxide, therefore, required to render the litre of water fatal to the organism growing in it was  $\frac{1}{1000000}$ th of a gramme." *Ueber oligodynamische Erscheinungen in lebenden Zellen von Carl von Naegeli, H. Georg, Basel, 1898.*

Dr. Blackley, of Southport, has also sent the following, commenting on Dr. Brazil's letter to the *Journal*. The major portion of Dr. Blackley's letter appeared in the *Journal* of the 26th. We here give it as it was sent to the *Journal*. Sentences omitted in the *Journal* are in italics.

CONSULTATION WITH HOMŒOPATHS.

*To the Editor of the "British Medical Journal."*

SIR,—Your correspondent, Dr. Brazil, does not fully answer Dr. Arnold's letter in your number of March 5th.

If he will refer to Darwin's work on insectivorous plants he will find that he distinctly states that each gland of the *Drosera Rotundifolia* could not have absorbed more than  $\frac{1}{1000000}$  of a grain of the phosphate of ammonia. And yet this minute quantity caused distinct physiological action. This surprised Mr. Darwin, and rather troubled him, because he feared that nobody would believe his statements. Nevertheless, he published them and let them take their chance. *Good honest soul that he was!*

*But my object in writing to you is not to vindicate what Dr. Arnold has written on this matter, as I am quite sure he can take care of himself. It is, however, to give some of my own experience of the action of small quantities in setting up disease in one case that I have investigated very fully.*

For some years before I commenced my curriculum of study I had suffered from that curious malady—hay fever. It came on in the summer and departed in the autumn. Nobody could tell me anything satisfactory about it. When I had qualified and had got fairly established in practice, I commenced to investigate the cause of hay fever. I made slow progress at first, but, by patience and perseverance, I eventually satisfied myself, by actual experiment, that pollen—the pollen of the grasses—was the cause of the attacks in England. These investigations were published as the first edition of my work on hay-fever in 1878. *The Lancet and some other journals gave excellent reviews of the book.*

After a little time I set to work to determine the quantity (by weight and by number) of the pollen grains that would set up hay fever. After careful and repeated experiments I found that so small a quantity as  $\frac{1}{10000}$  of a grain, inhaled

in each 24 hours, would produce mild, but very distinct, symptoms of the malady, and it did not usually take more than an hour's exposure to the atmosphere, at the commencement of the disease, before I was aware, from the symptoms, of the presence of pollen. Thus  $\frac{1}{100000}$  of a grain gave me very distinct indications of its presence. But rather less than  $\frac{1}{8437}$  of a grain would suffice if inhaled in 24 hours, to keep up the disorder in its severest form, and a quarter of an hour's inhalation of such an atmosphere by a hay fever patient would give repeated and violent attacks of sneezing and other symptoms. Here it was not the question of curing disease by a small dose, but the question of producing disease by what even your correspondent will admit to be a very small—an infinitesimal—dose.

*The whole series of experiments were undertaken in the interests of medical science and not to support any particular theory. It, however, gave me an excellent example of the powers of infinitesimal quantities.*

In addition to the facts mentioned above, I have been, for the last fifteen years, engaged in a set of experiments on the subcutaneous injection of the active portion of the pollen grain. These have given much the same results, in the matter of dose and the matter of symptoms, as my other experiments. These have not yet been published, but I hope soon to publish them.

*In the whole of my investigations I have only had one object, i.e., to get at the truth. I am as anxious to be right, as are any of my colleagues of the opposite school.*

*I am willing to be convinced if I am wrong. But I shall not be converted by abuse. Let us hope that a better day is dawning.*

CHAS. H. BLACKLEY, M.D.

Southport, March 14th, 1898.

During the three months throughout which this correspondence has been going on in the *Journal*, the *Lancet* has never referred to it, either directly or indirectly, but in its issue of the 19th ult., in an answer to a correspondent who has signed himself "Hospital Medical Officer," the editor, on p. 885, makes the following statement:—

"No one will deny that drugs vary in effect according as they are given in large or small quantities. For example, half-an-ounce of vinum ipecacuanhæ will induce vomiting, if taken; but on the other hand, persistent vomiting is often completely checked by the administration of one minim of the same preparation every fifteen minutes. The reason why it is impossible to meet homœopaths in consultation is owing to their ridiculous 'principles' and their views on pathology."

The principles of homœopaths are said to be "ridiculous" in the last sentence of this deliverance. In the first, the doctrine of the double action of drugs, first announced by medical writers in homœopathic literature, is described as one which "no one will deny." In the second, this principle is illustrated by a therapeutic fact, the knowledge of which is solely due to the study and practice of homœopathy.

Mr. Herbert Spencer has said, "Of the three phases through which human opinion passes—the unanimity of the ignorant, the disagreement of the inquiring, and the unanimity of the wise—it is manifest that the second is the parent of the third. They are not sequences in time only, they are sequences in causation." *Education* p. 58. The *Lancet* has been for the last 70 years a conspicuous supporter of the "unanimity of the ignorant," it appears, from the passage we have quoted, to be passing on to the second stage of development into which, as the *Journal* has shown us, so many members of the profession have already passed; trying to "prove all things," and then follow on by "holding fast that which is good."

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### THERAPEUTICS OF PLAGUE.

DR. SIRCAR, of Calcutta, has sent us a copy of his article on plague, in the *Calcutta Journal of Medicine*. We have extracted a large portion of it, omitting some of the long symptom-lists which are to be found in all the text materia medica books:—

"The Plague, as it is now understood, namely, the Bubonic Plague, is perhaps one of the oldest, as it is one of the most dreadful, of diseases.

"From all the accounts that we have of the disease, we find it to be one which is attended with the largest mortality. In its mildest visitations that mortality has never been below 50 per cent. In its most virulent forms the mortality has been as high as 90 or even 100 per cent. In the plague which broke out on the banks of the Volga in 1879, there were in the village of Vetlanka 417 cases out of a population of 1700, and of these 417 cases 362 died, that is, 90 per cent. In some other villages on the Volga, the disease was even more severe, indeed, it assumed the form of death itself, as not a single person that took the disease recovered. The fact of this high mortality shows that medical treatment has been of very little avail in arresting the progress of the disease or of helping recovery from it. And this is the testimony of all who have written upon it after a careful study of its history or from personal experience.

“Whether the treatment adopted by the old school, especially in olden days, did aggravate the disease and add to the mortality that would have naturally resulted from it, is a question which demands serious attention from its importance. This much is certain that some of the judicious members of that school have admitted the injuriousness of that treatment. Thus Dr. Gavin Milroy, one of the greatest authorities on Epidemic Diseases, has said: ‘There is little on this head (curative treatment) in medical writings at all satisfactory or encouraging in respect of the recovery of the sick, but much that is admonitory as to the baneful effects of an over-active and meddlesome medication. . . . The perusal of recorded histories of cases of plague, as observed at Malta in 1813, and in Egypt in 1835, leaves the impression on the mind that the patients would have fared better had they been treated with light nourishing food and cordials frequently administered, together with simple saline or acid medicines, and without active purgation, blood-letting, and such energetic measures.’

“It is satisfactory to see in this connection that Dr. Dyson, Sanitary Commissioner of Bengal and member of the Plague Commission, has, in his recently published list of requisites for Plague Hospitals and Segregation Camps, condemned the use of antipyretics, such as antifebrine, phenacetin, as they have been found to produce unfavourable results in plague cases. Plague is essentially a disease with adynamia of the gravest description as its pronounced condition, and therefore nothing should be done to aggravate that condition.

“It should be remembered that we have as yet had no testimony from members of our own school. Indeed, homœopathy has not yet had its trial in this disease. And this for the simple reason that there has been no occasion for it, neither in Europe where plague had ceased to exist before homœopathy developed into a workable system, nor in America where the disease is happily unknown and we hope will remain so.

“We ought to make an exception to the statement we have made above, namely, that homœopathy has not yet had its trial in plague. The exception is a solitary one, but a very remarkable one also. The late Dr. John Martin Honigberger, who says he learned homœopathy at its very source, from ‘the father of homœopathy, the celebrated Dr. Hahnemann,’ made trial of its medicines with success in the plague which was raging at Constantinople in 1836. ‘In order to have some experience in this matter (of plague),’ says he (*Thirty-five Years in the East*, vol. i.), ‘I tendered my services at once to the plague-hospital at Pera (one of the Christian



suburbs of Constantinople), where the poor patients were left to their fate, as no medical assistance or any other aid was to be had. Without any authority or permission, I attended them at my own expense. I proceeded, to the satisfaction of all the attendants and patients, to treat the infected according to the homœopathic principle, and my endeavours were mostly crowned with success. All this, effected by the most simple treatment, did not fail to procure me, in a very short time, a great reputation, so that, after the extinction of the plague, and the abolition of all quarantine, I was in great request amongst the most respectable private families. But, before I proceed to prove the efficacy of the minute doses of homœopathic medicines, I must first speak of a special remedy, which proved very efficacious, employed as a prophylactic or curative; and I dare to say, with respect to the plague, it might be considered as a specific. During my stay at Constantinople," he continues, "I frequently had an opportunity of making the observation that many individuals, especially Armenians, wore a string, to which was attached a bean, called *Strychnos Faba St. Ignatii*, as a preventative against the plague. Having been informed that this bean was acknowledged to be an effective one, I administered it in minute doses, as a medicine, and that with the best success. The particulars will be mentioned in the course of this work.'

"The particulars here spoken of are, that two years after, on his way to Lahore, he himself caught the plague at Palee and cured himself with 'the small pills of the above-mentioned *Strychnos Faba St. Ignatii*,' after the second dose of which he relates that 'I began to perspire to such a degree that my mattress was wetted through. In consequence of this perspiration, I got rid of the fever and anxiety, and entertained the hope of being restored to health, although the pains in the groins still continued. The swelling of the glands remained for three weeks, as I did not employ any local remedy.'

"It is a pity that the worthy doctor has not mentioned, in his book from which we have quoted, what other homœopathic medicines he had employed against the plague with success at Constantinople. Perhaps he did not think it necessary to do so, having found in *ignatia* almost a specific. Here we have a medicine, not suggested on theoretical grounds, but discovered by a happy accident, actually used and found beneficial. Dr. Honigberger's own case might have been a mild case of plague, but that it was a genuine case of the disease must be evident from the circumstances under which it occurred and from the symptoms given, and there is

no doubt that *ignatia* did succeed in cutting short the disease.

\* \* \* \*

“Now what of the score of remedies which have been suggested on theoretical grounds? Are they all, or any of them, likely to be useful in the disease? Are there any others in our *materia medica* which, on the principle of similars, may also be useful? If the principle of similars be a natural law, then we ought to be able to select out of at least two-hundred well-proved drugs some which will meet cases of the plague.

“Of the drugs mentioned by various authorities mentioned above, we would give preference to *crotalus*, *lachesis*, *phosphorus*, and *arsenicum*, their importance being in our opinion in the order they are mentioned, and we would add to these *cobra*, *mercurius corrosivus*, *carbo animalis*, *carbolic acid*, and *baptisia*.

“*Crotalus* deserves the first place in the most virulent types, especially when associated with a hæmorrhagic tendency. The following symptoms of the nervous, circulatory, and other systems as affected by this venom, show what an intimate resemblance they bear to the symptoms of the worst forms of the disease: Unusual obtuseness and stupidity; coma; languor and delirium; extreme prostration, sinking and faintness; staggering and falling; vertigo, with intense headache, especially in forehead above the eyes and in temples. Countenance deathly pale, and often expressive of calm indifference, with marked prostration and apparent freedom from pain. Eyes half-open and staring. Nausea and vomiting of bile. Tongue much swollen and too large for the mouth. Constipation or diarrhœa with violent thirst, with great anxiety, uneasiness and burning throughout the body. Dry consuming fever, with dry tongue and intense thirst, pulse very weak and frequent, respiration difficult and hurried. Hæmorrhage from the bowels, gums, lungs, and indeed from every part of the body. Inflammation and swelling of both inguinal and axillary glands. We can confidently say that a case of plague which will present a majority of the above symptoms will be benefited, and, if not *in extremis*, will be cured.

“*Lachesis* closely resembles *crotalus* in the great prostration and septicæmic condition which it produces. The symptoms noticed under *lachesis* either from bites or provings will show that they analogise very faithfully with the symptoms of cases of plague. The tendency to hæmorrhages is much less under it than under *crotalus*. The characteristics of the fever also are different. There is under *crotalus*, singularly enough,

profuse perspiration during the chilly stage, which is wanting in lachesis. The lachesis patient courts the heat of fire from which he feels better, a symptom not found under crotalus. The predominance of action of lachesis is on the left side. Symptoms worse after sleep. Great loquacity.

“*Cobra* is a more energetic poison than either crotalus or lachesis. Indeed, it is the most virulent of serpent venoms. Its action upon the nervous system is more profound than upon the blood. Hence it should have a place where the prostration is unusually great at the very outset, and there is imminent danger of failure of the heart. The following symptoms will determine its selection: Intense depression of spirits accompanied by severe headache, which is aggravated by the least motion, slightly relieved in the open air, more relieved by smoking, completely by alcoholic liquors. Considerable pain in forehead attended by fluttering of heart. Headache all day, most severe and throbbing in afternoon. Prostrate and miserable in body and mind, with dulness of head, heavy aching over eyes and dry mouth. Torpor and listlessness pervade the whole system. Confusion of head and strong disposition to doze; unconscious of what is passing, but at times showing much inquietude without making any specific complaint, at others lay moaning and dozing. Nausea and depression of vital energy to an unusual degree. Looks very pale and ill; looks thin and haggard in face, dark circles around eyes. Tongue and mouth very dry, without thirst. Craving for stimulants which aggravate the state. Nausea, with very parched mouth, frequent inclination to spit rather adhesive saliva, yet constant desire to drink. Sudden, relaxed motion. Diarrhoea followed by constipation. Tired and sleepy. Gasping for breath all day. Audible beating of heart. Pulse frequent, remarkably irregular in rhythm and force. Heart pulsates after cessation of respiration. The cobra patient has even greater longing for fire during the chilly stage than the lachesis patient. He cannot stay away from it, and feels better from the radiant heat. It is true that the disorganising effect of cobra upon the blood is less than that of lachesis, and much less than that of crotalus, but it is not altogether nil. Hence though in cases of plague where hæmorrhages are a prominent symptom preference should be given to crotalus and even to lachesis, we must not forget cobra when the other symptoms correspond with it.

“The symptoms given above are sufficiently differentiative of these serpent venoms to help in their selection. But for a more detailed analysis of their distinguishing characteristics

we would refer the reader to Vols. xii., xiii., and xiv. of the *Cal. Jour. Med.*

“There is another serpent venom, the *Elaps Corallinus*, which might find its use in cases of plague, especially where hæmorrhages prevail and the blood discharged is black and generally fluid though sometimes clotted. It strongly resembles crotalus in this respect, and may be used either at the very beginning, or when crotalus has failed.

“In the gravest, *foudroyant* cases, where death seems imminent, we would recommend hypodermic injections of the serpent venoms (of course in dilutions) as more efficacious than their administration by the mouth. We need hardly add that for purposes of injection we do not mean a mixture of the four venoms, but only the particular one which may be deemed appropriate to the case under treatment.

“*Phosphorus* should have the preference in cases where the lungs are involved. Fever generally in afternoon or evening, first violent chill, so that he could not get warm, followed by heat with thirst, and internal chilliness, and after the latter had passed off, heat and perspiration all night. The fevers of phosphorus very often assume the typhus or typhoid character, become complicated with pneumonia and bronchitis. Always lies on the right side, lying on the left side causes anxiety.

“It is a positive fact that many cases of slow arsenical poisoning can scarcely be distinguished from low, adynamic fevers of the typhus or typhoid character. On this foundation Arsenicum is used in our school for fevers of that description. Hence it is very likely that it will be found appropriate in some cases at least of the plague, especially of the gastric and intestinal variety, in which insatiable thirst, uncontrollable vomiting and diarrhœa are present. Its appropriateness in particular cases can be easily found out by the experienced and intelligent homœopathic practitioner.

“Fever at 2 o'clock in the night, increased warmth in whole body, sweat in face and on the feet, tension in hypochondria and epigastrium, producing colicky pain and anxiety. Typhus-like fever with extreme restlessness, alternating with stupor. Burning heat internally, with anxiety, after midnight, with inclination to uncover. Heat and restlessness the whole night, and pulsations in the head hindering sleep; or nocturnal heat without thirst or sweat. Cold, clammy sweat; offensive sweat over whole body. Sweat, when commencing to sleep, going off after sleeping a little. Sweat, with excessive thirst; would drink all the time.

“In this connection we may state that, as mentioned by Dr.

Imbert-Gourbeyre, 'the anatomist, Jacques de Carpi, who was the first, it is said, to employ mercurial frictions in syphilis, is believed to be the inventor of the arsenical amulet. According to Kircher, in his work upon the Plague, it is a potent means for drawing out the pestilential virus, *its similar* among animal poisons. Willis does not hesitate to commend this prophylactic procedure, theoretically as well as practically. It is said that Pope Adrian VI. was preserved from the plague by its means.'

"That amulets do act in numbers of cases it is impossible to deny. But how they do so, whether by simply acting upon the imagination, or by exerting some subtle physical influence, is more than our present crude philosophy can explain. Whatever the *modus operandi*, it is neither prudent nor philosophical to object to their use, especially when medicine has proved so acknowledgedly impotent that we are obliged to have recourse to the barbarism of quarantine and the cruelty of dragging away patients from their dearest surroundings. There would be no harm if everybody were to wear in these days of plague panic, an amulet of St. Ignatius's bean or of arsenic on the arm, or, perhaps, better of one on one arm and of the other on the other arm.

"We would recommend *Mercurius Corrosivus* where the involvement of the glands, and the gastric and intestinal symptoms form the prominent feature of the disease. It has the further recommendation of being a proved antiseptic to the plague bacilli, as of all other pathogenic bacilli generally. The homœopathic practitioner need not be told that this antiseptic property will be displayed even in our dilutions when administered internally.

"*Carbolic Acid* has almost all the chief symptoms of the disease, with the exception only of glandular enlargements. It may be used at the very beginning when the headache is very distressing, and in the course of the disease when septicæmia becomes general, and the discharges become very foul and offensive. Even in our attenuated doses given internally it will be found to exert a remarkably antiseptic influence."

"The importance of *Kali. Phos.* as a tissue remedy, especially in affections of the nervous system marked by great debility and in all putrid and decomposing processes, was first pointed out by Dr. Schüssler, of Oldenburgh, North Germany, in 1878. The subsequent proving of the drug under the direction of Dr. H. C. Allen, and clinical experience, would seem to have realised the anticipations of Schüssler. Drs. Boericke and Dewey, in their work on *The Twelve Tissue Remedies of Schüssler* remarks: "It corresponds to the hosts of conditions

known as *neurasthania*, in which field it has won its greatest laurels. It is a restorative in muscular debility following acute diseases, myalgia and wasting of muscular tissue, all dependent upon impaired innervation. Atrophic conditions in old people. In cases arising from rapid decomposition of the blood corpuscles and muscle juice, such as hæmorrhages of a septic nature, scorbutus, stomatitis, gangrenous angina, phagedenic chancre, offensive carrion-like diarrhoea, adynamic or typhoid conditions, &c.' We have no experience with kali. phos. But if half of what Drs. Boericke and Dewey say, has been based upon positive clinical data, then the drug is likely to be a very useful one in plague, and we have no hesitation in recommending its trial when success with the remedies mentioned before has not been satisfactory.

"As regards the dilutions in which the medicines are to be administered, we should prefer the lower, from the 8rd to the 12th decimal. There may be occasions for using the higher, but we would leave each practitioner to use his own dilutions.

"In view of the danger of having the plague amongst us, we have thought it our duty to make the aforementioned suggestions on the treatment of the disease which is likely to be useful. In the absence of personal experience we have been obliged to rely upon reported symptoms, especially those given so clearly and fully by Drs. Dyson and Calvert. As in all diseases, so in plague, individual cases may present peculiarities which will demand remedies other than those suggested above. Again in the course of treatment of particular cases, the necessity may arise for the exhibition of intercurrent remedies, and as far as we can judge, there is likely to be a call for *Opium*, and one or other of the solanaceous narcotics, *Belladonna*, *Hyoscyamus*, *Stramonium* for cerebral symptoms, of *Ipecacuanha*, *Antimonium*, *Crudum Antimonium Tartaricum* for gastric and pulmonary symptoms, of *Hepar Sulphuris* and *Silecea* for suppurations.

"In this time of India's sorest need, not less urgent than wide-spread famine itself, we trust our colleagues throughout the world would be good enough to send in any further suggestions that they may deem necessary, which we shall be glad to publish in this Journal for the benefit of our countrymen."

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#### WANTED: A PHYSICIAN TO TREAT THE PLAGUE HOMŒOPATHICALLY.

On another page we have recorded how much (or, unfortunately, how little) has been done to test the value of homœopathy in the treatment of the plague. Analogy would

suggest that it can do better than other methods, though, with a steadily increasing spread of mortality, that is, perhaps, not saying much.

We understand that some benevolent and influential supporters of homœopathy have expressed a desire that one or more competent observers should be sent out to India to treat the plague on homœopathic principles. Of the desirability of this proposal there can be no two opinions, and could it be carried out, there is little doubt that the world in general, and homœopathic therapeutics in particular would be placed under an indischargeable debt to the gentlemen who are prepared to give effect to their suggestions by practical support.

Before any definite steps can be taken towards obtaining facilities for such treatment as to ensure financial support, it is necessary to have suitable candidates in view for the responsible post. We may state that all expenses and a liberal salary are offered to a suitable man. Further information may be obtained from G. A. Cross, Esq., or Dr. Edwin A. Neatby, The London Homœopathic Hospital, Great Ormond Street, W.C.

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#### A CASE OF CHLOROFORM POISONING.

In the *British Medical Journal* (November 20th, 1897), the case is reported of a man who was found semi-conscious from taking chloroform. The writer, Surgeon S. T. Reid, R.N. Surg., says:—

“Coffee was given, artificial respiration resorted to, and the electric current brought into play, also shortly afterwards  $\text{mxx}$  of liq. ammoniæ were injected by a local medical man.

“On the arrival of the ship’s surgeon (8.30 p.m.) he found the patient deeply comatose, eyes suffused, face purple, breathing very slow and shallow—sighing—character, pulse just perceptible (40 per minute). He injected  $\text{mxx}$  of ether and gave an inhalation of nitrite of amyl, but finding no response to these he injected one eighth of a grain of strychnine and placed the patient in reclining position with feet well up.

“I arrived shortly after, having been sent for, and as the patient was still in the same state—fully dilated pupils, loss of conjunctival reflex, relaxed sphincters—we determined to push the injection of strychnine to the full extent.

“9.15 p.m. Injected  $\frac{1}{4}$  gr. strychnine.

“We increased the electrical current from 80 volts to 40 volts, and the effect was very marked upon the respiratory muscles. Previously they had ceased to act, and respiration,

which was very shallow and diaphragmatic, now became quicker and deeper, and the chest wall, commencing about the sub-clavicular regions, began to move with normal rhythm. But it was noticed afterwards that this marked effect of the current was only on suddenly increasing the strength, and not a continued stimulus that could be depended upon to keep the patient alive while the chloroform was being exhaled from the lungs.

"The nape of the neck was shaved, and one pole (from the arrangement of the battery it was impossible to tell which was the anode and which the kathode) was applied as near the respiratory centre as possible, the other at the ensiform cartilage; finally the current was increased to 50 volts.

"Artificial respiration was continued, and another injection of strychnine was given ( $\frac{1}{3}$  grain at 9.40 p.m.). Shortly after this the effect of the drug became evident, chest respiration became more marked, trismus, pupil contracted. Conjunctival reflex was obtained, and it was noticed that the patient vomited after each fresh injection of strychnine. But what was most interesting was to see the gradual counteracting influence of the chloroform over and above that of the strychnine. The respiration again became shallow and diaphragmatic in character; the conjunctival reflex was no longer obtained, and the wedge of wood used to counteract the trismus fell out of the patient's mouth, while his aspect presented very little to suggest that he had had nearly one-third of a grain of strychnine injected, and a 50 volt current passing into him.

"10.30 p.m. Injected  $\frac{1}{2}$  grain of strychnine.

"11.30 p.m. Do. do. do.

"The same course of events followed each of these injections of strychnine, but it was not till half an hour after the last injection that we got full evidence of the action of strychnine. On occasions he would have muscular contractions which necessitated stopping the artificial respiration and even holding the patient down on his couch, but these were not at all excessive, and on reducing the electrical current, subsided almost completely. An hour after the last injection it was noticed that the strychnine still seemed to have strong influence, appearing as though we had injected just sufficient to counteract the influence of the chloroform, for the pupil still remained contracted; the conjunctival reflex was easily obtained, while the rigidity of the jaws subsided, and we had no other signs of excessive muscular contraction.

"Twenty minims of tinct. digitalis had been injected with marked improvement of the circulation; heart sounds were now heard distinctly, pulse was felt at the ankle, and there was marked improvement of the pulse at the wrist. The



respiration had greatly improved, the chest muscles were acting well, the inspiration was deep and long, and the patient continued to improve, till shortly after 1 a.m. he became sensible, having been under the influence of chloroform for over seven hours.

"There were no other signs of the effects of strychnine; he had a very quiet night, dozing peacefully; his pulse was very weak, for which caffeine citrate was injected, and the next day he had slight diarrhoea, but the subsequent progress was very favourable.

"REMARKS. 1. A stomach pump was not used at all; he had vomited freely after he was discovered (6.30 p.m.), and when the stomach pump was obtained, there was no smell of chloroform in the vomit, but his breath was fully impregnated with the odour, and continued so for fully twenty-four hours afterwards.

"2. The quantity of chloroform taken into the stomach must have been over 2 ozs., but the quantity absorbed into the system can only be judged by the amount of strychnine injected and the length of time the patient continued to expire the vapour.

"3. The tabloids of strychnine were used, strength  $\frac{1}{50}$  gr.; of these 22 were used, making the total just under the half-grain.

"CONCLUSIONS.

"1. The great value of strychnine as a stimulant to the respiratory centre during chloroform poisoning in keeping life going while the vapour is being exhaled, but the drug must be used boldly.

"2. The use of the electrical current in acting upon the respiratory centre at once, and by increasing the current rapidly, keeps the respiratory mechanism during the dormant stage of strychnine after injection.

"3. With these two agents to hand one ought to be able to treat any case of chloroform poisoning."

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POTASSIUM CHLORATE POISONING.

P. JACOB (*Berl. klin. Woch.*, July 5th, 1897) records a fatal case. A patient, aged 89, was admitted almost comatose, thirty hours after taking about 25 gr. of this drug. The face, ears, fingers and toes were blue. There was much dyspnoea, and the pulse was thready. Camphor injections were given, and the stomach washed out with water to which sodium bicarbonate had been added. Venesection was performed on two occasions, and 1,000 c.cm. of normal saline solution was infused. Some considerable improvement was noted on

the third day. 50 c.cm. urine of a brown red colour was drawn off, and was found to contain both albumen and blood. From the time of admission a marked methæmoglobinuria existed, but after the second day a distinct hæmoglobinuria. Six days after taking the poison the patient died suddenly and unexpectedly. Only an incomplete necropsy could be made fifty hours after death. The spleen was enlarged, the lungs deeply engorged with blood, and the kidneys swollen. The changes in the blood were interesting. There was a very marked leucocytosis at first. The red cells were paler than usual, and showed marked degenerative changes. The leucocytosis gradually diminished, so that on the day of death the leucocytes did not exceed the normal, but the changes in the red cells gradually increased, so that eventually hardly a normally coloured red cell was to be seen. The red cells which escaped the destructive changes nearly all showed poikilocytosis. The author's observations thus agree with those of Reiss and Krönig. The hyperleucocytosis is a reactive change. The author would go so far as to say that the use of potassium chlorate, even as a gargle, should be entirely given up and forbidden. Even in small doses it is a severe blood poison, and may produce a hæmorrhagic nephritis.—*British Medical Journal*, Nov. 1897.

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#### A CASE OF BELLADONNA POISONING.

In the *British Medical Journal*, of May 8th, 1897, Dr. Duncan reports the following interesting case:—

M. W., a male, aged 45 years, was admitted on November 10th, 1896, at 9 a.m., in a comatose and collapsed state. It was stated that he had three hours and a half previously taken a little over an ounce of glycerinum belladonnæ, in mistake for "black beer."

The patient is a hawker, and had risen at 5.30 a.m. to go to market. On the previous night he had taken a little black beer for a "cold," and had set down the bottle beside some others. Next morning he intended having a little more of the black beer, and took, as he supposed, the correct bottle. He measured out a little over an ounce of the material which was labelled glycerinum belladonnæ. He added a little warm water and some sugar to it and drank it off. This was about 5.30 a.m. He thought at the time that the taste was not the taste of black beer, and remarked so to his wife.

According to the account received he wheeled his barrow to the Citadel Station, which is about 200 yards from his house. He returned home, not feeling very well, and his wife suspected that he had taken the wrong medicine. She at once

gave him some salt and water in order to induce vomiting, but this was unsuccessful. She afterwards gave him some tea. He gradually got worse. She noticed that he could not take hold of things properly, and that he reversed the order of things. For instance, instead of putting the stall on the barrow he tried to put the barrow on the stall.

Dr. Macdonald was sent for, and arrived about seven o'clock. He was shown the bottle containing the belladonna, and was told that the patient had not vomited. Apomorphine  $\frac{1}{2}$  grain was injected subcutaneously, and the patient vomited, in about three minutes, one or two mouthfuls of a brownish coloured fluid which had a faint odour of belladonna. The patient was delirious, the delirium being of a noisy and active character. The pulse was very feeble. One-twentieth grain of sulphate of strychnine was injected subcutaneously. He was then sent to the Cumberland Infirmary.

On admission he was found to be comatose. The jaws were firmly clenched, and there was a constant grinding of the teeth. There were jerking movements of the limbs, but chiefly of the tendons at the wrists. The body was warm, the temperature in the axilla being  $98.6^{\circ}$ ; the pupils were widely dilated, and did not react to light; only a small rim of the iris was seen. The breathing was somewhat stertorous. There was marked dryness of the mouth and tongue, which was seen on forcibly opening the mouth; the skin was dry. The pulse was 112, and very weak. One-tenth of a grain of strychnine, along with a quarter of a grain of morphine, was at once injected subcutaneously.

The patient remained comatose until 11.30 A.M., when he began to be restless and tried to get out of bed. He spoke then for the first time, and when questioned he could tell part of his name, but could not remember the other part of it. A busy and happy delirium had supervened, and he looked at times as if he were intoxicated with alcohol. He clutched at imaginary objects, and had evidently hallucinations of unseen agency; the movements of the arms were very inco-ordinate. He kept picking at the bed clothes, and made movements as if he was tying knots.

He was at this time seen by Dr. Barnes, and a second hypodermic of morphine was injected, two-fifths of a grain being administered. In about 10 minutes the delirium ceased, he fell asleep and slept in one position, with hardly any movement except an occasional slight twitching of the arms, until 4.45 p.m.; the breathing meanwhile was more regular; the pulse at four o'clock, before he awoke, was 84. Afterwards it was 126, and was very small in volume; the pupils were still markedly dilated. On being asked his name he could tell it

perfectly. He knew where he was, but could not remember when he came to hospital. He said he came here alone, that he had been in hospital since "Wednesday," which was six days before the date of actual admission, and that he had been in bed ever since. His speech was thick, and somewhat indistinct. On being asked to protrude the tongue he did so in a choreic way. It was white and moist. He asked for a drink several times. He was given milk, which he swallowed with apparently no difficulty. He expressed a desire to micturate, and passed for the first time after admission about 5 ounces of clear urine, of normal odour and colour, specific gravity 1012, acid, and containing no albumin. The muscular co-ordination was quite good. At 6 p.m. he was drowsy, and had to be roused to conversation. At 6.45 p.m. he began to sweat, and his skin secretion afterwards remained normal.

He slept again until 9 o'clock. His memory now was much better. He could not, however, remember anything of the morning's doings until he was asked whether he remembered drinking anything. It then immediately flashed to his mind, and he gave quite a correct account of everything he did except that he could not remember having taken the barrow to the station. He said the first bad symptoms he felt were a feeling of dizziness, and his legs "going from under him," and then "a mist coming over his eyes." He remembered nothing further until he awakened at 4.45 p.m. He slept at intervals during the night, but was greatly troubled with dreams. He awoke next morning apparently well.

The pupils were still dilated. The bowels moved twice whilst in hospital; the motions were normal. The temperature ranged from 98.6° to 99.4° until the morning of discharge on the third day after admission, when it was normal. He expressed himself as feeling as well as he did a fortnight previously. Neither flushing of the skin nor any appearance of a rash was observed during the whole time he was under observation. Since he has resumed his usual occupation, and has kept quite well.

#### REMARKS BY MR. DUNCAN.

The case appears interesting to record (1) on account of the rapid recovery after such a large quantity of the poison had been taken. A considerable quantity must have been absorbed as the stomach would have no solid food in it, and as the poison would be diluted with the salt water and tea, vomiting not having been provoked until an hour and a half had elapsed; even then only a mouthful or two of a fluid smelling faintly of belladonna was rejected. From inquiries which have been made at the druggists who made the glycerinum

belladonnæ, it has been found that a little over an ounce of it contains about 3 grains of the active alkaloid atropine. As far as I have been able to make out from the literature at my disposal, this case approaches next to the one reported by Dr. Eliot, and quoted in a *System of Legal Medicine* by Hamilton and Godkin, in which 4 grains of the active alkaloid had been taken without a fatal result.

(2) According to Binz, in his *Lectures on Pharmacology*, "violent maniacal excitement" is put down by most authorities on belladonna poisoning as the first prominent symptom. This was noted chiefly by Pfuhl, Matthiolus, and his contemporary, Dr. Johannes Weyer. In this case the first prominent symptom was muscular inco-ordination. The patient's wife noticed that he could not lift things properly. She then noticed that he was getting weak in the legs, and that he then fell back exhausted. This was followed in a short time by excitement. The behaviour in this case coincided with Professor Fraser's views—namely, that the action on the spinal cord is first paralyzing and then exciting; also that from paralysis of the vagi the pulse rate was increased during the time that the symptoms of belladonna poisoning were present.

(3.) The experiments of the Edinburgh Committee went to show that morphine is not antagonistic to atropine, although atropine is to morphine, but one or two cases are on record where morphine by subcutaneous injection relieved the symptoms of atropine poisoning. One case is especially mentioned by Binz where a boy had eaten the seeds of *datura stramonium*, the alkaloid of which is in many respects identical with atropine. In this case death seemed inevitable, and as a last resource morphine was administered, with the result that the grave symptoms were arrested, and the boy speedily recovered. In the case now recorded there seemed to be undoubtedly great benefit derived from morphine, as the delirium and hallucinations subsided almost immediately, and remained permanently in abeyance. The patient was also able to co-ordinate his movements in order to get out of bed to pass water.

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#### PHOSPHORUS-NECROSIS OF THE TEMPORAL BONE.

We reprint some remarks on this subject by Dr. Würdemann in the *British Medical Journal* of November 27th, 1897:—

"Phosphorus-necrosis is described as a characteristic maxillary bone disease commencing after several years' contact with phosphoric fumes, occurring especially among

workmen in match factories, affecting 11 to 12 per cent. of those exposed to the fumes. It very rarely affects persons with sound teeth, but occurs mainly in those whose teeth are carious; where the teeth have been extracted and the alveolar process exposed exceptionally predisposes to the disease. The earliest case was reported in 1845, being noticed in 1889, about eleven years after the opening of the match factories in Vienna. It is much less prevalent now than formerly, on account of better hygienic surroundings in the factories, improved artificial ventilation, the vaporisation of turpentine, and the rigid inspection to which the workmen are subjected. The red amorphous phosphorus is comparatively harmless, and is now generally used. The first symptoms are toothache, followed by pain in the jaw, swelling and tenderness of the gums, and formation of abscesses discharging foetid pus through the cheek, roof of mouth, or even the aural cavity, leaving fistulous openings. The patient acquires a peculiar pasty appearance of the face and puffiness of the cheeks.

The usual complications are chronic bronchial catarrh, chronic gastro-enteritis, and constipation. The patients rapidly deteriorate in general health. The most rare complication is pointing of abscesses or continuation of the otitis to the bones of the external auditory canal, which, as far as I can find, is described by only one author. After subsidence of the acute symptoms the bone is found to be necrosed. The disease is always chronic, and almost imperceptibly slow in the upper jaw, but in the lower is sometimes acute and attended by high fever. The lower jaw is most frequently attacked. The disease begins in the periosteum, is due to local irritation and ends in the death of the bone. The sequestrum adheres firmly to the underlying bone, becoming encrusted with a pumice stone-like material. The disease may affect only small parts of the jaw or even the whole bone.

“The treatment advised by all authors is dietary, hygienic, and stimulant, together with tonics, antiseptic washes, and removal of the sequestrum by operation. Operations for removal of dead bone are generally very successful. Billroth cured 20 out of 23 cases. Of neglected cases, 35 to 88 per cent. die of complications and of sepsis.”

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#### PERIOSTITIS OF MOTHER-OF-PEARL.

Six cases of a very rare disease—the so-called periostitis of mother-of-pearl workers—have lately come to Berlin for treatment. Professor English, of Vienna, was the first to observe

this disease some years ago, and later Professor Gussenbauer (Billroth's successor) made a special study of it. In all about 25 cases have been observed, all in children; but the six cases which have lately come under Dr. W. Levy's treatment in Berlin are all adults. The symptoms are very painful swellings of the bones of the extremities, accompanied by fever, continuing for weeks and even months, but rarely leading to suppuration. After a certain length of time recovery takes place, but if the old work is resumed relapse is almost certain. The cause is thought to be the constant breathing of mother-of-pearl dust (consisting of about 95 per cent. carbonate of lime and 5 per cent. concholine, an organic substance) mixed with the water that is used in polishing, turning, &c. The connection of cause and effect, however, is not entirely clear as yet, for the attempts to produce a similar disease in animals, both by inoculation of the watery mixture and by filling their breathing air with mother-of-pearl dust have proved completely unsuccessful.—*British Medical Journal*, March 6th, 1897.

#### "WITHIN THE HOSPITALS."

THE following article contains what is well known to most of our readers, but it will be read with interest by many, and will be useful as a record of what is thought of the London Homœopathic Hospital by an eminent non-homœopathic authority.

"In a notice which appeared in *The Hospital* for June 30th, 1894, of the proposed plan of this hospital, it is stated, 'We shall look forward with much interest to seeing the completed plan.' That pleasure we enjoyed a few days ago, when we made a thorough inspection of the new buildings from roof to basement. Our inspection confirms the opinion already expressed that great credit is due to Mr. William A. Pite, the architect, for the marked success with which he has accomplished a difficult task. On a narrow site, with all the hampering restrictions incident to a crowded district of London, Mr. Pite has erected a hospital building which contains wards which are as good as, or perhaps even better in some respects, than those of many recently erected hospitals in this country. He has evinced marked skill in setting back the building so as to give light and air to the out-patient department, and in the methods of lighting that department from the rear which he has introduced. The building, now that it is completed, in view of the difficulties referred to, must constitute an object lesson for all who wish to study and understand modern hospital construction. We made a very

few criticisms in dealing with the plan, but those criticisms have been reduced to insignificance by the changes the architect has introduced. Mr. Pite has evidently made a study of the most recent hospital buildings, and anyone who wishes to benefit by the lessons which may be learnt from an inspection of the new Homœopathic Hospital, must of course be familiar with the principles of hospital construction in their present completeness. We have inspected hundreds of hospitals and kindred institutions, but we never remember before to have realised that there are lessons to be learnt in the board-room. The board-room at Great Ormond Street is perfectly proportioned, and it affords evidence of the loving and intelligent observation brought to bear by the officials, the committee, and the architect in settling the plans of the present building. The feature of the room is the fireplace, an old one, parts of which came from Arundel Castle. It is of a composite character, and has been built up from materials derived from various sources, which were obtained after diligent search, and this mantel and fireplace now constitute as a whole one of the most striking features in a really beautiful room. There has been an evident endeavour to provide that everything in the new building shall be of the best, and from the ingenious arrangement for the bottles containing the drugs in the dispensary to the mechanical contrivance in the gas stoves in the kitchen on the top floor, by which a large saving of gas is secured, this rare foresight must afford satisfaction to the trained observer as he goes from floor to floor.

#### “A COMFORTABLE HOSPITAL.

“The predominant impression conveyed to our minds by our inspection was that this is a comfortable hospital. Comfortable, that is to say, from the fact that everybody, as far as we can judge, who works within the institution is dominated by the feeling that upon his or her individual shoulders rests the responsibility to discharge their duties so as to secure the provision of all reasonable comfort for all, and the maximum of efficiency in every direction. Each ward contains provisions in the duty rooms, and in the arrangements for the service of the dinners and other meals, which must add materially to the comfort of the patients by securing that the meals are served hot, and that they are presented to the patient in the form best calculated to be appetising and tempting. Then, again, the size and arrangements of the smaller wards containing nine beds are such that we incline to the feeling that wards of this size without screens for paying patients at, say, two guineas a week would be popular and satisfactory. The children’s ward (an illustration of which we gave in *The*



*Hospital of June 19th, 1897*), is one of the most attractive wards we have ever seen. A good friend of the hospital with artistic tendencies has designed and presented a large screen of plain glass which not only acts as a break at the entrance to the ward, but gives the whole room a special character which is striking and pleasant. Here, too, we find evidence of the thoughtful care which has been put into the arrangements for the comfort and well-being of the patients. Each child has its own clothes arranged separately and provided by the hospital. In those cases where the parents are too poor to adequately clothe the children, arrangements are made to allow each child to take out the suit used by it during the time of its residence in the hospital. These clothes are made from remnants obtained from certain firms who are interested in the hospital, and have a special character, which might be generally adopted by hospitals with advantage. Each garment is made of pieces, the pieces being of different patterns, but so selected as to make the general effect of the clothes unobtrusive and good. The object of this plan is to take it out of the power of the parents to pawn the clothes when the children leave the hospital. Pawnbrokers will not take clothes so constructed, and it is for this reason that we mention the matter here. Then, again, every child has its own towel, its own flannel, and its own brush and comb. The medicines are kept in a basket containing a separate division for each bed according to its number, and the poisons are safely locked up in a cupboard by themselves. The ward contains a portable cabinet with every requisite for tracheotomy operations, and the condition of the cots, the glass, and everything in the ward reflected great credit upon the nurses, who are deservedly proud of the spotless cleanliness, which is a great characteristic of this institution, and which is apparent when all due allowance has been made for the smartness which one expects to find in a new building. The same result was noticeable in the operation-room and in the condition of the instruments and the various vessels and appurtenances, and may be said to constitute a feature which is to be met with almost everywhere. The patients seemed to appreciate the comforts of their surroundings, which is not always the case.

“SOME ANOMALIES.

“Where there is so much to praise, as in a case like the building we are dealing with, it is remarkable to find certain defects which can easily be remedied, the presence of which is mainly due to the often unconscious effects of old customs or traditions. Thus, despite the fact that a change may represent a sum of £300 per annum, we were surprised to find that

the committee of the Homœopathic Hospital still requires its patients to supply themselves with tea, sugar, and butter, a change of linen, with towels and soap, a brush and comb, and 1s. for breakages. It is due to the marked efficiency and intelligent thoughtfulness exhibited throughout the New Homœopathic Hospital that the authorities should make up their minds to abolish these requirements, and so place their hospital on a par with the most wisely administered hospitals in the country. Again, having so complete a children's ward, there is no excuse for permitting the adult patients in certain of the wards to be subject to the disturbing influence of suffering children, as is at present the case. Another objection to the presence of children in the adult wards is that this must necessarily consume some of the air allowance provided for the adults, and good wards of modern construction may be rendered unhealthy by a practice which tends to retard recovery, and is altogether indefensible where there is an adequate number of beds provided for children in a separate ward. Again, we are convinced that something may be done, despite the pressure of space, to remedy the untidiness of certain of the bathrooms, due to the presence of clothing and linen which are out of place there. Their presence may tend to render the hospital less hygienically complete than it otherwise would be. The communication between the mortuary and the hospital proper should be disconnected from the main building, as we understand it will be when the additions to the Nursing Home, now in course of construction, are completed.

#### “GENERAL FEATURES.

We cannot justly conclude our notice of the Homœopathic Hospital without expressing our appreciation of the whole-hearted and intelligent services which the present secretary-superintendent, Mr. G. A. Cross, has rendered to the institution. Such of the books as we had occasion to examine, especially those relating to the admission of out-patients, and the register of attendance of the medical staff, are excellent of their kind, and were accurately and neatly kept. We observed that only about 2½ per cent. of the out-patients admitted are free cases, the larger proportion being persons who pay 1s. for a month's attendance, although a proportion are received by the presentation of governors' letters. The system on which this hospital is financed is notable too. There appears to be no attempt to appeal for an arbitrary sum, the amount of which seems often to be fixed for the reason that it is sufficient to excite sympathy and increase the amount of individual contributions. Mr. Cross and his committee wisely pursue the Spurgeon plan of setting forth clearly what money

they require and the purposes to which that money will be devoted. In this way they have succeeded in paying off the whole of the building debt, and are at the present time steadily working to provide the funds for the erection of the additions to the Nursing Home, and to secure an income from annual subscriptions sufficient, with that derived from other sources, to maintain the hospital in efficiency. They appear to recognise, as men of business, that if you have an invested capital it is legitimate and proper to obtain the sanction of the governors to realise a sufficient amount of that capital from time to time to meet the necessary expenditure, and then to ask the public to enable them to replace the capital so expended and to maintain the reserve fund at an adequate amount.

“ Finally, we found that the whole of the drugs, apart from crude drugs, are given gratuitously to the hospital by a large firm of druggists, Messrs. E. Gould & Sons, 59, Moorgate Street, E.C., honorary chemists. We examined the drugs, and found them of excellent quality. Possibly other secretaries may like to know of this fact, as there must surely be some other firms who, if properly approached, would be willing to do as much for a hospital in which they may be interested as is done for the Homœopathic Hospital by Messrs. Gould & Sons.”

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### CÆSARIAN SECTION.

From an article in the *Pacific Coast Journal of Homœopathy* we extract the following :—

Mrs. S. had a contracted pelvis, and her first pregnancy was terminated by prolonged labour, and finally craniotomy was performed. Her second pregnancy terminated in December, 1898, and 8½ hours after the beginning of labour Cæsarian section was performed. The child and mother did well. In March, 1897, about 10 days from the close of term Cæsarian section was again performed on the same patient, this time in a hospital, which she was able to leave on the seventeenth day. The second operation was in some respects simpler than the first, and we might expect second and third operations to have a lower death rate than first operations, as they would come more promptly under the surgeon's care, and the exhaustion of prolonged labour would be avoided.

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### GYNÆCOLOGICAL SURGERY.

DR. H. J. OSTROM, of New York, has published an article on the above subject in *The Medical Times* for last December. He deals with the causes of failures, and points out that

accurate diagnosis must precede treatment. With regard to vaginal as opposed to abdominal hysterectomy, Dr. Ostrom prefers the vaginal operation wherever possible, as being less severe, and attended with less risk of future hernia. Inflammatory diseases of the true pelvis are better operated on through the vagina, but this is not the case if the peritoneum must be opened to reach the tumour. An ovarian abscess, pustulæ or extra-uterine pregnancy ruptured between the layers of the broad ligament can be easily and safely reached through the vagina, and needless risk is incurred by the abdominal method.

Abdominal drainage may be successful in draining small areas, and sacs which cannot be removed, but with regard to general abdominal drainage there is no reason to expect it to be effective, and further, at the end of the operation the cavity should be surgically clean and therefore require no draining. In ligaturing, the arteries alone should be secured, otherwise the constricted nerves set up local disturbances, and also a mass of tissue is left unprovided with nourishment, and this often causes pelvic abscesses, etc.

Against the predetermined operation of morcellation he sets his face.

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#### METABOLISM IN THYROID FEEDING.

GLUZINSKI and Lemberger (*Centralbl. f. inn. Med.*, January 30th, 1897) have investigated this subject, with special reference to thyroid feeding in obesity. They point out that it is necessary to find out whether the loss of weight takes place at the expense of the fat of the body or of the protoplasmic tissues, such as the muscles, etc. There is a class of cases of obesity not due to excess in eating or to deficient exercise, as when it occurs as an hereditary affection, or in sterile women, or after ovariectomy, at the climacteric, etc. Here there is a disturbance in the cells of the protoplasmic tissues, in which oxidation processes take place. The authors have investigated the subject under the following conditions: (1) A sufficient number of calories were introduced with the food; (2) the thyroid treatment extended over a sufficient time; and (3) a comparison was made between thyroid tablets and the fresh gland. Their researches were made in the case of a man, aged 28, moderately fat, and continued during twenty-seven days, which they divided in five periods. In the first seven days the nitrogenous metabolism was investigated and an equilibrium produced, in the second seven days thyroid tablets were given, in the third period of six days no tablets were given, but during the next four days

fresh thyroid was administered, and finally during the last three days no thyroid feeding of any kind was adopted. Tables showing the elaborate analyses of the nitrogenous income and output are appended. The authors arrive at the following conclusions: In a healthy man the thyroid tablets produced in seven days a loss of weight amounting to 400 g., the positive nitrogenous balance steadily diminishing. They attribute the fact that the nitrogenous balance did not become negative to the circumstance that the thyroid substance had been injured in the preparation of the tablets, since fresh thyroid acts much more energetically. During four days only the above-named patient consumed fresh thyroid, and he lost 1,000 g. in weight, and the nitrogenous balance became markedly negative. It is calculated that one-fifth of his loss of weight took place at the expense of his muscles. Fresh thyroid acts energetically on albuminous decomposition, but some of the efficiency is lost to the thyroid substance in the process of making tablets or in keeping it too long. The administration of the artificial products over long periods of time is, however, not without action on albuminous substances.

#### THE VALUE OF HYDROCHLORIC ACID IN SCIATICA DISCOVERED BY ACCIDENT.

A somewhat remarkable incident is recounted in the *Semaine Médicale*, of a patient having arrived at a successful method of treatment for himself, by a merest accident, an accident, too, which was founded on a blundering ignorance of chemistry. A man who had suffered for many years from sciatica was treated in an Algerian hospital by means of hypodermic injections of salt and water, but without much success. After he had left he bethought him that perhaps the salt was not strong enough, and that a stronger preparation of salt might be more successful. He therefore procured some "spirit of salt" (Hydrochloric acid), and painted it on the knee, getting rid of his long attending trouble in a few days. Having occasion shortly afterwards to attend the hospital for some other affection, he confided in Dr. Bourlier, professor of therapeutics, whom he saw, how he had managed to get rid of his sciatica. This gentleman thought the plan worthy of trial and employed it in several cases with invariable success. He then told his son, Dr. Maurice Bourlier, who was house physician, and he treated a number of cases with great satisfaction to himself and to his patients. A treatise has recently been published on the subject by Dr. C. Gennatas, of Montpellier, on the basis of a dozen cases of neuralgia of the

sciatic nerve, all of which were completely relieved by this means. The procedure is simple enough. Half an ounce of Hydrochloric acid is put in a small cup, and a brush is dipped in it and applied over the painful part of the nerve, three or four coats being painted on. The limb is then enveloped in cotton wool dressing. Of course the application causes a somewhat severe smarting sensation, but this is quite bearable. A few minutes afterwards the skin becomes reddened and hot, and sometimes bullæ are formed which fill with fluid. These, even if they occur, disappear in two or three days. Usually the patient feels better even after a single sitting. The application can be repeated in from 24 to 48 hours, but not again for several days for fear of producing sloughs. Of course, too, where there are bullæ they must be avoided in subsequent applications. No serious inconvenience is caused by the hydrochloric acid, such as was experienced when a similar procedure was attempted some years ago by Dr. Legroux with strong sulphuric acid, which was found to be liable to cause extensive sloughing of the skin. The twelve patients referred to were all reported as cured in from three to five sittings extending over a week to twenty-five days. It may be well to say the hydrochloric acid of the French Codax is very slightly stronger than that of our own Pharmacopœia.—*Lancet*, Nov. 20, 1897.

#### SALINE INJECTIONS IN INFANTILE CHOLERA.

LOIN, of Brussels (*Semaine Médicale*. clxxvi), in children from six weeks to three months old, the subjects of infantile cholera resisting all sorts of treatment, has had recourse to subcutaneous injections of normal saline solution in doses of 50 c.cm. morning and evening. After the first or second injection the frequency of the stools diminished, they began to regain their normal consistence and appearance, and in a few days the patients recovered.—*British Medical Journal*.

#### ARSENIC IN CHOLERA.

DR. R. B. LEACH, of Minneapolis, presented to the 55th Congress of the United States, through Senator Davis, a memorial "praying that a test be made of the arsenization method of treating the disease of cholera." He bases his claim for a hearing on the great mortality of cholera, on the facts that the Haffkine treatment is tacitly admitted to be a failure, and that the spread of commerce at the present day makes the appearance of cholera in Japan and China now a matter of greater moment to the United States than at any previous time. He believes that it is not possible always, by quarantine, &c., to exclude cholera from the States, and he

believes that the advantages of a mineral prophylactic such as arsenic are more conspicuous than an animal agent, because it is more manageable. In conclusion, Dr. Leach's memorial states:—

I submit the following syllogism of my theory, and append its similitude, as taken from the text-books of authorities of all "schools" of medicine, and respectfully dedicate arsenization to humanity, as I beseech your honourable intervention in their behalf.

Inoculation with smallpox virus produces symptoms similar to smallpox (Lady Mary Wortley Montague, 1721.)

Inoculation with vaccine virus produces symptoms similar to smallpox. (Dr. Edward Jenner, 1775.)

Inoculation with smallpox virus is prophylaxis against smallpox. (Lady Montague, 1721.)

Inoculation with vaccine virus is prophylaxis against smallpox. (Dr. Jenner, 1788.)

Inoculation with cholera virus produces symptoms similar to cholera. (Ferran and Haffkine.)

Inoculation with arsenic produces symptoms similar to cholera. (Farrington, Virchow, and Leach.)

Inoculation with cholera virus is prophylaxis against cholera. (Ferran and Haffkine.)

Inoculation with arsenic (arsenization) is prophylaxis against cholera. (R. B. Leach, 1892.)

Inoculation with smallpox virus endangers the patient to diseases possibly worse than smallpox. (Historical.)

Inoculation with cholera virus endangers the patient to diseases possibly worse than cholera. (Q. E. D.)

Inoculation with smallpox virus "went down" before Jenner's vaccine. (Historical.)

Inoculation with cholera virus must succumb to its legitimate successor, quod erent demonstrandum.

The following comparative schedule of arsenic and cholera is drawn from Heinigke, Cowperthwaite, Herring, Farrington, Raue, Roberts, and Bartholow:—

*Invasion Stage.*

ARSENIC.

1. Intense anxiety.
2. General trembling.
3. Exhaustion from slight efforts.
4. Fears to be left alone.
5. Ringing, roaring in the ears.
6. Vertigo.
7. Headache.
8. Great anxiety about the epigastric region.

CHOLERA.

1. Nervous disturbance.
2. Trembling.
3. Debility: marked depression.
4. Unaccountable lowness of spirits.
5. Noises in the ears.
6. Giddiness.
7. Headache.
8. Epigastric uneasiness.

*Evacuation Stage.*

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| <ol style="list-style-type: none"> <li>1. Purging, vomiting.</li> <li>2. Violent thirst.</li> <li>3. Violent pains and cramps.</li> <li>4. Exhaustion.</li> <li>5. Trembling, cannot rest anywhere.</li> <li>6. Great anxiety at epigastrium.</li> <li>7. Stools: Pieces of mucous, dirty water.</li> <li>8. Intense heat and burning in the stomach.</li> <li>9. Drawing, tearing, jerking in the fingers; toes drawn downward; violent shooting, tearing pains in the calves; cutting in abdomen.</li> </ol> | <ol style="list-style-type: none"> <li>1. Severe purging and vomiting.</li> <li>2. Constant thirst.</li> <li>3. Painful cramps.</li> <li>4. Prostration and collapse.</li> <li>5. Trembling; great restlessness.</li> <li>6. Sinking at epigastrium.</li> <li>7. Stools peculiar; "rice-water;" character, watery; modified fibrin.</li> <li>8. Burning in the stomach.</li> <li>9. Cramps in fingers, toes, and calves of the legs and in the thighs, or in the abdominal muscles.</li> </ol> |
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*Stage of Collapse.*

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| <ol style="list-style-type: none"> <li>1. Face hippocratic, shrunken, earthy, or livid.</li> <li>2. Eyes sunken.</li> <li>3. Lips livid.</li> <li>4. Parchment-like skin; clammy sweat.</li> <li>5. Pulse thread-like and weak.</li> <li>6. Respiration short and anxious.</li> <li>7. Voice hollow, weak, and hoarse.</li> <li>8. Sleeplessness, with great restlessness.</li> <li>9. Dry mouth; suppressed urine or nearly so.</li> <li>10. Aggravated by cold.</li> <li>11. Vomiting immediately after drinking.</li> <li>12. Intense heat in the stomach.</li> </ol> | <ol style="list-style-type: none"> <li>1. Features pinched, shrunken, leaden, or livid.</li> <li>2. Eyeballs sunken in their sockets.</li> <li>3. Lips especially livid.</li> <li>4. Skin wrinkled, shrivelled, bathed in cold sweat.</li> <li>5. Pulse exceedingly thready and feeble.</li> <li>6. Oppression and craving for air.</li> <li>7. Voice weak; extremely so.</li> <li>8. Great restlessness and jactitation, with weakness.</li> <li>9. No saliva; urine suppressed or almost so.</li> <li>10. Aggravations from cold.</li> <li>11. Drinks quickly ejected.</li> <li>12. Sense of heat in the epigastrium.</li> </ol> |
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**OBITUARY.****CHARLES FREDERICK WATTS, M.R.C.S. ENG.**

We regret to learn\* that Mr. C. F. Watts has passed away at the age of 83. He has been in feeble health for some years, and died simply from old age at Redhill, where he was under the care of Dr. Gilbert, of Reigate.

Mr. Watts took the diploma of M.R.C.S. in 1838. He at first practised in London for two years, and then went to live at Thames Ditton, where he practised as a homœopath for 21

[\* We regret the delay in the appearance of this notice.—Eds. *M.H.R.*]



years till 1881, when he retired from practice, but lived there till 1887. He then removed to Redhill, where he died. Before commencing private practice he was house surgeon at University College Hospital. Mr. Watts was a quiet, reticent man, and was not much known to the profession, but was liked much by all who knew him. He, we believe, hardly ever sent out a bill for fees. His only literary production, so far as we are aware, was a repertory of Hempel's *Materia Medica*. He leaves a widow.

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#### DEATH OF MR. GEORGE MÜLLER, OF CLIFTON, BRISTOL.

It may not be reckoned out of our province if we notice the death of the venerable philanthropist, Mr. George Müller, the founder of the Ashley Down Orphanage, at Clifton, on the 10th ult., at the ripe age of 98. His philanthropic life and work is so well known that we do not require to describe it. He never asked for money, but it always came in freely, and in large sums. He believed in the efficacy of faith and prayer, and such was the wonderful record he had. His life and death, which was sudden, as he was found dead in his bedroom, have a special interest for homeopaths. Mr. Müller was a staunch homœopath all his life, his physician being Dr. Eubulus Williams, of Clifton. He put his orphanage many years ago under the medical charge of Dr. Williams, who still carries on the good work, and who has thus had a unique opportunity of showing the value of homœopathic treatment in the various forms of illness, often of a severe and depressing type, which are to be found in the class of children who are received into orphanages. During the visit of the Congress to Clifton last year, Dr. Williams was good enough to conduct some of its members over the large institution.

Mr. Müller's health had been failing of late, and at Dr. Williams's earnest advice to ease himself of part of his work, he did so, and, while considering the advisability of having an attendant to help him in dressing, &c., the end came thus suddenly.

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#### CORRESPONDENCE.

##### THE MODUS OPERANDI OF DRUGS.

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

GENTLEMEN,—Although it does not seem to me probable that the real explanation of the homœopathic cure of disease will be found in Mr. Buist Picken's physical theory, yet, as he invites me to point out where I think his explanations

seem to make equally for the allopathic action of medicines, I will ask your permission to do so in a very few words.

To take the illustration of the wave motion of light and sound, we have in the first place the fact that for the perfect neutralisation of two undulations, the waves should be of equal shape, size and strength. Now, in therapeutics, this effect can only be obtained by equal doses of the same drug, but that is not homœopathy. In the second place, these equal waves must crop each other at such an angle, or in such direct opposition, that they may interfere with each other. Now, it is only when vibrations in such case meet each other in *opposite phases* on the undulation that neutralisation takes place. If they coincide in their phases they merely add to each other's strength.

This oppositeness, which is necessary for wave interference, seems to convey pretty well the allopathic idea of medicinal action, except that in the vital sphere we cannot get such opposite action by the same agent as is possible in physics; we must employ medicines acting oppositely physiologically.

Consequently the idea of isopathy is involved in the very existence of wave motions of equal character, whilst the actual work done is of the nature of allopathy (more strictly Enantiopathy) for the neutralization of wave motion is of the nature of simple, mechanical antagonism when minutely examined.

This is what was in my mind when I wrote in reply to Mr. Buist Picken, and it remains to me an objection which may be removed by him if he thinks it worth while. In any case I hope he will see where this particular difficulty lies, and credit me with the desire to accept his views as far as I can so as to make his analogy complete.

February 20th, 1898.

Yours, &c.,

P. PROCTOR, L.R.C.P.

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## A STRAMONIUM CASE IN INFLUENZA.

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

GENTLEMEN,—Your Influenza Number is a very interesting one. May an Ignoramus supplement it with an interesting Stramonium case?

I went on Sunday afternoon to see A. B., who was very ill. He was in bed, throwing himself about, talking nonsense, jerking his arms, laughing, starting violently when spoken to or touched. He vomited green matters, and complained of a violent pain in his head, "right in the hairt of his heed," as he explained afterwards. His pulse was very full and very

fast, his head burning. Every few minutes he asked for water; but he said that it was black, and that everybody looked black.

In these days of Influenza, he got first what had been taken down for him: a couple of drops of Pyrogen 6. Under this the pulse moderated; he became more quiet, ceased to demand water, and was able to describe the fearful pain, like no pain that he had ever felt before, right in the middle of his head. But everything still looked black, and again he vomited green and bitter stuff. For that he got one dose of *Crotalus*, which did not stop it; while the symptom, "Everything looks black," was referred to Allen.

*Stramonium* turned out to be the medicine, covering the whole case perfectly—tossing, starting, jerking, fever, green vomit, pain in head, and the key-note, "Your face is quite black!" Luckily, I had a good supply of *Stramonium* 80; and under its influence he soon dozed off comfortably. The globules were continued, from time to time, all night. In the morning he seemed all right! By mid-day he was up and sitting by the fire, without a single *Stramonium* symptom left. When his wife laughed at him for behaving so oddly the evening before, he said that what he imagined was that he had a bran bag under each arm, and that he fitted his head into one, and, as that was not right, he took it out, and fitted it into the other.

At night there was a slight return of the pain, which yielded to *Stramonium* easily, though the skin on the top of the head remained painful to touch for several days. After this he was up every day, but not wisely; since he had some fever till Thursday (as high as 101 of an evening), and some bronchitis; on Friday the temperature was normal. I wish I could give temperature, or pulse, that first evening. I am afraid (a touch of the wrist proclaiming fever), I only was concerned to find a remedy, and not to record a case!

By the way, no one mentions *Pyrogenium* for Influenza; and I have so often cured colds and influenzas (in the first stage of *chill just turning into fever*, with that peculiar boiling in ones head and veins that everyone knows who has made acquaintance with the fiend). Two or three doses will often completely avert an attack. Then another medicine that may come in handy for the bone pains is *Natrum Phos.* I have given it, because the acid saliva of influenza patients has three or four times taken all the lettering off my thermometer, which is at the present moment bare and difficult to read. Has any one else noticed this?

Yours obediently,

London, March 6th.

A READER.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Knowing that you are interested in *new* (?) remedies, I enclose you a cutting from a U.S. paper of recent date.

"Tincture of Horse Chestnut is proposed as an infallible remedy for hemorrhoids in doses of 10 drops daily. A marked improvement is said to take place after two doses and a cure effected within a few days."—*Philadelphia Post*.

Yours truly,

A. STODDART KENNEDY.

45, Welbeck Street, Cavendish Square, W.,  
March 7th, 1898.

### 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. EDWIN A. NEATBY.

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

Communications have been received from Dr. J. D. HAYWARD, Dr. WIGGLESWORTH (Liverpool); Dr. C. H. BLACKLEY (Southport); Professor ALDRICH (Minneapolis); Dr. J. R. DAY (London).

### BOOKS RECEIVED

*Ninth Annual Report of the Phillips' Memorial Homœopathic Hospital and Dispensary for Year ending December, 1897.*—*The Homœopathic World*. March. London.—*The Chemist and Druggist*. March. London.—*The North American Journal of Homœopathy*. February. New York.—*The Medical Times*. March. New York.—*The Homœopathic Eye, Ear, and Throat Journal*. March. New York.—*The Hahnemannian Monthly*. March. Philadelphia.—*The Homœopathic Recorder*. February. Philadelphia.—*The Homœopathic Physician*. January. Philadelphia.—*The Clinique*. January and February. Chicago.—*The Hahnemannian Advocate*. February. Chicago.—*The Medical Era*. February and March. Chicago.—*The American Medical Monthly*. February. Baltimore.—*The Medical Brief*. March. St. Louis.—*The Homœopathic Envoiy*. March. Lancaster, Pa.—*The Minneapolis Homœopathic Magazine*. February.—*Indian Homœopathic Review*. January. Calcutta.—*The Calcutta Journal of Medicine*. February. Calcutta.—*Revue Homœopathique Française*. February. Paris.—*Revue Homœopathique Belge*. January. Brussels.—*Archiv. für Homœopathie*. March. Dresden.—*Allgemeine Homœopathische Zeitung*. March 3 and 17. Leipzig.—*Leipziger Populäre Zeitschrift für Homœopathie*. March.—*Homœopathische Maandblad*. March. The Hague.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. FORD, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCK BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SOX, 59 Moorgate Street, E.C.

THE MONTHLY  
HOMŒOPATHIC REVIEW.

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HOMŒOPATHY.

WELL nigh every communication to the medical press purporting to give a representation of homœopathy, which has proceeded from non-homœopathic practitioners, discloses so complete an ignorance of that which those members of the profession who practise homœopathically understand by this term, that it seems to us desirable, once again, to devote an article to considering what the ground is which the word homœopathy covers. At the same time, the question of consultations between homœopathic and non-homœopathic practitioners, which has recently been under discussion in Bradford, is one quite independent of the truth or falsity of homœopathy, however correctly it may be stated.

The rules of the Bradford Medico-Ethical Society, at the time when the discussion commenced, obliged a member not to meet in consultation any one who conducted his practice otherwise than in "an honourable and legitimate manner." To regard the selection of medicines for the treatment of disease in dependence upon homœopathy, to prescribe such medicines in small, though, as experience has proved, sufficient, doses as dishonourable and illegitimate is, as Mr. MALCOLM MORRIS

wrote, "unwarrantable." When the teaching of physicians, who while living have been, and of those still amongst us, who are regarded as men of light and leading in therapeutics, has been and is like that of the present PRESIDENT of the Royal College, "that we know next to nothing of the action of medicines and other therapeutic agents," and who at the same time, with a full consciousness of their ignorance, spend their days in writing prescriptions of medicines of the "action" of which they "know next to nothing," is it not contemptible for one medical man to say to another, and still more so for a medical society to say to a large body of well educated and experienced medical men—"I insist that you believe so and so," (in this instance the "so and so" is homœopathy), "or I will disown you as a medical brother?" Sir WILLIAM GAIRDNER admits that no one has a title to take up such a position, and *a fortiori* no Society has, for he added: "There is no opinion so modern or so eccentric that he must perforce reject it." Therefore there is no opinion so modern or so eccentric that anyone holding it, and day by day acting upon it, can be refused the assistance of a consultation with one who does not entertain an opinion of either variety. The very notion of refusing to meet a homœopath in consultation is an illustration of FARADAY'S well known dictum that, on many very important matters, men's judgments and convictions are almost entirely at the mercy of passions, prepossessions, and even of pure ignorance. It is so in the case where consultation is refused to a medical man who practises medicine homœopathically.

The refusal of assistance to aid in relieving suffering is, by the order of the Bradford Medico Ethical Society, denied to a medical man, who avows that he believes in homœopathy. With the "passions and prepossessions" that have determined this conclusion, we cannot hope to deal; "pure ignorance" is, on the other hand, more amenable to the influence of knowledge, and this we will endeavour to supply.

Homœopathy is a therapeutic doctrine, an induction of SAMUEL HAHNEMANN'S from observed facts noted in the literature of medicine during the 2000 years preceding his researches, commenced rather more than a century ago.

Mr. SIMON in his *Lectures on General Pathology* (1850) writes: "That which essentially marks the operations of *science* is the reduction of an infinite exterior diversity into systems and formulæ expressive of mutual relation."

In the present instance, the object of the research was the ascertainment of the "mutual relation" which exists between the action of drugs on healthy men and women on the one hand, and on diseased men and women on the other. The material for such a research was ready to hand. All that was required to make use of it was to be found in a medically cultivated intelligence, supplemented by unflagging industry in analysing the records of medicine. Disease has existed in all ages. Drugs have ever been used to promote recovery from it. Injuries too have, both designedly and accidentally, been inflicted on human beings by drugs as long as they have been in use. Scattered up and down in the literature of medicine since the days of HIPPOCRATES, and more especially within the last 800 years, are records of cases cured by certain drugs, and reports of the phenomena producible in healthy persons by the same substances. From such a collection may be obtained precisely the kind of facts, needed for the determination of the mutual relation between drugs and diseases, requisite to determine its nature. It was from 48 drugs reported on by 800 observers—men of consideration in their day—examined in this manner that HAHNEMANN drew the conclusion that this mutual relation was expressed by the ancient but neglected Hippocratic formula, *similia similibus curentur*. In 1869 Dr. DYCE BROWN made a similar collection from the works of TROUSSEAU and PIDOUX, PEREIRA, WOOD, WARING, CHRISTISON, TAYLOR, and GRAVES. The drugs examined by Dr. BROWN are 40 in number. Thirteen of these had previously been studied by HAHNEMANN, while 27 are an addition to those he had derived from the literature of the past. If an observation of natural phenomena can be utilised by comparison and analysis, for the formulation of an expression of mutual relation, those recorded of 70 drugs may be safely employed to ascertain that which subsists between the disease-exciting and the disease-curing powers of drugs in general.

What, then, do we find by studying these illustrations? Throughout the entire series of observations there runs one fact common to all—one phenomenon characteristic of all, one which is of the essence of all—viz., that the drug which had been observed to cure a given disease, had, in every instance, been observed to produce a similar morbid condition in a healthy person. By the recognition of this principle, all the facts so collected become susceptible of classification.

Thus was demonstrated the fact—it is no theory—that *similia similibus curentur*. That such a therapeutic maxim contained a therapeutic truth had been suspected, and more than suspected, by HIPPOCRATES in ancient times, and among modern writers by BOULDAC, DETHARDING, BERTOLIN, FLOURY, STOERCK and STAHL. HAHNEMANN'S great merit consists in that, while recognising the priority of his predecessors, he thoroughly established the validity of this therapeutic principle, and the vast extent to which it is capable of clinical application, in his having made experimental researches into the action of so large a number of drugs as he did, and in having worked out a plan by which it might be put into practice.

It is this principle of drug selection that constitutes HOMŒOPATHY; and howsoever it is carried into practice, whether by HAHNEMANN'S method or any modification of it, that practice is the practice of homœopathy.

Oftentimes, indeed we might say generally, when a non-homœopathic practitioner essays to refute homœopathy he pictures it as a mode of giving globules instead of boluses, or as the psora theory, or as the dynamization theory, or indeed as anything but what it is, anything except what it is understood to be by those who have devoted time and effort to its study and practice. Thus Dr. WIGLESWORTH, in his letter to the *British Medical Journal* (Feb. 5) delivers himself in this wise:—

“ True homœopathic treatment—not the bastard homœopathy now generally practised—rests on the due observance of these two axioms: 1. That a drug which will induce a given disease in a healthy subject will, when that disease spontaneously arises, be a specific for its cure (giving rise to the formula *similia similibus curantur*). 2. The more minutely the drug is divided into doses the greater its potency for effecting a cure.”



The first of these two axioms is a more or less correct definition of homœopathy, the second has nothing whatever to do with it.

Then we are informed, with some solemnity of style, "Now either these principles—these theories—are true, or they are false." Pretty much the same may be said of all principles, all theories! This statement is followed up by an assertion, which Dr. W. would have no little difficulty in proving. "Investigation," he writes, "scientific and practical, has denounced them as false as they are absurd by the vast majority of the medical profession, who are ever open to the reception and adaptation of scientific facts." Homœopathy has never been denounced after any scientific or practical investigation of it. *Tract No. 11*, published by the Homœopathic League, entitled *Official Trials of Homœopathy*, Vol. I, p. 121, (Homœopathic Publishing Company, 12, Warwick Lane, E.C.), gives a complete account of every supposed public enquiry into the practical value of homœopathy during the last sixty or seventy years. In it Dr. W. will see that in making the assertion we have quoted from his letter, he has allowed his judgment and conviction to be entirely at the mercy of his prepossessions against homœopathy, and of his ignorance of it.

Dr. W. is very indignant with what he is pleased to term "bastard homœopathy." By this, he is good enough to explain, that he means "a homœopathy which is practised upon a supposititious idea of drug action upon a healthy subject, but which has never been put to a practical proof." Dr. WIGLESWORTH would have made his meaning clearer if he had, while endeavouring to make himself understood, explained his explanation! What is a "supposititious idea of drug action upon a healthy subject, which has never been put to a practical proof"? The records of the effects of drugs in disturbing the human health, collected together in the *Cyclopædia of Drug Pathogenesis*, have always seemed to us very real indeed!

Finally, Dr. WIGLESWORTH assures us that "there is a great divergence of opinion concerning the second axiom," which we have already quoted. We can assure him that there is no divergence of opinion upon this "axiom"; it is one which we never heard of before, one which has no connection whatever with homœo-

pathy. Homœopathy, as we have stated, is the selection, as medicines for the treatment of the sick, of substances which produce symptoms of disordered health in healthy persons like those the physician wishes to relieve or cure. Like everything else, homœopathy may be put into practice perfectly or imperfectly, carefully or rashly, intelligently or ignorantly. The experience of the last hundred years has shown that to do so to the greatest advantage, one must possess the records of experiments upon the healthy with as many drugs as possible. That while the dose necessary to elicit the antipathic action of the drug must needs be as large, or nearly so, as is consistent with the safety of a patient's life, that which is requisite to develop its homœopathic action must needs be small. How small this should be can only be stated in the very general rule, the quantity prescribed must be smaller than that which has been found necessary to produce the symptoms which led to its prescription. This again will be modified by circumstances relating to the patient, such as age, sex, temperament, habits, &c., the nature of the disease from which he suffers, and the drug itself. As to the limits within which the effect of a medicine will be influenced by the smallness of the dose in which it is given, we know nothing with certainty. The most suitable dose of a homœopathically selected medicine can only be determined by individual experience. As OPIE, the great artist, when asked by a pupil how he mixed his paints, replied, "with brains, Sir;" so the best dose in which to give a homœopathically chosen medicine must equally be determined "by brains." Experience is, in this matter, our only safe guide. The late Dr. ARNOLD, Professor of Pathology at the University of Heidelberg, gave the following as the result of his twenty years' experience.

"After," he says, "I was convinced of the truth of HAHNE-MANN'S law of cure, I deemed it my duty to listen to the repeatedly expressed desire of the reformer and repeat his experiments exactly. As far as the doses were concerned, I did this with great unwillingness, and with great scepticism as to the results. Nevertheless, I saw not a few cases recover after the administration of medicines in the tenth, twentieth, and even thirtieth centesimal dilution. I observed not only speedy cure of acute disease, but also frequently a remarkable

change in many chronic cases. I grant readily that many of the cures which encouraged me in the commencement of my homœopathic experiments were not due to the small doses of medicine; but that all the results are to be ascribed to the healing power of nature alone, I can by no means convince myself, even with all the forces of scepticism. I saw in not a few cases which had resisted the most different modes of treatment, cure take place after a small dose of a carefully chosen homœopathic medicine. In not a few cases, however, I waited in vain for any curative result from the small doses; but nevertheless, distrusting myself rather than the precepts of HAHNEMANN, I at first sought the cause of failure, not in the insufficiency of the dose, but in error in the choice of the medicine. This brought on me many cares and troubles, until I saw myself obliged to descend to lower dilutions. I was soon convinced that these yielded much more certain results, without the so-much-dreaded disadvantages. In this manner, guided by experience, I arrived step by step at the position that it is never necessary to administer medicine in any dilution or trituration higher than the sixth dec. (third cent.), and I have never had to complain of any hurtful collateral action, or any primary action, that disturbed the cure. But I must add, that it is only very seldom, and with very powerful medicines, and in very susceptible patients, that I ever go as high as the fifth or sixth dec. dilution, that in general I confine myself to the first or second dilution or trituration, though not unfrequently I find it necessary to go up to the third or fourth dec. dilution for these purposes. In the six lowest decimal dilutions and triturations, I consider that we possess a scale suitable to afford the corresponding doses for all the present known diseases.

“In a period of ten years I have never found it necessary to go above the sixth dec. dilution, but I have often been obliged to give the specific remedy in stronger doses, such as several drops of the pure tincture, or one-fourth, one, or even several grains of the original preparation.” \*

What now are the limits within which homœopathy, intelligently practised, can be of advantage in relieving the sick? Cases there are, and more especially parts of cases, where the administration of a palliative, an anti-pathic medicine, supplies the only relief that a drug can afford.

Whilst it is the duty of the physician, who knows by experience that, if he can find a remedy which is homœo-

\* *Das Rationell Specificische oder Idiopathische Heilverfahren.* By Dr. Wilhelm Arnold. Heidelberg. 1851.

pathic to his patients' condition he will do him the highest degree of good, to search for and to give that remedy; if, on the other hand, the condition is one to which no medicine is known to be homœopathic, it is equally his duty to resort to any measure, whether medicinal or surgical, that holds out a prospect of affording relief. Cases of this latter class are few in the extreme. Consequently, save in a few well defined instances, the frequency with which a physician, who knows that homœopathy is true, resorts to some empirical or merely palliative expedient, will be found to be in inverse proportion to his familiarity with the *Materia Medica*.

Dr. WIGLESWORTH, in the latter portion of his letter, again refers to what he terms "bastard homœopathic practitioners," who accept the guidance of homœopathy in some instances, and of allopathy, or, more correctly speaking, of antipathy, in others. The excuse made "is," he says, "that there is allied truth in both systems. This statement," he continues, "is both absurd and untenable." It is neither the one nor the other. To attempt to cure disease by the aid of drugs, homœopathy is alone of any value. To endeavour to relieve suffering, proceeding from incurable organic disease, while, in many instances, a homœopathically selected remedy is all sufficient, in others it is not so. The pain of cancer, say of the rectum, cannot be relieved, in most cases, save by morphia; the excruciating agony, which attends the passage of a gall stone, can rarely be mitigated by any other means. It is sad that such should be the case; for while the suffering is lessened, the disease is uninfluenced by it.

Hence that *similia similibus curentur* directs the practitioner to his most efficient drug remedies in far more than ninety-nine per cent. of the cases that come under his observation, it is equally true that *contraria contrariis curantur* points him to drugs which, in a few instances, will most completely enable him to give his patient that modicum of relief which is all that his condition admits of his receiving.

In conclusion, we may repeat what we wrote in this *Review* just thirty years ago:—"Homœopathy is a method of drug selection, and this alone. It consists in prescribing for disease a medicine, the physiological action of which is similar to the pathological process

going on in the patient. Carry this principle into practice, howsoever we will, we practise homœopathy. Those who have had the largest amount of experience in doing so are agreed, that most effectually to apply it, the physiological action of drugs must be ascertained; that the remedy prescribed should be given uncombined with any other; that the quantity ordered should be less than that required to excite its physiological action. . . . Were every other view expressed by HAHNEMANN shown to be erroneous, homœopathy would still remain unassailed. This principle or law, and the method of practically applying it at the bedside, must be tested experimentally before it can be disproved. No amount of argumentation can show it to be a wrong principle."\*

### ON HAMMER TOE AND ITS TREATMENT.

By DUDLEY WRIGHT, M.R.C.S. Eng., L.R.C.P. Lond.

Assistant Surgeon and Surgeon for Diseases of the Throat and Ear  
to the London Homœopathic Hospital.

THE deformity to which the name of Hammer Toe is given is one which, though somewhat common, is often present for a long time before it attracts the attention of the patient, or troubles him sufficiently to cause him to seek advice.

Though in some cases this condition appears to be hereditary, in so far as one or both parents or other relatives have been similarly afflicted, there can be no doubt that in the majority of cases it is an acquired defect.

In the normal foot the second toe is the longest, or at any rate projects a certain distance beyond any of the other toes, and it is, therefore, upon the point of this toe that the stress of pressure caused by short boots is likely to fall. In order to accommodate itself to the restricted space, flexion of the proximal interphalangeal joint takes place, with the result that a tendency to hammer toe is produced, which in time becomes a permanent condition. The position of the toe is depicted below, and it may be remarked that though the deformity may be present in

\* *Monthly Homœopathic Review*. vol. xii., April 1868, p. 199.

any of the toes, it is far more commonly met with in the second than in any of the other digits.

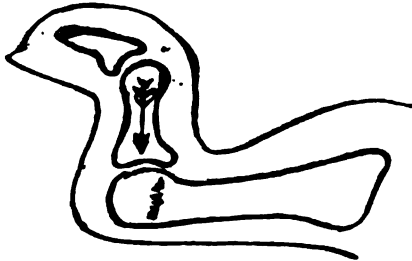


Diagram showing the Position of the Bones in Hammer Toe.  
(The position of the epiphysial line is indicated by the shading, and the arrow marks the direction of pressure).

With the establishment of this deformity certain secondary changes take place in the structures involved. It is only reasonable to suppose that shortening of the flexor tendon occurs in accordance with the well recognised law that a muscle relieved from tension for a long period tends to shorten. The ligaments on the plantar aspect of the joint likewise probably partake in the same change. Attention has, however, been chiefly drawn to the lateral ligaments by the researches of Messrs. Shattock and Anderson, who independently and simultaneously showed that the lowermost fibres of the lateral ligaments became shortened, and thus formed a bar to replacement of the bones in their normal position.

From observation of a number of cases that I have operated upon, I am inclined to think that a change occurs in the head of the proximal phalanx, which, though slight, is of some importance in view of the correct treatment. This change is one which is so commonly met with in other cases as a result of pressure upon the growing point of bones, viz., expansion of the part upon which the least amount of pressure is exerted.

It will be remembered that the phalanges of the small toes have their epiphysis—and therefore their point of maximum growth—situated at the distal end. In the abnormal position of the toe produced by the short boots the pressure is no longer on the extreme end of the phalanx, but more towards its under surface (in the direction of the arrow in the diagram). It can hence easily come about that growth will most likely be

more abundant at that part of the head in front of the point of pressure, and this may occur to such an extent that some amount of deformity is produced, whereby replacement of the middle phalanx in its normal position is hindered, although the other restraining causes, such as shortened ligament and tendon, be overcome. In connection with this point it may be noted that the deformity is usually acquired in early life, when the fast growing foot of the child is pressed upon by the boot which it has outgrown.

The symptoms produced are mainly due to the troublesome corn which develops over the site of the most prominent part of the toe. This is constantly pressed upon and irritated by the boot, and is a source of great inconvenience to the patient, often preventing long continued walking. It is this secondary trouble which usually brings the patient to the surgeon, and attempts to cure the corn without rectifying the malposition of the toe are fruitless, in all but minor cases.

The treatment which was formerly adopted in these cases was amputation of the offending member. This is a proceeding which is not only unnecessary, but moreover may lead to further deformity in the great toe. If the second toe is removed, the great toe loses the support of its neighbour and tends to be pressed inwards. The result of this is the projection of the head of its metacarpal bone on the lateral aspect of the foot and the occurrence of a bunion which may prove even more troublesome than the original malady.

The plan of treatment usually now adopted is to divide the contracted ligaments and tendon subcutaneously, and to retain the toe in the corrected position with splints.

Now this form of treatment entails a considerable period of incapacity for the patient, often going into eight or more weeks, and from what I have seen of it, is not very infrequently followed by a relapse. This I believe in part to be due to the fact that in the planning of this operation two things have been overlooked. First, that the toe should be replaced in an over extended condition in order to prevent recurrence of the contraction of the parts; and secondly, that the change in the head of the bone, which I have above indicated, has not been attended to.

In view of these facts the following method is advised, and is the only one which I now adopt.

The usual precautions are taken to render the toes and foot aseptic, especially about the nails. A piece of indiarubber tube is tightly twisted round the root of the toe to be operated upon and retained by catch forceps. This will stop all bleeding during the operation and render the field clear for all manipulations. An incision is made over the flexed joint, this incision being in a vertical direction and may, with advantage, be made to include a small oval of skin containing the corn which is situated here, this being removed. The joint is now exposed, and the soft parts should be thoroughly separated on all aspects from the joint, the instrument used for this, whether scalpel or scissors, being kept close to the bones so as to avoid injuring the digital arteries. This having been done, the joint is now pushed out through the wound and the ends of the two phalanges made to project by cutting through the articular ligaments. The cartilage-covered ends of the two bones are now shaved or sawn off. The whole field of operation is thoroughly cleansed, and the elastic tube removed, and the oozing of blood stopped by sponge pressure. One or two silkworm gut sutures close the wound and a gauze dressing is applied, the two ends of the bone being placed accurately in contact. Care should be taken before tightening the sutures that all exuded blood is expelled from the wound. A small gutta percha or zinc splint is placed under the toe and strapped on over the dressings, and the whole is now surrounded by cotton wool and a bandage applied. Healing usually is perfect at the end of a fortnight, when the dressings may be removed and the stitches taken out, but the splint should be retained for a week longer. At the end of this period union of the two bones will have resulted in a straight position, the deformity being corrected with a shortened toe—a point of some importance—since the digit no longer gets the pressure of the boot on its point, and hence recurrence is less likely.

I have now performed this operation of resection of the joint several times, and have not yet seen a recurrence of the deformity, and can recommend it to all who may be called upon to treat this condition.



WHITLOW.

By JOHN McLACHLAN, M.D., B.Sc., Edin; F.R.C.S. Eng.

SYNONYMS: Paronychia; Felon; Panaris (French);  
Panaritium (German).

In general practice one comes across cases of whitlow not infrequently, and at times they cause a good deal of anxiety to the practitioner. Whitlow has been defined as an *erysipelas inflammation of the finger*, and it certainly has many points in common with that variety of erysipelas known as *cellulitis*. 1. The causes are the same. 2. There is usually great constitutional disturbance. 3. The inflammation is diffuse and tends to go on to suppuration and sloughing. 4. There is the erysipelas-like blush of the back of the hand and arm.

CLASSIFICATION.—We may classify the varieties of whitlow in various ways:—

1. Paronychia unguialis.
2. Paronychia cellulosa.
3. Paronychia osseosa, or rather, Periostei, (the *maligna* of some writers).
4. Paronychia tendinosa.

1. *Ungualis*. This is the simplest and most superficial form, in which we find a drop of pus between the dermis and epidermis; this variety, as the name implies, is usually limited to the unguis phalanx, and is often at the side of, or round the root of, the nail, (a "runaround"). It corresponds, I believe, to the *superficial whitlow* of Abernethy; and, in its early stage, to the "*mere erythema*" of Christopher Heath, and in its later stage to the "*superficial whitlow*" of the same author. The pus may penetrate the true skin and so merge into the next form by *direct extension*, or it may give rise to it from the *absorption of its septic matter*. It may also affect the matrix of the nail, and thus lead to *onychia*, with temporary or permanent deformity of the nail. Whatever treatment may be adopted, I believe a poultice of boric lint is of great value, together with clipping away any dead cuticle. I mean by a boric poultice, three or four layers of boric lint wetted with hot water and covered by oiled silk and cotton wool; the essential nature of a poultice is simply that it is a

means of applying heat and moisture, and the boric acid present in this case makes it antiseptic as well.

A form of superficial whitlow is sometimes seen occurring without any apparent cause and attacking one finger after another. The fluid beneath the cuticle is not always purulent, sometimes being merely albuminous and mixed with flakes of lymph. It never leads to any deep suppuration. It is most common in children and females, and is consequent upon general debility, or upon unknown epidemic or endemic influences being most frequently met with in the spring—perhaps “sycotic” in nature. It is described by French writers under the name of *tourniolle* or *panaris phlycténoïde*. Clinical experience would seem to indicate that nat. sulph. ought to be very useful in this variety of whitlow.

2. *Cellulosa*.—The cellular tissue whitlow is usually the result of a poisoned wound, though it may sometimes arise idiopathically, or it may be secondary to the superficial form. As a rule it arises either in the cellular tissue of the pulp of the unguis phalanx, or at the root of the finger. It may lead to necrosis of the terminal phalanx, or it may open into the sheath of the tendons.

3. *Osseosa*.—This variety usually leads to necrosis of a part of the terminal phalanx. It may arise (a) as a primary “acute necrosis,” (b) secondary to the cellular tissue whitlow. Usually only a part of the phalanx, dies, the proximal end where the termination of the flexor sheath is attached and where the long flexor tendon is inserted as a rule escapes death, and thus the joint is preserved intact. The distal portion of the bone dies (1) because of the interference with the periosteal blood supply from the great tension, and (2) because of the absence of the tendon sheath on that part of the bone.

4. *Tendinosa*.—I doubt whether this variety—the true “*thecal abscess*” as it is termed—ever occurs as a primary affection; but it may be (a) secondary to the osseous and cellular tissue varieties. (b) Caused by the surgeon opening the sheath of the tendon when incising a cellular tissue whitlow. By this means the synovial sheath is infected with septic matter, and the usual results are, spread of the inflammation, sloughing of the tendons, and a useless finger. In such cases when the little finger or thumb is affected (the synovial

sheaths of which are continuous with the common sheath at the wrist under the anterior annular ligament) the suppuration rapidly extends to the palm of the hand and to the forearm above the anterior annular ligament; further the wrist joint itself may be opened and destruction of the whole hand result.

It must not be thought that I mean to imply that a *teno-synovitis* never occurs, for undoubtedly there are at least two distinct varieties. (a) Suppurative, which is usually traumatic and septic. (b) The lymphic variety resulting from constitutional causes; but then these forms of *teno-synovitis* would hardly be included under the head of "Whitlow."

TREATMENT.—When I was a student the diagnosis and treatment of whitlow were exceedingly simple—for the surgeon. A patient is brought in to the out-patient clinic, suffering, we will suppose, from whitlow. The presiding surgeon asks *one* question, "Did you sleep last night?" The patient probably says "No." "Ah!" says the surgeon, "whitlow in the sheath of the tendon: free incision down to the bone." But perhaps the patient affirms he *did* sleep last night, but it does not make much difference for the *fiat* still is—a free incision down to the bone *lest it burrow into the sheath of the tendons*. In this little operation two points were strongly insisted upon (1) to have something firm and unmovable (wood or stone) behind the patient's hand, so that it would be impossible for the hand to descend from the knife, though it might be drawn towards the patient; (2) to cut in the middle line with the edge of the knife directed towards the tip of the patient's finger, so that as the hand can only be pulled towards the patient, and not depressed, the incision will be enlarged in the proper direction, and no injury done to the patient (?) or surgeon. Now if a student, being examined in his final "triple qual." let us say, the subject under discussion being whitlow, did not give these cut and dried answers on the treatment of this affection, he would have stood in great danger of being "referred to his studies" for three months at least. I am ashamed to confess that once upon a time I believed and taught this method of treatment, being at that time sunk in the deepest depths of therapeutic darkness, knowing nothing of the real healing powers of drugs in such conditions, and ready

to sneer at anyone who ever suggested the possibility that drugs *could* be of use in such an *evidently* surgical case.

Are we then *never* to use the knife in whitlow? I would not go quite so far as to affirm that it should *never* be used though I have not used it for many years, and if I *had* to use it, I would look upon the case as a failure, not of homœopathy, but of my powers to apply it properly. One thing is certain, if the knife is to be used it ought not to be done in that blind and reckless manner usually recommended, for the sheath of the tendons must not be lightly opened into as the risks to the patient may be very serious. I have seen the sheath opened on various occasions but never yet saw it contain pus, nor the synovial lining even evidently inflamed. I have frequently seen fingers so disorganised as to be deemed worthy of amputation, and yet when the tendon sheath was laid open afterwards it was absolutely unaffected, being as smooth and shining as in health. If, however, a case is really doubtful, then give the patient an anæsthetic, render the limb bloodless by Esmarch's method, and dissect calmly and quietly through the doubtful part; in this way the exact position of the pus can be ascertained with certainty, and all haphazard butchery (misnamed "heroic" surgery) avoided. A poultice of boric lint is of great value as already stated, elevation of the hand by means of a sling and entire functional rest to the limb absolutely imperative.

*Therapeutics.*—Various remedies have been credited with producing panaritium, or "a feeling as if" or a "tendency" to it. It is unnecessary for me to give a list of such, I will content myself with giving a few particulars (culled from various sources) of a few medicines which I have found most generally useful in practice, together with the names of one or two others which though I have used but little in practice, I have always in mind when I meet with cases of whitlow.

**Anthracinum:** Said to be useful in the worst cases of felon or whitlow, with sloughing and terrible burning. Compare its use in the worst forms of *Carbuncle*. Often useful where arsen. seems indicated, and fails to relieve.

**Apis:** I have never had occasion to use this remedy in whitlow. It has cured many cases of whitlow with burning, stinging and throbbing; especially useful in

“run-arounds” after abuse of sulphur, also in “dissecting wounds.” From its action upon serous membranes generally, it is likely to be useful in cases of *teno-synovitis* septic or otherwise, as well as in traumatic erysipelas with great œdema. Sulphur is its complement and follows it well.

**Arsenicum:** When gangrene is present, with a great desire to have the part wrapped up warmly. In its general indications it resembles anthracinum, though the latter remedy seems to be suitable for a more advanced and a more serious state of affairs. Hence anthrac. is given after arsen. fails to relieve the intense burning pains and other symptoms.

**Fluoric acid:** Cases of whitlow where this remedy is likely to be of use are relieved by washing or sponging with cold water, and aggravated by the application of heat. It seems to affect the fingers of the *left* hand rather than those of the right, and the pus tends to point on the *dorsum* of the finger. About a month ago I had a typical example of this variety, and where fluoric acid acted like a “charm.” The “pointing” on the dorsum is a real thing, and not a mere sympathetic cellular tissue abscess. It is possible that incisions are frequently made into the pulp of the unguis phalanx of the finger when the pus is really on the dorsum; this mistake arises from the sense of fluctuation yielded by the pulp of the swollen finger covered by its thickened cuticle, even when no fluid is present. Fluoric acid and silica are both useful in *bone felons*, but observe that silica is aggravated by cold applications and ameliorated by warmth—the reverse of fluoric acid. Fluoric acid is also useful in cases of onychia resulting in deformity of the nail, as often happens in cases of *paronychia unguis*.

**Hepar:** Useful in cases where there is extreme sensitiveness to touch; cannot even bear the *weight* of a poultice, though the *heat* of the poultice ameliorates; patient likes to sit beside the fire. Parts affected often the right thumb or a finger, with violent *throbbing* “gathering pain.” Lachesis is complementary to hepar in this affection.

**Lachesis:** Resembles arsen. and anthrac. in its applications; in cases of gangrene, or where the swelling is of a bluish or purplish hue. Felons with “proud flesh.”

**Ledum:** For whitlows, the result of punctured wounds, needle pricks, hang nails (nat. mur.), splinters, &c. Affected part most comfortable when cold (fluoric acid).

**Natrum sulph.:** Whitlow beginning as a *blister*, and the pain is more bearable out of doors; suppuration round the roots of the nails, caused by living in damp houses, cellars, &c.

**Nux vomica:** Patient is usually very cross, and prefers to sit by the fire and have the hand wrapped up warmly, and wants doors and windows shut. All his senses too acute. Thumb, right or left, most frequently affected.

**Pulsatilla:** The pains are accompanied with chilliness, relief from cool applications and the open air, aggravation in the evening, from warm applications or from letting the limb hang down. Patient very tearful.

**Silica:** Whitlow, where the inflammation extends to the tendons, cartilages and bones; bone felons (see fluoric acid) and "run-arounds." Like fluoric acid useful in cases resulting in deformity of the nail; usually most comfortable when warmly covered. Fluoric acid is the complementary remedy. (Consult Allen's *Encyclopædia*, under *Silicea*.)

*Pathogenesis of Whitlow.*—I do not suppose that any medicine, with the exception perhaps of fluoric acid, has actually *produced* whitlow, during its proving. One can hardly expect provers to be so energetic and self-denying as to persist with a proving until such painful organic lesions are produced. For this reason, therefore, we are chiefly dependent upon *clinical symptoms* and *clinical experience* when we attempt to treat whitlow by the method of Hahnemann, and not as *mere* surgeons. In saying this I do not mean it as a sneer at the surgeon, for to be a surgeon was once my own dearest wish, but that was before I knew anything about homœopathy. At the same time, if ever I had to resort to purely surgical means in the treatment of this affection, I would regard the case as a "failure." Doctors in general are but necessary evils, the surgeon probably most of all, but nevertheless both *are necessary*.

In other diseases it is the same as in whitlow. Take pneumonia for instance, one can hardly expect provers to go on with any given drug till it has actually produced a genuine pneumonia. It has therefore been suggested

that the lower animals should be used for this purpose, and by the continuous use with gradually increasing doses of the given drug to see whether it can produce lobar pneumonia, or any other well defined organic lesion. Such a suggestion cannot be too strongly condemned, both on humanitarian grounds and because it is unscientific, and can only find a place in a science, falsely so-called. Such a method could not by any possibility lead to any useful result, that could not equally well be attained by more legitimate means, so far as healing the sick is concerned. Suppose, for example, that six medicines can be proved in this way to have produced pneumonia, of what earthly advantage is it to know this, when we are face to face with an actual case of pneumonia? The mere physical signs of pneumonia are practically the same all the world over by whatsoever means produced; the dulness on percussion, the increased vocal fremitus, the crepitations, fine or coarse, give no indications that will guide us to the appropriate medicine; thus our half dozen medicines that have been thus proved to have produced pneumonia, simply become half a dozen harassing doubts at the bedside of an actual case. To be sure one might try them all in turn, taking twenty-four hours for each, and then by the time they were finished the patient would either be dead or the crisis passed. No! leave all such rubbishy methods to the "Old School," the homœopathy of Hahnemann does not need them.

To treat any disease successfully, we must know, or at least do our best to find out, *the specific individual differences* both of the different medicines and of our patient, before we can use medicines intelligently. This is only another way of putting Hahnemann's *dictum*. "In making this comparison, the more *prominent, uncommon* and *peculiar* features of the case are specially and almost exclusively considered and noted; for these in particular should bear the closest similitude to the symptoms of the desired medicine, if that is to accomplish the cure." In other words, the *specific individual differences of the medicine* must be similar to the *specific individual differences of the patient*. The lower animals can never give us this knowledge, and without it we are but little better than the allopaths. Leave us rather in our *fools'* paradise, hugging to our hearts the pleasing

delusion that only *one*, or at the most *two*, medicines, can both produce and cure pneumonia. This will at least give us an *appearance* of confidence (born of ignorance it is true) at the patient's bedside, which if of no benefit to the *patient* cannot fail to impress the *patient's friends*—a most important point if a doctor wishes to “get on.”

1. Anthracinum: The indications for this medicine are, I believe, only clinical.

2. Apis: “Inward burning about a *hang-nail* on the outside of the right fourth finger; no redness where it pains inside, and not aggravated by pressure. Fine burning and pricking in the finger tips. Sensation as if the finger nails were quite loose and as if he could shake them off.”

3. Sulphur: Many hangnails on the fingers. Pain in the tips of the fingers in the morning, as if the nails had been cut too short. Pain on the flexor surface of the right middle finger as from a *sticking splinter*. Burning in the balls and tips of the fingers. At night, in bed, a semi-lunar painful drawing in the root of the nail of the right little finger. Tearing and drawing pains very marked. At night in bed tearing under the nail of the left thumb. Tearing sticking above the nail of the left ring finger, as if a needle were thrust in, especially violent in the evening. Shooting in the tips of the fingers at night. Stitches in the tips of the fingers. Crawling and pricking in the tips of the fingers very acute, worse on hanging the arm down.

4. Arsenicum: The indications for this medicine are chiefly of a general character.

5. Hepar: Indications chiefly general, though we find “stitches in one finger as from needles.”

6. Nux vom.: Indications chiefly of a general character, but we find “Jerking sticking pain along the bone of the thumb, extending backward. Burning in the ball of the thumb on lying down after dinner.”

7. Pulsatilla: Indications chiefly general. Also “Pain as if a *panaritium* would form on the side of the nail of the index finger. Violent stitches in the tips of the right fingers.”

8. Fluoric acid: “The pains in the hands became exceedingly violent and the hand much swollen; next day the fingers, and especially the thumb, were violently inflamed; the hot bright-red skin on the tips was dis-



coloured, the last phalanx almost immovable, with violent pains in the hands extending up to the shoulder, and fever; towards evening of the second day the pains become throbbing and the tips of the fingers more swollen; on the third day the tips of all the fingers were white, and the thumb was enveloped by a white blister, upon which the nail seemed to rest, with constant tormenting throbbing pains; on opening the blisters there was discharged a thick brown very offensive fluid, which was very acid; under these blisters was seen on the fingers the uninjured true skin; on the thumb there was underneath a second blister, upon opening which commencing suppuration was found; the fingers healed rapidly; the thumb continued to secrete a thin pus and was only healed after four weeks. Pain in the left index finger, as if in the bone, now and then during the day; the whole finger is painful internally, particularly in the evening. Burning internally about the bone. A violent burning stitch in the fleshy part of the left thumb. Prickings in the ends of the index fingers, most in the left. Acute prickings, as with a needle, in the fingers. Now and then a pain resembling a contusion in the ends of several fingers, as it were in the bones. Painless sensation beneath the nail of the left thumb, as if something were working gradually its way out, in the forenoon."

9. *Lachesis*: Visible pulsation in a large portion of the ball of the left thumb, and frequently recurring jerking. A panaritium on a finger in which there had formerly been frequent jerking, preceded by jerking and pains, so that she could not bear the arm under the covering, frequently shooting upward and often downward into the arm, which was weak. Stitches in the tips of the fingers. Gnawing and crawling in the bones and flesh of the right third and fourth fingers; also under the nails as though something were crawling about under them."

10. *Ledum*: A feeling in the nail of the left third finger as if raised up by pressure from beneath, together with prickling in the tip of the finger. Stitches as with needles beneath the right thumb nail. The periosteum of the phalanges is painful on pressing it.

11. *Natrum sulph.*: Violent burning in the tips of the fingers. Boring in the joints of the fingers (many

drawing and pressing pains) sticking pain in the tip of the left thumb behind the nail, evening. Sticking pain in the tips of the fingers. Violent stitches in the left thumb, in jerks, almost like pulsations of the pain. Fine sticking pain in the points of the right thumb and forefinger, as if the veins were being pulled out, whilst knitting at noon, (tearing pain in various fingers, very frequent). Sticking ulcerative pain under nail of the right forefinger. Beating in the tip of the left little finger, like a pulsation, for several minutes.

12. *Silicea*: Pain as from a splinter in the flexor surface of one finger. Pain in the left index finger as if a panaritium would form. Sensation as if the tips of the fingers were suppurating. Feeling of numbness of one finger as if it were thick and the bone enlarged (tearing and sticking pain in various fingers), stitches in the ball of the thumb.

The above symptoms are taken from Allen's *Encyclopædia*. I regret that I am unable to make use of the *Encyclopædia of Drug Pathogenesis*, the repertory to that work being as yet incomplete.

Oxford, April 1898.

#### OPHTHALMIC DISEASE SYMPATHETIC TO UTERINE FIBROID.

In the April number of *The Homœopathic Eye, Ear and Throat Journal* of New York, Dr. VILAS, of Chicago, reports the following interesting case:—

The following case was brought to my office August 12th, 1898, by W. A. McDowell, M.D., Rockford, Illinois. I give the history (from a report of the case since made by him) as given to me at that time.

“Miss —, aged 47 years. About fourteen months ago, she began having pain in the left eye and on the left side of the nose. This pain grew worse rapidly, the eye becoming very red and swollen; she could not bear the light because of the pain it caused. She consulted an eye specialist who treated her about three months, using both local and internal remedies, but with no relief whatever. The pain had now become so severe in the eye that she was forced to take opiates to get any rest at all, especially at night. On the advice of the eye

specialist who had treated her she went to Chicago and into an eye infirmary. She remained there under constant treatment three months, with no benefit whatever. The treatment was very painful; using her own words, 'worse than death.' She then went to her home, not far from Chicago, and remained a few weeks, trying whatever she thought might give her relief, such as poultices, hot applications, etc.

"Her friends now persuaded her to try another specialist in a neighbouring city. She did so, and there lived in his family, and was under his immediate care for nearly four months, but received no benefit."

It was at this stage of her case that she went to Dr. McDowell, giving the foregoing history, and saying in addition that she was fearful that she had a tumour. "For over a year," she said, "she had noticed an enlargement in the pelvic region, and of late it seemed to be growing; had given her no discomfort, but as the growth was becoming more noticeable to her, she wished an examination and opinion."

An examination by him disclosed a uterine fibroid about the size of a coffee-cup. She put her case in his care, and he prescribed for her general condition, bearing in mind the fibrous growth. He treated her a month, and using his own language, "with very little, if any, improvement, using hot applications to her eye, which would afford temporary relief."

I again quote from Dr. McDowell's narrative: "She still suffered intense pain and the eye was swollen, very red and angry in appearance. She had now fully resolved to have the eye removed, and so expressed herself to me. Not feeling competent to say yes or no, I advised her to consult at least two competent men. She made choice of two, and did as I suggested. One gave no decided opinion, the other advised removal at once 'in order to save the other eye.' She came back to my office fully decided to have the operation for the removal of the eye on the next day. I now said to her, 'I wish you to go with me and see Dr. Vilas, and let us hear what he has to say.' She consented and we went together."

Examination at this time by me confirmed the general condition of the eyeball as has been described, but I could detect no organic lesion. It was apparent, how-

ever, that the eye troubles had arisen and progressed synchronously with the tumour, and I had seen similar manifestations with uterine disturbance. I therefore advised to remove the uterine tumour, confident of the result as to the eye.

"Acting on this advice," concludes Dr. McDowell, "three days later Dr. Ludlam, at the Hahnemann Hospital, in Chicago, removed the fibroid tumour. The fourteenth day after the operation she rode in a carriage three miles, and in a few weeks had fully recovered.

"Immediately after the operation for the removal of the tumour, all pain left the eye, and the redness and swelling began to disappear. Ten days later there was no trace of there having been any trouble with the eye, nor has it ever troubled her to this day, January 24, 1898."

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## REVIEWS.

*Pharmacopée Homœopathique Française.* Rédigée sous le patronage de la Société Française d'Homœopathie. Par H. Ecalle, L. Delpech, et A. Peuvrier, Pharmaciens à Paris, avec la collaboration de MM. les Docteurs Marc Jousset et Vincent Léon-Simon. Demy 8vo, 408 pp., in paper wrapper. Paris: Librairie J. B. Baillière et Fils. 1898.

In a paper presented to the International Homœopathic Congress, held in Paris in 1889, M. Ecalle proposed the nomination of a commission of Pharmacology having for its chief object the preparation of a new homœopathic Pharmacopœia, one which should be more in accord with the progress of science than that hitherto in use. This proposal was favourably received by the Congress, who referred the matter to the Société Française d'Homœopathie, and the present work is the result.

The work is divided into two parts, the first dealing with the "General Pharmacopœia," the second with the "Special Pharmacopœia." The first five articles treat of vehicles, fundamental preparations, attenuations, globules, and dispensing and preservation of the medicines. Under "Vehicles" are given full descriptions of the sources, methods of production and preparation, characters, tests and uses of alcohol, sugar of milk, water and glycerine. Commercial alcohol of 81° to 82° is directed to be redistilled. Rectified spirit of 88° to 90°, and the same reduced to 80° and 70°

respectively, according to requirements, are also recommended. Sugar of milk is purified by precipitation with alcohol. Water is to be slowly distilled after previous filtration. Glycerine of 80° B., having a density of about 1.27, is to be used in preparing the first attenuations of certain substances, and chiefly for alkaloids. Precautions are given in relation to the choice of products, their preparation and preservation, under "Fundamental Preparations," and especially with regard to *calcareo carbonica*, *mercurius solubilis*, *causticum*, &c., which are to be obtained by Hahnemann's methods.

Mother tinctures of fresh vegetable substances are directed to be prepared from indigenous plants. These are divided into two distinct categories; (1) those with a considerable amount of juice, and (2) those with a very small amount.

Indigenous plants with a considerable amount of juice are pounded in a mortar and submitted to pressure. To the juice thus obtained is added an equal weight of alcohol of 90°, and liquor No. 1 is thus produced and set aside. To the marc resulting from the preceding operation is added its own weight of the same alcohol; this is macerated for 10 days and again expressed. The liquor No. 2 thus obtained is added to the first, the mixture allowed to deposit and filtered after decantation. It is claimed that by this operation a tincture is secured which is always similar in composition, and which will contain all the active principles of the plant. "In effect, in the liquor No. 1 are those constituents of the plant which are soluble in water as well as those which are carried in mechanically, and in the liquor No. 2 all those which are soluble in alcohol." We cannot, however, admit this proposition as correct, since the very small proportion of alcohol used to extract the marc would be insufficient to exhaust it, at least in the case of some very juicy plants, of resins and other substances soluble in alcohol but insoluble in the juice, besides which, the loss in the process of expression would be proportionally great. Surely it is far preferable to percolate the marc with the whole of the alcohol used, as directed in the *British Homeopathic Pharmacopœia*, if such extraction is attempted at all; but the process of percolation is not mentioned in the work, a fact which we consider regrettable. Aconite serves as a type of this class of tinctures, while those of the second category are typified by *dulcamara*. These latter are said to have a very small amount of juice, but in the experience of British pharmacists the average loss of moisture from *dulcamara* is greater than that from aconite, when each is collected in the proper season.

The plants of the second category are crushed, reduced to a fine moist paste, covered with an equal weight of alcohol of 80°,

and after maceration for 10 days are decanted and filtered. Tinctures of exotic vegetable substances are to be made by reducing the substance to a fine powder, and simple maceration in alcohol of 70°, in the proportion of 1-20 (1 grm. to 20 grms. we presume, though it is not so stated) for ten days. They are then to be filtered. The type of these tinctures is ipecacuanha.

The proportion of 1-20 has been adopted for all such substances indiscriminately to effect the complete solution of the active principles of the plant, and "because in this way the physician always knows the quantity of substance which corresponds to the quantity of tincture prescribed by him." Trituration is also ordered for some vegetable substances specified in the Special Pharmacopœia, such as ipecacuanha. Tinctures as well as triturations of animal substances are directed, the former by maceration in alcohol of 90° in the proportion of 1-20. Moschus and corallium rubrum are quoted as types, the latter of those which are prepared in trituration only. There is not much that is new in the trituration process recommended; the centesimal scale is followed, except in the case of very active substances, of which digitaline is a type. For these the first three decimal triturations are recommended in order to secure intimate admixture.

Under "Attenuations" we have the theories relating to their action, and rules and precautions to be observed in their preparation, with the vehicles suitable for each class, one peculiarity being that for intermediate dilutions which are not prescribed, a mixture of four parts of water with one part of alcohol is allowed. The starting point of attenuation is the mother tincture, in all cases where this is prepared, while in the case of triturated vegetable substances the crude drug is the starting point. Hence there will be unfortunately a still wider difference between the liquid attenuations and triturations of the same drug than that already existing in this country. For example, the first trituration of ipecacuanha will contain 1 in 100, while the first dilution of the same drug will be in the proportion of 1 in 2,000. We hope the physician will remember this in writing prescriptions.

It is stated in the preface that "Hahnemann, who, for his time was a very distinguished and accurate chemist, has fixed in very precise terms the preparation of all the medicines which he experimented on; our work is absolutely conformed to his indications, but we have added all the new medicines applied since then."

This statement is not supported by the method adopted for making the attenuations.

Hahnemann appears to have attached considerable importance

to the fact that liquids were largely prescribed in drops, and his endeavours were directed towards ensuring the proportion of one grain (Nuremburg), or one drop, in 100 drops, whether the tincture was prepared so that either 10 or 20 drops of mother tincture represented one grain of the dry material, as in the case of non-indigenous plants.

In that of *staphysagria*, for example, where 10 drops of the mother tincture represented one grain of the seeds, 10 drops of the tincture were mixed with 90 drops of alcohol in order to obtain the first dilution ( $\frac{1}{100}$ ).

If, as appears in several parts of the work before us, liquid vehicles are to be taken by weight, and the mother tincture being the starting point of attenuation, the first centesimal dilution will deviate to an enormous extent from Hahnemann's preparation.

The tincture and dilutions of *staphysagria* being directed to be prepared with alcohol of 70°, the specific gravity of which may be taken as about 0.87, the volume of 100 grammes, would be about 115 cubic centimetres, and in our experience one grain by weight of such alcohol would correspond to at least 2.8 drops of average size.

The following calculation will illustrate the contrast between Hahnemann's preparation and that of the *Pharmacopée Homœopathique Française* :—

	Drug.	$\phi$ tinct.	$\frac{1}{100}$ .
Staphysagria,	Hahnmn., 1 gr. in	10 drops + 90 drops = 100 drops.	
"	Ph. Hom. Fr. 1 "	20 gr. or 46 " $\times 100$ "	= 4,600 "
"	" 1gm. in 20gm. or 23 cc.	$\times 100$ "	= 2,300 cc.

The second part of the work contains three chapters dealing with (1) vegetable substances, (2) animal substances, and (3) mineral substances and chemical products. There is also an appendix treating of organic products (thyroidine, &c.), a full table of contents, and an index. The three alphabetical arrangements of these chapters are somewhat confusing, as one cannot, without referring to the index, or remembering whether the substance sought for is vegetable or mineral, readily refer to the desired article. One alphabetical arrangement would, in our estimation, be far preferable, and we commend this point to the consideration of the compilers in case of a future edition being issued.

The nomenclature of vegetable preparations consists of the Latin botanical names of the plants from which they are derived, and a similar rule applies to animal substances. For chemical products and minerals the nomenclature of the older continental pharmacopœias has been retained, but with some inconsistencies. Thus the Latin adjectives used for similar salts vary considerably, and we have for calcium iodide

"*calcareo iodata*," for potassium iodide "*kali hydriodicum*," and for sodium iodide "*natrum ioduretum*." The adjective used to indicate bromides is "*bromicum*," instead of "*bromatum*." Again, while "*cuprum arsenicum*" is used to denote arsenite of copper "*ferrum arsenicum*" indicates arsenate of iron. Some modern exceptions occur like "*acidum cyanhydricum*," "*acidum fluorhydricum*," and "*kali bichromaticum*," and the names of the alkaloids and some other chemical preparations have no Latin terminations, for example, "*digitaline*," "*esérine*," "*cicutine (bromhydrate de)*." We altogether fail to comprehend the reason for the following under "*zincum phosphoricum*," namely, "*syn, zinci phosphidum*, phosphate de zinc, Angl. *zincic phosphide*," followed by a process for preparing the phosphate. Zincum phosphoratum, phosphide of zinc, was introduced into the British Homeopathic Pharmacopœia many years ago, but no mention is made of the phosphate—zincum phosphoricum. "*Cadmium sulphuratum*," used as a synonym for cadmic sulphate, is also inconsistent.

"*Nitrite d'Amyle*" would have been better placed under "*Amyl Nitrosum*," and "*Trinitrine*" is better known as "*Glonoine*." "*Cedrus Deodora*" should be "*C. Deodara*," while "*Brucea antidysenterica*" is probably a misspelling, as it appears correctly spelt in the table of contents. "*Belladonna*" and "*Gayacum*" are also peculiar. The printer's devil appears to have been busy with the English names: thus we find "*Common Chamomille*" (pp. 50 and 78), "*German Chemomile, Corn fever ferr.*" (p. 78), "*Spotted Kemlock*" (p. 90), "*Nairy Yam*" (p. 97), "*Sweet-sensed Lifis everlasting*" (p. 112), "*Sir John's Wort*" (p. 120), and "*Stony scented Lettuce*" (p. 128), besides others.

Among the newly introduced remedies we find *avena sativa*, *boldo*, *cedrus deodara*, *galium mollugo*, *gnaphalium dioicum*, *kola*, *lonicera caprifolium*, *strophantus hispidus*, *teucrium*, *scorodonia*, *adonidine*, *antipyrine*, *cocaine*, *cotoïne*, *duboisine*, *ergotinine*, *esculine*, *fuchsine*, *mercurius chloro-iodatus*, *quassine*, *sparteine sulphate*, *thyroidine*, and *pancreatic*, *hepatic*, *cerebral* and other organic extracts.

Under each head in the chapter on vegetable substances are given, as a rule, the synonyms, French, English, German, Italian and Spanish names, natural order, habitat, characters, preparations, and principal indications (therapeutic), and in some cases the flowering time and a caution against confusion of species; also some properties generally attributed to particular plants. Corresponding information is given in the chapter relating to animal substances. In that devoted to mineral substances and chemical products no chemical for-



mulæ appear, but synonyms, foreign names, sources, methods of production, characters and properties, preparations, principal indications and, in the case of active poisons, the maximum dose recommended.

No tests are given except those quoted from Hahnemann's writings.

The preparations of *apis mellifica* are, tincture of the entire bees, killed with alcohol and reduced to pulp; trituration of the living bees; tincture of *apium virus* obtained by vigorously shaking the live bees in a bottle and afterwards allowing them to escape and dissolving the poison deposited on the sides of the bottle in alcohol of 90°; and trituration of the same by catching the insects with pincers and allowing them to discharge their poison on sugar of milk. Trituration is the only method by which the serpent venoms are treated. Tincture of *sepiæ*, as well as trituration, is ordered.

Of the metals, silver is directed to be prepared by introducing the chloride into a platinum capsule containing water acidified with sulphuric acid and a sheet of pure zinc, treating with diluted sulphuric acid, carefully washing and drying the powder so obtained. Gold (although named "*aurum foliatum*") to be precipitated from a solution of the chloride by means of ferrous sulphate; copper to be precipitated by iron rods from solution of its sulphate; soft iron of good quality is to be reduced to filings, ground to powder in a mortar, and sifted through a hair sieve; mercury to be obtained by distillation from a mixture of cinnabar with iron filings or quick lime; platinum by heating the double chloride of platinum and ammonium (platinum sponge), or by precipitation of the chloride by means of a solution of potash in alcohol (platinum black); lead by precipitation from a dilute solution in nitric acid by means of zinc rods; tin by precipitating a boiling solution in hydrochloric acid by means of carbonate of soda, transforming the precipitated stannic hydrate into insoluble stannic hydrate by the action of nitric acid, finally reducing with black flux and washing; and zinc by redistillation, conversion into pure oxide in the wet way and reduction by hydrogen.

In the case of the acids the official preparation is taken as the starting point of attenuation regardless of the percentage of anhydrous acid contained in it. Thus the first attenuations of "*Acidum Muriatricum*" and "*Acidum Cyanhydricum*" bear no relation to each other or to the rest of the acids in point of strength.

Of alkaloids, the third decimal trituration or solution is the strongest homœopathic preparation which can be prescribed by the physician, and it is urged that trituration is much

superior to dilution, because the physician always prescribes the dilutions and tinctures, not by weight, but in drops, and these vary in size according to the strength of the alcohol. The possible variation in their size is said to be in the proportion of 20 to 60. Besides this, the evaporation of the vehicle considerably augments the strength of these active solutions, a circumstance not always without danger. The following typical formula is given for the 8x dilution:—

Digitaline, crystallised	...	...	1 gramme.
Alcohol of 90°	...	...	650 „
Glycerine of 80°	...	...	850 „

First dissolve the digitaline in the alcohol and afterwards add the glycerine.

Arsenicum album is to receive special treatment. The opaque variety, being more soluble in weak alcohol, is to be selected. It is to be prepared both by trituration and by solution, using alcohol of 56°. While triturations of petroleum are tolerated, those of phosphorus are suppressed as being completely defective, and a special 8x solution is the only preparation authorised. This is made by placing a gramme of phosphorus in a bottle with 100 grammes of pure glycerine of 80°, melting the phosphorus by the aid of hot water, shaking the bottle until the contents are quite cold and after mixing them with 900 grammes of alcohol of 96° shaking the whole vigorously for some minutes. No solution of sulphur is recognised, trituration being the only form prescribed for the first three attenuations. Trinitrine (glonoïne) is not to be prepared or prescribed stronger than 1-100.

Apart from the imperfections we have pointed out, the work of the compilers appears to have been done thoroughly. It is, however, to be regretted that so little effort has been made to approach international uniformity; in fact in certain directions a greater deviation than ever has been adopted, both from this desirable object and from the directions and aims of Hahnemann.

The work has been very nicely printed on excellent paper, but lacks a binding worthy of its importance.

## MEETINGS.

### LONDON HOMŒOPATHIC HOSPITAL,

THE annual general meeting of the governors, donors and subscribers of the London Homœopathic Hospital was held in the board room of the hospital on Thursday, the 24th of March, 1898, Mr. STILWELL (Chairman of the Board of Management) presiding.

Prayer having been offered up by the Chaplain (the Rev. DACRE CRAVEN), and the Secretary-Superintendent having read the forty-eighth annual report,

The Chairman (Mr. STILWELL) moved its adoption, saying: Ladies and gentlemen,—I rise to move that we adopt the report you have just heard read. Almost in the last sentence of that report we speak of a period of fifty years—no small period—which has seen the rise of this hospital, from a small house in Golden Square, to the present large and imposing building so admirably adapted in every way for the work which is carried on in it. We have during that time had many losses, of which one of our greatest has been that of our patron, during the last twelve months. The Duchess of Teck has been a supporter of this hospital, and a very kind help to us at all times. Whenever we asked for her assistance she most graciously gave it to us. She was present when the foundation stone of the new hospital was laid, and afterwards when it was opened on its completion, and by her gracious presence she made both events marked days in the history of this institution. We have also to deplore the death of the late Mr. Hugh Cameron. We all know that his name has been associated with this hospital from the beginning, through all the forty-eight years which had elapsed when he was taken from us by death. During the whole of that time his advice, his sympathy, and his help were very marked. I am sorry to have to mention Lord Emlyn's illness. He, I had hoped, would have been standing here and proposing the adoption of the report instead of me, but he is suffering from an attack of influenza, and has been advised to take rest in the hope of the restoration of his health. I am sure we all feel anxious that that result may be speedily arrived at. In looking at the report you will have noticed the extraordinary increase of patients—both in and out—during the last year. That has been the result, in the first place, of the appreciation of the work carried on here by the staff, and not only of our work, but of the way in which it is done. It has been the result, in the second place, of the fact that homœopathy is found by the poor to be very helpful to them. They find that their period of sickness is shortened, that their recovery is quicker, and that their strength is not undermined by treatment which has sometimes been called "heroic." It was with much pleasure that I heard of the grant from the Prince of Wales' Fund, which has helped us to the extent of £245 to reduce the debt which I hope some day to see wiped off in its entirety. We have also been much encouraged by the endowment of a new bed through the kindness of Mr. and Mrs. Ridley Bax. It has been named by them the "Alfred Aubrey

Vernon Bax Cot." It is very cheering to be helped in this manner, and I like the idea of naming cots or beds as a memorial of those whose memory we wish to perpetuate. The building of the Nursing Institute is now complete. It has cost us a good deal more than we ever expected to have to pay for it. Building materials, labour and many other things have gone up in price very much since we first talked of putting that building into order. As most of you know, we had an old building with a wall that was condemned, and we were bound to pull that wall down. When we had done so we had a small house with no staircase in it. Under the advice of our architect we took off the roof, we added a story, we built a staircase, more bedrooms and bathrooms, and we have now a very comfortable and well-arranged house, containing forty-six beds for the use of the nurses. This is more than the hospital requires for its purposes at present, but it gives us an opportunity of enlarging the staff of private nurses trained in the wards, and which is in itself a very good advertisement for the hospital. In fact, it is one of the best advertisements we have, for the nurses, who have the interests of the hospital at heart, go out to nurse invalids and sick persons, and by their means people get to know that there is such a place as the London Homœopathic Hospital, and so are encouraged to contribute to our funds. The post-graduate lectures are a feature which has lately been introduced. The medical staff have arranged to carry on, during the summer session, daily lectures and demonstrations, embracing general medicine and surgery and various special branches of each. This will be a great help to homœopathy, as it is a way by which we can induce young men to come forward and learn what there is in homœopathy, and see the excellent practice that there is at this hospital. I do not think we can too warmly thank those who are so kind as to give up their time to preparing and delivering these lectures, and I think that some special funds should be appropriated to the maintenance of these lectures, the expenses of apparatus, and so on, and to a certain honorarium to the lecturers. I hope that during the next twelve months we shall see something of that kind brought about. I would specially tender the thanks of the board and of this meeting to the Medical Staff. Their care and their work is constant. There is never a day when they are not in the hospital doing good work and helping those who are in pain and sickness, and we cannot too highly value the services they give us. To the Nursing Branch, too—to Miss Brew, the sisters and the Nurses—we desire to offer our best thanks for their continual

and kindly help, and I would mention that there seems at the present day a feeling of emulation among the nurses as to who can best assist in carrying out the work of the hospital. That is a thing that we, as a board, are most grateful for. The fees received from private nursing are double in amount what they were last year, and we hope for a further increase in the current year. The scheme for the payment of nurses, and the payments for private nursing are fortunately bringing things to an equilibrium which is very satisfactory. I hope that state of equilibrium once passed will result in a source of substantial income to the hospital, and in advantage to the nurses, as it will ensure their having constant work. Our thanks are due to our able and active Secretary-Superintendent, Mr. Cross, for the manner in which he, with his staff, has carried on the daily duties of his post. We must also tender our thanks to Messrs. E. Gould and Son, the honorary chemists, who very kindly supply us with drugs gratuitously. There is another point in the report which I must refer to. That is, that we have received the whole of the money—£48,000—which the building has cost, and we have a balance of about £840 over, a very satisfactory state of things. (Applause.) Our new hospital is paid for, it is freehold, and it is unencumbered. The collection of so large a sum as that shows the growing confidence of the public in the work carried on here, and it is noteworthy that those who know our hospital and the work carried on the best, are the largest contributors to this fund. The Board have shown their sympathy in the work by being very considerable contributors themselves; my colleagues have personally contributed £8,762 to the Building Fund. (Applause.) With regard to other donations, the annual report which we have laid before you to-day will give particulars. We started to raise £80,000 for this purpose. I am afraid that if I had known we would have had to raise nearly £50,000, I should have despaired. Fortunately, we thought it was only £80,000, but the expenses increased beyond our anticipations, and we were £18,000 on the wrong side. However, we found that our constituents and supporters came forward in the most kind and generous way, and enabled us to pay off the whole. I hope that the kindness which has been shown to the management of this hospital will so far continue that we shall be able to raise the somewhat large sum of £10,000 to pay off deficits, and also to raise £2,000 annually in subscriptions, both of which will be necessary to the well-being of this hospital and to keeping it free from debt. Two or three friends of the hospital who have been told what is likely to be

done next year have kindly promised amongst them the sum of nearly £8,000. (Applause.) Such a fact as this makes us most hopeful of the future. Ladies and gentlemen, I now beg to move that this report be adopted. (Applause.)

Sir HENRY TYLER said: Mr. Chairman, ladies and gentlemen,—I have very much pleasure in seconding the resolution so ably moved by the Chairman. There is only one remark I would make upon what he has said. I desire to go one better than he has done, for I hope that not only shall we be able to raise an extra £2,000 a year, but I hope that, now we have finished our building and obtained it free of cost and unencumbered, we shall raise such a sum as will bring us in an annual income of £2,000 a year extra, so that we can put ourselves on a suitable footing as regards endowment, as well as having an excellent building. I often ask myself how it is that homœopathy is not more often adopted. Amongst the rich we have this difficulty. If it is recommended to them they ask their professional adviser if they shall adopt it, and he tells them that it is all a fraud and humbug, and they straightway have nothing to do with it. (Laughter). There are also difficulties among the poor, although they find great advantage in recovering from homœopathic treatment more rapidly, and in not having to recover from the drugs administered under other methods of treatment. We can only attribute it partly to prejudice, of which there is a great deal, partly to ignorance, and partly to stupidity. People will not trouble to think for themselves. It is like a poor man I saw at an insane asylum on one occasion. This man, a Roman Catholic, had had an epileptic seizure, but he was now perfectly sane, and could safely have been discharged. His great fear was that he would be discharged, because he said "I have given my soul to the priest and my body to the doctor, and I am now devoid of all responsibility." (Laughter). People will not think for themselves. I am glad to see that we do so much good, and I hope we shall do a great deal more. (Applause.)

The CHAIRMAN having put the resolution to the meeting, it was carried unanimously.

The CHAIRMAN: You have had read in the course of the report a resolution that a sum of £2,000 out of the reserve fund should be appropriated to the payment of the expenses of the Nursing Home. I will call upon Captain Cundy to move this resolution, but first of all the Secretary-Superintendent will read the recommendation of the Board.

The SECRETARY-SUPERINTENDENT then read recommendations from the board of management, and from the trustees, that

the resolution be adopted by the governors, donors and subscribers.

Captain CUNDY said : Mr. Stilwell, ladies and gentlemen, —the resolution I have to propose is based upon the two recommendations which you have just heard read. It is to this effect :—“ That this general meeting of the governors, donors and subscribers of the London Homœopathic Hospital hereby empowers and directs the board of management and the trustees of the hospital to appropriate for the use and service of the hospital a portion not exceeding £2,000 in amount, of the moneys of the invested funds, to be expended in payment of the costs of rebuilding and furnishing part of the Nursing Institute building so far as those costs exceed the amount voted for the purpose by the governors, donors and subscribers at their special general meeting on December 11th, 1896.” Now really I should feel, were it not for my conviction that I stand in the presence of a most sympathetic audience, and that I have no brow-beating Bumble to contend against, somewhat in the position of Oliver Twist in Dickens' book—the boy who asked for more. We have had what would seem to the official mind the sufficient sum of £3,500 given into our hands for the purpose of rebuilding the Nurses' Home. We could not, however, make that do, and we ask you for £2,000 more. I feel sure that no eloquence of mine is needed in order that you shall agree cordially to this, for you have already had it amply stated both in the report and in the Chairman's speech that it was necessary. This Nurses' Home, which cost a good round sum when originally built, was used for a temporary hospital during the time that this hospital was being rebuilt, and when we came to take possession of it again, hoping that we should not have to spend much upon it, we found that one of its walls was condemned, and that it would be too small for the nurses we require for the extended hospital and for our private nursing staff. It was necessary, therefore, to expend a sum, which we estimated on fair grounds would amount to £3,500, in rebuilding it. When, however, we came to get actual tenders from various builders under the architect's plans we found it would be necessary to ask for at least £2,000 more, and hence the resolution which I have ventured to put before you. We have watched most carefully, with a great deal of searching of heart, the cost of this Nursing Home. It stood for some time after the hospital was opened, on what looked like a piece of waste ground, and we were assured by the medical men that it was most unhealthy to leave that spot of ground as it was. Everybody was uncomfortable, because it was felt that we were not making

the best use of our property, for that waste piece of ground was worth money. At last we plucked up courage, and the result is that there is certainly there a most commodious and suitable home for our nurses. (Applause.) We hope, ladies and gentlemen, that the result will be that we shall have a larger staff of capable nurses. We are getting that gradually, we have had a very great accession of desire for our nurses this year shown in the proceeds of the nursing fees—the results being double what they were last year—and, as has been well stated, these nurses not only supply a want of our medical men in their private practice, but they also act as a most excellent advertisement for our hospital. (Applause.) I believe that our outside nursing has done more to gain friends for this hospital, and will do more in the future, than anything we have hitherto done. The nurses come into our houses, they show their skill, and, if you look at the testimonials we get from those in whose service they have been, you will see—for they are full of loving and tender expressions—that our nurses have not only done good to the bodies but have gained the hearts of those they have been nursing. (Applause.) Next month we hope this home will be in full swing. Now, with reference to the report which has been presented to this meeting, we seem to be rather going ahead in our expenditure, but as acting treasurer it has been my duty, month by month, to attend the audit here, and although some of the expenses have caused me searching of heart, yet I can honestly say that we have passed nothing which we considered was not absolutely necessary for the well-being of the hospital. It is no use our having a hospital like this if we are not up-to-date in everything, and we must remember that this is a unique hospital, because it is the only homœopathic hospital in London, and it is now, we believe, the school for homœopathy. This is the great object which we have in view in inaugurating and carrying on these lectures which our medical staff are so kind as to give. For some time they gave these lectures without any honorarium at all—it was not their idea to ask for anything for the time and trouble they took—but we did not feel it right that they should give this extra time to educational work without having some sort of fee. If we are to expect to have medical recruits to carry on homœopathic treatment throughout the country, we must have a school for these recruits, and I do not see any school which we can have except this hospital. We must, as our ranks get thinned by death, fill them up with men, competent as well as zealous in homœopathic science. We must have a teaching centre for that purpose. I do not see any other way of getting



these recruits except by having a homœopathic school here and by having these clinical and scientific lectures given by our staff. One other point and I have finished. In the report the old valuation of our property still, for the moment, appears. The figures should now, however, be somewhat as follows:—Our site instead of being put down at £5,000 is worth £10,815; the hospital is worth another £86,197 17s. 2d.; and in site and hospital we have really got some £47,000 in freehold property. At the back of the hospital we have the Nursing Home, and round the corner we have some houses which are the freehold property of the hospital. I think I have now finished my task, and I await a seconder to my resolution.

Miss J. DURNING SMITH, in seconding, said: Mr. Chairman and gentlemen,—I have much pleasure in seconding the resolution which has been so fully explained by Captain Cundy. It does seem a large sum which has been required to build this Nurses' Home, but we all know how very great the expense of building is now-a-days. I went over the home a week or two ago, and I must say that I was very much pleased with the arrangements, which all seemed to be thoroughly complete, and everything was most airy, bright and pleasant. In this home the nurses cannot fail to be thoroughly healthy and well up to their work. We must remember that now-a-days we require good workers, and in order to get good work done, we must keep the workers in good health and give them plenty of fresh air. I am sorry that it is necessary to devote this further sum of £2,000 to to pay off the debt on the home and to pay for furnishing it. However, I understand that what is meant by "taking from the funds of the hospital" is that we do not add to our funds, but that if the legacies and donations we receive are large enough to allow it, we merely spend them instead of adding them to the reserve fund. I hope this will be the case this year. Of course, if legacies and donations are not enough to enable us to do so, we have to sell some of our invested funds; but, as the Secretary explained to me, that entails the expense of commission, and the board would very much rather save that expense if they can. The Chairman referred to the great comfort of the patients, and the high appreciation that they feel for their treatment here. I have visited the wards on one or two Mondays, and a woman said to me only last Monday:—"I wish I had come here sooner, I should have been saved a great deal of suffering and trial." It is a very great pleasure to hear such remarks as these, and to feel that everything is being done for the comfort and well-being of the patients. I have very great pleasure in seconding this resolution. (Applause.)

The CHAIRMAN put the resolution, and it was carried unanimously.

The CHAIRMAN : I now call upon the Rev. Mr. Carter to move the next resolution.

Rev. J. CARTER said : Mr. Chairman, ladies and gentlemen, the resolution I have to propose embraces a very wide area. It is :—"That the best thanks of this meeting be given to the Board of Management and House Committee, the Treasurer, Vice-Treasurer, Medical Staff and Lady Visitors." I happen to have been on several occasions in a position to judge of the grand work that is done by all included in this resolution. More particularly I may mention the medical staff. I have often been struck by the great sacrifices the medical gentlemen must make in serving us. I know also the noble work which they do here, and the great amount of time which they devote to it. I am glad also to hear that the prejudice which existed against homœopathic treatment is wearing away. If I could only speak as a representative of the views of those who have enjoyed the blessings of this hospital, there would go up to heaven one great burst of thankfulness for the blessings received—(applause)—and I have often thought that those who take part in this work have their reward in the vast amount of good which they do—a reward that is not expressed by the lips, but one that is greater than anything that can be given here on earth. (Applause.) This resolution is one which speaks for itself, and I am very glad to propose it.

Mr. MARTIN DEED : I have much pleasure in seconding that resolution, Mr. Chairman. I consider that I owe a great debt of gratitude to homœopathy and to this institution.

The resolution was put to the meeting and carried unanimously.

The CHAIRMAN, responding for the Board of Management and the Treasurer, said : On behalf of the board of management, and of the treasurer, who, as I have explained, is not here to-day, I beg to offer our very best thanks to you for this vote. I assure you that in doing as we have done during the past twelve months we have looked upon it as a labour of love. That it has been a successful labour is so much the more satisfactory to us, and it is an encouragement to us to face those difficulties in the future which we have just set plainly before you. Our difficulties we feel are to be met, and we are very hopeful that by a persistence in the course which we have followed during the last few years, and which has resulted in the present state of affairs, and by the help of those who have come to our aid in the past, we shall carry things through in the future to a very magnificent result.

(Applause.) It has been suggested that we should develop the hospital more and more, but I feel that we must first of all put our finances on a firm footing in the present buildings. So long as I am in the position which I now occupy I shall endeavour to keep within our income rather than anticipate any increase which we may look for hereafter. (Applause.) I thank you for your kindness on this occasion.

Dr. GOLDSBROUGH, responding for the Medical Staff, said: I could wish that some member of the staff holding a more onerous position than I do should have risen to express our thanks to you. I do so, however, with great pleasure. As a medical staff we do not work for thanks, as far as the expression of them is concerned. Still we cannot really do without them, and we are glad that this expression of thanks is made to us from year to year. There is one point I should like to refer to, and that is the cordial sympathy which exists between the board of management and the staff. I believe that that is a point of very great advantage to the hospital as a whole, and I hope that that cordial agreement which does exist will continue to do so, and will always be maintained. (Applause.)

The Rev. DACRE CRAVEN, responding on behalf of the Lady Visitors, said: I have very great pleasure in returning thanks for the lady visitors. There are a very large number on the list—thirty, I believe—and some of them visit the hospital at different times of the year, and for various purposes. Some come to read to the poor people who are lying in bed ill, others bring flowers, others bring their musical instruments, their violins and violoncellos, and play to the patients. All their efforts are received with very great thankfulness by the patients, who have often told me that it is a very great comfort and help to them because there are many hours of the day when it is very monotonous, when they have nothing to do but to lie in bed and look out of the window or something of that sort. I must say, on behalf of the lady visitors, that I have heard them say that what makes their visits here so exceedingly pleasant is not only the gratitude shown by the patients, but the whole tone that pervades the wards. That excellent tone is entirely due to Miss Brew and the nurses she has trained.

Dr. BYRES MOIR said: I have much pleasure in proposing the re-election of the President (the Earl of Wemyss and March) and the Vice-presidents. Although things have gone so well with the hospital up to the present, the staff are not yet quite satisfied. For instance, as you know, diphtheria is increasing in London by leaps and bounds. When we had but few cases we were able to treat them in the wards, but of

late we have had too many. Last year the hospital beat its record. We took thirty cases in the twelve months, and of these we only lost three, two of whom were dying when brought in. I have much pleasure in proposing the re-election of the President and Vice-president.

Mr. DUDLEY WRIGHT said: I beg to second that resolution, and in doing so to thoroughly endorse all that Dr. Moir has said. We all on the staff have our hobbies. Dr. Moir wants a diphtheria ward; the gynecologists want a gynecological ward; and the surgeons want their surgical wards increased. We all of us have a large number of patients on our books whom it is impossible to take in, as there is no vacancy for them. That shows that not only is this hospital very popular, but that it already has become too small for its needs.

The CHAIRMAN: Before putting that resolution I would like to say one word of a personal character. I am delighted to hear what Dr. Moir says, and what Mr. Dudley Wright has affirmed, that there is this feeling amongst this staff of going ahead, yet we are bound to see our way as men of business before doing so. (Hear, hear.)

The resolution was then put and carried.

The CHAIRMAN: The next business is the re-election of the retiring members of the Board of Management, viz., the Lord Newton, Mr. A. Ridley Bax, Mr. Alan E. Chambre, Mr. T. D. Galpin, the Hon. Algernon Grosvenor, Mr. Edwin Tate and Mr. Hermann W. Tinné, and of the auditors—Messrs. Prideaux, Booker, Frere and Co.—and the confirmation of the election of Mr. Dudley Wright and Dr. Roberson Day as new members of the board of management.

Mr. KNOX SHAW: After what we have heard this afternoon from the movers of various resolutions, and from the report, there can be no doubt that this resolution will meet with your unanimous approval. Those of us who have intimate knowledge of the work of the board of management must feel that we could ill afford to lose any one member of the board which has guided us so well during past years, and which has brought the hospital to so successful an issue. In such a case it is impossible for us to do anything but re-elect the gentlemen whose names you have heard read out by the Chairman, and that we should confirm the election of Mr. Dudley Wright and Dr. Roberson Day. (Applause.)

Dr. SANDERS: I have much pleasure in seconding this resolution.

The resolution was carried unanimously.

Sir HENRY TYLER: I have very great pleasure in moving the re-election of the medical staff and the confirmation of

the election of Dr. Lambert, Dr. Spencer Cox, and Dr. Leo Rowse.

**Mr. A. RIDLEY BAX :** I have much pleasure in seconding this resolution. All that has been said about the medical staff I thoroughly endorse. If I may compare the hospital to a steam engine, I would say that the staff are like the steam without which the engine could not go. (Applause.)

The resolution was then carried.

The **SECRETARY-SUPERINTENDENT** then read an abridgement of the report of the Convalescent Home at Eastbourne.

The **CHAIRMAN :** I have to propose the adoption of the ninth annual report of the Convalescent Home, a summary of which you have heard read. There is one point I would like to mention. I am sorry we are not able to tell you that we have got an increase in the size of the home so as to enable us to take in men as well as women and children. It is very desirable that we should be able to send men down to a home of our own. There is an arrangement by which we can send them elsewhere, but that is a very different thing to having our own home for men. I look forward to the time—not, I must confess, very hopefully at the present moment—when we may have a home built near the sea on the south coast.

**Captain CUNDY :** I have much pleasure in seconding the adoption of that report.

The resolution was put and carried unanimously.

The **CHAIRMAN :** That concludes the business of the meeting.

**Dr. BURFORD :** It is painful to differ from the Chairman, but the business is not quite concluded. (Laughter). I have much pleasure in proposing a vote of thanks to Mr. Stilwell not only for his presence and his work on this occasion, but for the very satisfactory and successful fulfilment of his duties as Chairman of the Board of Management during the past twelve months, and for many antecedent twelve months. (Applause.) This hospital owns few older friends than Mr. Stilwell. The post of Chairman is no sinecure, and we have the greatest possible confidence in him as Chairman. It is an onerous and very responsible position indeed, and I am sure your gratitude will prompt some such token of respect as I am asking you to give. (Applause). Much of the good feeling with which the board and medical staff work is due to the Chairman, who is both Speaker and Home Secretary. (Applause.) There is no officer of the institution who deserves our thanks more. (Renewed applause.)

**Mr. JOHN CARTER** seconded the resolution.

The resolution was carried by acclamation.

The **CHAIRMAN :** I thank you all most sincerely, and I thank Dr. Burford for the kind way in which he has brought forward

this resolution. It is a great pleasure to me to hear that anything I have been able to do is appreciated by those with whom I have been working for the past twelve months, and for more than twelve months, as Dr. Burford has said. This is the first time I have been able to be at the annual meeting for three years. It is a great pleasure to me, and I thank you very much. (Applause).

The meeting then separated.

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### THE ADELAIDE CHILDREN'S HOSPITAL.

This institution, which owes its existence and its development to the initiative and to the constant efforts in promoting the extension of its sphere of influence to our colleague, the Hon. Dr. Allan Campbell, M.L.C., has recently issued its twenty-first annual report. From the retrospect, with which the board of management commence their report, some idea will be gained of the valuable work being done by it.

"In reviewing the past twenty-one years, the hospital has shown a gradual and uninterrupted growth. Few years have gone by in its history without witnessing either some permanent improvements to its buildings, or a concentration of effort in some specific direction towards perfecting its methods or broadening the usefulness of the institution. The original buildings, which, in recognition of the long and valuable services of the President, the board has decided to call "The Way Buildings," were erected in 1878; the Ophthalmia Ward and central block were added in 1888; the Disinfecting Chamber in 1888; the basement was excavated and converted into Dormitories in 1889; the Sanitary Towers were built in 1893; the Angas Buildings were erected in 1893-4, and the Isolation Wards and Bacteriological Laboratory in 1897. Each of these additions has proved a distinct advantage, and has gradually brought the institution nearer that condition of perfect equipment for the treatment of diseases which is the main object toward which the board directs its energies.

#### "ISOLATION WARDS AND BACTERIOLOGICAL LABORATORY.

"These important additions, which were in contemplation at the last annual meeting, have been erected during the past year, and were publicly opened by Lady Victoria Buxton a few days after the close of the year with which the present report deals. The building committee has been unremitting in its labours of oversight, and has made it a first consideration that the new wards and laboratory shall be constructed in accordance with the most approved scientific and sanitary principles. The new buildings supply accommodation for

about thirty cots, distributed over four wards, two of which will be used as Observation Wards for the reception of doubtful cases. The board recognises the great importance of protecting the public health by the isolation of cases of infection, and has made provision by which paying patients will be received in this department of hospital treatment.

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"The Bacteriological Laboratory has been designed with special reference to a school of instruction in this important branch of science, and the apparatus with which it is furnished has been selected by Dr. Borthwick and a European specialist, and include the latest scientific appliances for bacteriological investigations.

"The entire cost of these additions (including a detached cottage fitted up as a dormitory for nurses), when the bill of extras has been paid the contractor, will be about £5,568. Towards this amount the sum of £4,547 has been received. The furnishings, including the bacteriological apparatus, will cost a further sum of £862, toward which £87 has been raised. The balance left, when added to the deficiency on building account, shows a total liability of £1,296.

"In recognition of the signal service Hon. Dr. Campbell devoted to the initiation of this movement, and his success in obtaining funds for the buildings, the board resolved that these latest additions to the hospital shall bear the name of 'The Allan Campbell Buildings.'

#### QUEEN VICTORIA HOME FOR CONVALESCENT CHILDREN.

"The movement to establish a sanitarium in the hills for sick children, which originated last year with the 'Sunbeam Society,' under the generous promptings of 'Uncle Harry' and the proprietors of the *Register* and *Observer*, marks a further new departure in the benevolent aims of the community of South Australia. The institution is intended as a permanent memorial of the Diamond Jubilee of Her Majesty the Queen, and the committee appeals to the public to show their loyalty in contributing something, however small, towards this national object. The home, whilst affiliated with the Adelaide Children's Hospital, is under the supervision of a large and representative building committee, chiefly composed of residents in the hills. The foundation stone was laid by Lady Victoria Buxton, on July 10th last, in the presence of a unique gathering, chiefly composed of bright and willing 'Sunbeams,' by whose zealous efforts the greater portion of the funds in hand have been raised. The present scheme is to erect, as soon as funds will allow, about two-thirds of the complete structure, and this will entail an expenditure of a

little over £2,000. The money in hand, after paying for land, fencing, planting, well-sinking, &c., amounts to £1,285, of which sum the 'Sunbeams,' have raised £882. The disastrous seasons that have occurred of late have militated greatly against the ingathering of funds for this object, and the committee does not feel justified in proceeding with the buildings until the money to pay for them is in hand.

"The proposed home will in no way conflict with any existing institution in the colony. Its intention is not primarily that of a convalescent home for patients recovering from acute diseases, but it will be largely utilised for surgical cases of a chronic nature, in which an exhausted constitution needs the healthy and natural stimulant of fresh mountain air to turn the balance in the life of a sick child towards recovery and health. The home is intended to benefit that class of little sufferers whose condition may well awaken our pity as they lie prisoners in their cots for months, or even years, with a slight improvement in their condition, and in whose interest provisions must be made in the home for direct medical oversight, with skilled clinical nursing.

"MEDICAL.

"The report shows that the gradual increase in the number of in-patients, which has been maintained for some years, still continues, the increase in this respect amounting in the past year to 80, while the average daily number of in-patients has increased from 59.66 to 62.1. There has been at times a great strain on the capacity of the hospital, and, when full, rather than turn serious cases away, temporary provision has been made, so that the number of patients in the hospital has often exceeded the cot accommodation. The 458 in-patient cases that have been under treatment are classified under 120 different diseases, and of those discharged 264 were cured and 77 relieved. It is satisfactory to note that the number of deaths shows a low average, amounting in all to 15, and but few of these were the result of zymotic diseases. Forty cases of enteric fever were treated, and although this number was three less than for the preceding year, it is considerably above the average. No deaths occurred with the fever patients, and out of 19 cases of diphtheria received only one had a fatal issue. The remarkable decrease in the death rate of diphtheria patients is to be attributed to the use of anti-diphtheritic serum, the value of which as a specific has been clearly demonstrated. Diseases of the bones and joints (which are more or less chronic in their nature) reached the high figures of 64 for the year, and diseases of the eye 41. Both totals are largely in excess of the preceding year. The increase of ophthalmia among children, particularly in the northern



areas, demands accommodation beyond that which the hospital can at present devote to such cases.

"The surgical operations have numbered 418, which is an increase of 90. This large increase has been occasioned chiefly from the number of out-patients who have been subjected to operations of a minor kind that did not require residence in the hospital. In the dispensary department 5,160 patients have been seen by the medical attendants, and treated as out-door cases.

" BACTERIOLOGICAL DEPARTMENT.

"This department, which is under the control of Dr. Borthwick, assisted by the Resident Medical Officer and others, continues to do valuable work in a specific way. As a matter of routine every sore throat occurring among the patients and nurses is examined bacteriologically, and by this means outbreaks of this disease in the hospital are undoubtedly prevented. In the same way unsuspected cases of diphtheria have been prevented from finding their way into the general wards.

"Careful examination of the throats of patients recovering from this disease has shown that the period of infectivity is much longer than was formerly supposed. In the interests of the public health the convalescents from diphtheria are detained until all fear of infection is gone. The period when they can be safely discharged varies, and can only be determined by bacteriological examination.

"This department has also done a public service in the aid it has given to medical practitioners by supplying a bacteriological diagnosis in such diseases as diphtheria, typhoid fever, and tuberculosis, in which an early and positive diagnosis is of the greatest moment. This outside work is daily increasing, and with the greater conveniences and more ample appliances of the new laboratory, it is hoped that the department will have a still wider usefulness.

"The following is a summary of the work done during the year:—Examinations made—In-door patients, 887; out-door patients, 64; private practice, 62, particulars of which are as follows:—

"Swabs and cultures examined for diphtheria	...	417
Widal's test for typhoid fever	... ..	37
Sputum and other specimens examined for tubercle		51
Other examinations (as of pus, &c.)	... ..	8"

The meeting at which this report was presented was held on the 2nd of November, 1897, in the Duncan Ward of the new Allan Campbell building, His Excellency the Governor (Sir T. Fowell Buxton, Bart., K.C.M.G.) occupying the chair. In the course of an interesting address, His Excellency the

Governor said that "he was confident that there was not a hospital anywhere which was more ably served by its committee and by the nurses who carried on the work of the institution. He was quite sure there could be no children in private houses or other hospitals who were better looked after, more lovingly tended, and more scientifically treated than were the children in this hospital." An expression which a careful study of the report assures us was abundantly justified.

The Right Hon. S. J. Way, the Chief Justice, who occupied the chair during the latter part of the meeting, in consequence of His Excellency the Governor having been obliged to leave in order to fulfil another engagement, in replying to a vote of thanks to the occupants of the chair, said, "the hospital received £1,000 per annum from the Legislature every year as a vote towards the support of the Institution, and if he were not trenching on politics he would say there was a very strong claim on Parliament on behalf of this institution. The bacteriological department was a benefit to the whole community, and it placed the hospital in advance of any similar institution in the colony, and, he believed, in the whole of the Australian colonies."

We heartily congratulate the Hon. Dr. Campbell on the excellent and valuable public work he has been the means of doing in Adelaide, and on the thorough appreciation which his labours for the public good have met with throughout South Australia.

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## NOTABILIA.

### BRITISH HOMŒOPATHIC CONGRESS.

**PRESIDENT:** Dr. Eubulus Williams, Clifton. **Vice-President:** Dr. T. W. Burwood, Ealing. **Hon. Secretary:** Dr. Dyce Brown. **Hon. Treasurer:** Dr. E. M. Madden. **Hon. Local Secretary:** Mr. C. Knox Shaw. **Council:** The President, the Vice-President, the Hon. Treasurer, the Hon. Secretary, the Hon. Local Secretary, Dr. Hughes, Dr. A. C. Clifton.

The Annual Congress of British Homœopathic Practitioners will be held this year in London, at the London Homœopathic Hospital, Great Ormond Street, W.C., on Friday, the 8rd of June, at 10 o'clock punctually.

The Presidential Address will be delivered by Dr. EUBULUS WILLIAMS, of Clifton, at 10 o'clock.

Any strangers, ladies as well as gentlemen, who may desire to hear the President's Address, will be welcome.

After a short interval, to enable the treasurer to receive the members' subscriptions, Dr. J. H. Clarke, of London, will

read a paper on *The Doctrine of Signatures and the Law of Similars*. This will be followed by a discussion.

The members residing in London and suburbs invite the members of Congress to luncheon at the Holborn Restaurant, at one o'clock.

At two o'clock punctually, the Congress will re-assemble, and will select the place of meeting for 1899, elect officers, and transact any other business which may be necessary.

Dr. T. W. Burwood, of Ealing, the Vice-President, will then read a paper on *Some Interesting Facts, not strictly medical, having an Important Bearing on Disease and its Treatment*, to be followed by discussion.

The third and last paper will then be read by Mr. Clement J. Wilkinson, of Windsor, on *Associated Symptoms in both Provings and Disease without obvious Pathological Basis*, to be followed by discussion.

Afternoon tea will be provided at the hospital about 4 p.m.

The members of Congress, with their friends, ladies as well as gentlemen, will dine together at the Holborn Restaurant, at 7 o'clock.

The subscription to the Congress is ten shillings and sixpence. The dinner ticket alone, *for guests only*, will be seven shillings and sixpence.

Many of our colleagues residing in London and the suburbs have expressed a desire to receive as guests, during the Congress, their *confrères* from the provinces, with their wives, if possible. All, therefore, who are willing to do so, are requested to send their names to Mr. C. Knox Shaw (the hon. local secretary), 19, Upper Wimpole Street, W. And, on the other hand, all who wish to avail themselves of this hospitality are requested to send their names to Mr. Knox Shaw. Gentlemen who thus offer their hospitality will kindly understand that they may invite personally those whom they would wish to have as guests, otherwise Mr. Knox Shaw will arrange for them. It is thus hoped that no one need go to an hotel unless he prefers to do so.

Should any one know of any colleague who has not received a circular announcing the Congress, the secretary will be much obliged by being informed of the omission.

The following are *Précis* of the Papers it is proposed to read:—Dr. Clarke's paper on *The Doctrine of Signatures, and the Law of Similars*. Provings, though the chief, not the only source of indications for the use of drugs.—The doctrine of signatures explained.—Many common uses of drugs traceable to this source.—Confirmation in homœopathic provings.—The field of the law of similars a very wide one.—The limits of utilisable correspondence not yet ascertained.

Mr. Wilkinson's paper on *Associated Symptoms occurring in both provings and disease without obvious Pathological basis. Associated symptoms.*—Examples under bryonia, causticum, colocynth, hyoscyamus, &c.—Suggested explanations.—The value of such association as an argument to support the law of similars.

*Précis* of Dr. Burwood's paper not received.

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### HAHNEMANN'S GRAVE.

DR. CARTIER, the secretary of the *Société Française D'Homœopathie*, announces, in the last number of the *Revue Homœopathique Française*, that the grave of Hahnemann at Montmartre is placed in a remote corner of the cemetery, against a wall, surrounded by other graves, all as dilapidated and neglected as that which contains his ashes. Under such conditions it was impossible to dream of erecting in such a spot the last monument to the memory of the grand old man of medicine. Such being the case he tells us that it is with great satisfaction that the society has been authorised by the Préfecture of the Seine to remove the remains of Hahnemann to the Cemetery of Père-Lachaise, and that a perpetual concession, of suitable size for the purpose, has been obtained. The concession is situated on the border of one of the most frequented avenues of the historic section of the great Parisian necropolis in the midst of celebrities of all epochs.

If, writes Dr. Cartier, the adherents to homœopathy throughout the world, medical men and medical societies, are willing to assist us in our work by a subscription, the International Committee, united with the French Homœopathic Society, will have the amount necessary to raise a monument worthy of Hahnemann, one which will perpetuate for all time the name of the founder of homœopathy, and will bear witness to the vitality of the doctrine itself.

The alteration of the site of the proposed monument, from an obscure corner in an inferior graveyard, to a prominent position in the grand cemetery of Père-Lachaise will, we are sure, be felt to be in the highest degree satisfactory and will prove an additional stimulus to all who desire to do honour to the memory of the greatest therapist of the century to gratify their feeling by assisting in the erection of this memorial.

Dr. Richard Hughes, of Sillwood Road, Brighton, we would remind the readers of the *Review*, has undertaken to receive subscriptions in aid of this memorial.

## AUSTRALIAN PROGRESS IN SANITATION.

At the annual meeting of the Australasian Association for the Advancement of Science, which took place in Sydney in January last, the Hon. Dr. Campbell, M.L.C., of Adelaide, as President of the Section on Hygiene and Sanitation, contributed a paper of great interest on "Aspects of Public Health Legislation in Australia," from a reprint of which, from the *South Australian Register*, we will endeavour to give our readers some idea of the advanced views in public hygiene which are being pressed upon the attention of our fellow subjects in far distant Australia.

In considering his subject, the Hon. Dr. Campbell first dwells upon the attention which hygiene claims from our legislators.

In urging the need of legislation, he said: "Public hygiene really can have no practical existence without enactment. To minds trained to methodical reasoning it may seem an easy process to utilise the conclusions of a branch of science so experimental as that upon which public hygiene rests, and to secure their materialisation in law. But when it is remembered that these conclusions of science must filter through minds whose strong point is not the calm exercise of the reasoning faculty, the barrier to securing an Act of Parliament is substantial, and the labour involved in overcoming it hard and oftentimes disappointing. But legislation has to be obtained. It is said that public opinion must be followed, but it is equally true that it must be created. It is the work of knowledge to create, and that is the work of this Association to-day. In seeking legislation the main factor after all is not so much public opinion, but the intelligence of the average representative of the people. He is a compound of many influences, and the subject of the most diverse motives. Nevertheless, he makes our laws, and determines the legislative limits of our aspirations for the public good. He must be approached with consideration. The clearest demonstrations of science will not compel his assent. We must exercise discretion, and clothe our advances in accordance with his habits of thought as a politician, and not as a savant or a philanthropist, although none knows better than I do that there is much in his labours that exhibits both practical wisdom and philanthropy."

This attitude of semi-indifference is considered as to a certain extent excusable.

"In its scientific aspect it is itself largely only of yesterday, while the organisation of its principles under legislation involves considerable public expenditure, and at the same

time impinges upon individual liberty, of which he is very suspicious."

Compulsory legislature for the public health, Dr. Campbell argues, must be to a large extent necessary, acknowledging that "it is only in so far as any system of compulsion among a free people can be rationally defended that it has any right to exist. Public health laws have the broadest possible basis. They touch every member of the community. Public health is equivalent to national well-being, and national well-being is certainly the welfare of the whole and not of a few. Its legislation prejudices no one in the end, and with whatever irksomeness its mandatory provisions may be received by some, no class and no individual of any class goes under in consequence. I claim on behalf of public health laws that, although they come within range of the spirit of a time which hankers after compulsory legislation for economic purposes, they are the one phase of that legislation which can call to its defence sound reason and a guarantee of fair play to all. Compulsion at any time can only be deprived of its apparent tyranny by its inherent reasonableness, and applied to the legislation I should like to see established, it simply means the parting with a partial and oftentimes injurious freedom for a fuller and a higher form of liberty." In showing this reasonableness he points out that, in the first place, "public health enactments are but part of the modern movement which is lifting the masses and ameliorating the struggle for existence. Philosophers have called it the altruistic movement, but the spirit of it is the lessening of human misery, and the enlargement of the possibilities of a better life to all." Secondly, that such legislature is of high economic value. Some of its problems can, he said, be set out in figures as clearly as the balance sheet of a business concern. "Adam Smith," however, "tells us that industry is the true source of wealth, but steady toil lies at the basis of industry and health at the basis of toil. A healthy nation, also industrious, is on the high road to wealth. It is this condition that alone makes for a high standard of comfort; and, as the social writer phrases it, renders possible the maintenance of a life worth living."

Australia having no statistical records setting out the gains which an intelligent administration of public health is calculated to secure, he quotes from an address delivered at the Guildhall last June, by Sir Richard Thorne Thorne, in which he showed that in the fifteen years ending 1895, public health legislature had been the means in the United Kingdom of saving 15,000,000 attacks of sickness.

The hon. gentleman then directed the attention of his audience to bacteriology, referring to it as the repository of

the facts and generalisations that constitute the basis of the present day principles and practice of public hygiene. "Bacteria" he said "are living organisms, subtle and minute, but no mystery attaches now to the conditions of their life or their management. They are ponderable bodies, subject to physical law, and there is no uncertainty as to the course they will pursue in any circumstances of important practical moment. If they are present in a liquid medium, they will precipitate or remain afloat, according to their specific gravities. If they lie upon a moist surface, they will not rise with the evaporating moisture. If they become dry, they will be disseminated only by such air currents as are of sufficient force to lift them into the atmosphere. This material property of germs, then, is a fundamental conception, and forms the basis of the chief practices of hygiene in connection with communicable diseases. It is a conception, too, that divests these germs of all mystery; it is easily grasped by the public mind, while it is more than sufficient to satisfy the public judgment on the reasonableness of the means prescribed by public health legislation for their control and destruction."

In further pressing the study of the natural history of the microbe, he said that "the power of these minute bodies or microbes to produce disease is beyond dispute. They attach themselves to different structures in the body, find for themselves a suitable soil, and multiply with amazing rapidity. The process is not identical in each kind, neither are the conditions on which their development is dependent the same in all; but the fact that they are living, ponderable bodies, with a life history singularly distinct, is applicable to all. It is not assumed that nothing now remains to be known regarding them, for that would not be true; but so far as public health is concerned, every practical point is covered by the knowledge now acquired. These germs or microbes are the efficient causes of such widespread and well-known diseases as typhoid fever, diphtheria, tuberculosis, influenza, and many others, which every year in this bright land of Australia destroy so many lives. These microbes are known to be specific—they never lose their identity or produce a disease other than the one from which they have been derived. They are as separate in their natural history as species of animals and plants are. Their qualities of ponderosity, vitality, and specificity render them conveyable from one human being or animal to another."

Passing now to the second part of his subject, Dr. Campbell then described what Australia had accomplished in the

direction of public hygiene and sanitation, and showed that the colonists were

“MOVING IN THE RIGHT DIRECTION.

“In sanitary work Australia is certainly unable to boast of achievements such as characterise the movement in England and several leading Continental nations, or in some of the United States of America; but we may nevertheless take heart and rely in good faith upon the assumption that at least our steps are towards the rising sun. It is true that we have at our command all the scientific knowledge in the possession of these older countries, and the many reports issued by state health boards prove the presence amongst us of men conversant with every modern phase of scientific hygiene, and keenly alive to the necessity of progress. But here, as in many other state affairs, sanitarians must wait upon the people's representatives to afford them by legislation a plane of action. Every man, who may, in some degree, be acquainted with the outlines of the history of Australia, will be ready to admit that there is something to be said in extenuation of our backward position. The early days of colonisation were times of struggle. Sustenance for daily consumption was the immediate and most pressing necessity. So soon as settlement extended the question of communication and interchange came next, while the organisation of social order and defence from internal enemies followed. The city of Sydney, in which we are now met, may be taken as typical of the early days of settlement. The first settlers on these shores landed upon a virgin soil. They entered into the enjoyment of a delicious atmosphere, a mild winter, a delightful spring, and a fairly moderate summer. All their surroundings were undefiled, fresh from Nature's hand. For fifty years they paid little or no heed to hygiene or sanitation. They brought with them from the old country certain ideas and habits, and—however much England of a century ago began to leave these old ideas behind—the settlers here knew nothing better. Their descendants perpetuated the habits of the dark ages of hygiene. The increase of rural settlement, however, the growth of city life, the exhaustion and defilement of the water supplies, the pollution of the soil and the air, and the accumulations of filth and refuse, made deep and serious inroads upon the health and mortality of the people. They were compelled to pay some attention to the question of better sanitary surroundings. Sydney was founded in 1788, yet the sanitary arrangements sixty years afterwards were of the most primitive character. Up to 1850 the water supplies of a large and ever-augmenting population were obtained



from wells or some domestic catchment. The old cesspit existed unchallenged during that long period, and for some years afterwards in many places, while scavenging was practically unknown. The atmosphere was polluted by the presence of noxious trades in the very heart of the city. The creation and securing of wealth shut out every other consideration of a less material nature, and the people did not awake from their lethargy until death had found them 'ten thousand several doors for men to make their exits.' The new Corporation of Sydney under the Act of 1857, it is said, worked wonders for its welfare, although at the same time history admits that it was only about ten years ago that an ample supply of wholesome water was found for all its citizens. However, if the leading requirements of every large community are enumerated it will be found that she is well abreast of any city anywhere. The capital city of Victoria followed much on the same lines, with the exception that in its water supply it anticipated this city by many years, while in its drainage system it has been as many years behind. Within the last three years a drainage system on the most modern lines has been inaugurated, and when completed will place Melbourne in the front rank of well-sewered cities. For many years Adelaide has had both water and sewage in excellent condition, and has been acknowledged by visitors generally to be the cleanest city in Australia.

“WATER, SEWERAGE, AND L. S. D.

“We cannot therefore be said to have remained inactive in securing improved sanitary conditions for our largest populations. If we take into consideration the large expenditure involved in carrying out the engineering works necessary to meet their requirements in respect to water and sewerage, it will readily be conceded that greater advances have been made towards better sanitary conditions than were to have been expected even a few years ago. There are good grounds for some degree of satisfaction when it is recollected that Sydney has expended £4,154,000 upon its water supply, and £1,892,000 upon its sewerage arrangements; that Melbourne has spent £2,400,000 on its water supply, and on its drainage system, when completed, upwards of £5,000,000; and that Adelaide, small as it is, has on each of these works spent respectively the sums of £1,491,000 and £516,000. It may be said that a water supply and system of drainage are necessities of city life, and apart from the question of health would come into existence on grounds of convenience, or from business motives. Still, without them city life would be intolerable in the long run. Water supply and sewerage are

fundamental requirements, and must exist if sanitary conditions are to be maintained. Whatever may be the details of an organised system of public hygiene these must exist as a basis. In the present condition of these cities there is certainly some ground for congratulation and future hope of still better things.

“WANTED—A RURAL AROUSING.

“I cannot speak so favourably of the condition of rural Australia. Some writers say there are elements of encouragement in the existing state of things, and that it is not a vain hope to believe that broader hygienic ideals will yet take hold of the local governing authorities and lift the sanitary position of the country districts to a higher level. Meanwhile, it is to be feared that in the larger number of rural communities very primitive hygienic and sanitary conditions prevail. In many instances the functions of these Local Health authorities seem to be exhausted in the abatement of glaring and offensive nuisances. Municipal communities have been moving forward, but rural districts have been stationary. The hope of reaching these authorities lies in better and wiser legislation than we have yet had. There are at work in this country many agencies pressing towards a higher sanitary ideal. The mingling of health topics in our various systems of public education, the existence of centres of instruction, established by the St. John's Ambulance movement all over the colonies, the labours of scientific associations and popular health societies, the dissemination of useful information by the Press, the organisation of several forms of charities, especially hospitals and trained nursing institutions—all conspire to create and extend a mass of simple knowledge among the people that must inevitably bear practical fruit; and let us also hope that by the same means the attention of our legislators will be arrested, and the necessity for the embodiment of a higher legislative ideal will speedily become apparent to them also.”

Following this interesting account of sanitary progress in the cities and country districts throughout Australia, the Hon. Dr. Campbell dwelt on the hospitals of the several Colonies. Hospitals he regarded as being a most important means of educating the people in the value and necessity of sanitary work. They should teach the fact that “isolation, ventilation, disinfection, drainage and pure water are anywhere and everywhere the conditions necessary to secure safety from the most fatal diseases that afflict our race.” That in their construction and practical working they should illustrate every advance in modern hygiene; that they should

be true object lessons to those whom it is our earnest desire to enlighten. He illustrates his remarks by reference to hospitals in Sydney, Melbourne and Adelaide.

He then dwelt on the value to the community of the trained nurse. In doing so he said :—

“There is a kindred agency to that of the hospital—an agency full of promise, and one calculated to carry into effect the details of public hygiene in a manner impossible to be provided for by law. I refer to the use of trained nurses among the sick poor in their own homes. The law may command, but men and women, however poor, are free agents, and if cleanliness in all their surroundings, as well as the early recognition of communicable diseases, is to become a part of the daily experience of the poor, the intelligent and the trained must bring it home to them. Trained nurses are exactly the agents required for this service.”

The chief advantage secured by the trained nurse in educating the people in the principles and practices of sanitation are thus described :—

“Their constant contact in a friendly way with the great body of the people, and more especially those who interest themselves least in hygiene, enables them to exercise not merely a beneficent, but likewise an educational influence on the poor, and at the same time, by the timely recognition and separation of infectious cases of disease, they confer a precious boon upon the rest of the community generally. We are not behind in Australia in charitable institutions, carrying on the same good work, but we have not yet risen to the full perception of the large advantageous possibilities to public health that lie in this new province of woman's work.”

Experience in our towns and rural districts bears out very fully these views of the good influence of the properly trained “district nurse ;” nurses such as are sent out by the Victorian Nursing Institute to our crowded streets and villages.

The Hon. Dr. Campbell has very precise and accurate views on the all-important question of the powers and responsibilities of the State or central authority on the one hand, and of the local authority on the other. In considering the methods and results of existing legislation in Australia, he says :—

“Acts of Parliament, not being automatic, must be given effect to by some authority in whom the State vests powers for that purpose. The attitude of that authority towards the exercise of these powers will necessarily indicate its capacity and fitness for the function entrusted to it. If the administration is lax, indifferent, or altogether deficient, with the

appearance of protection, the public health becomes the sport of every infectious disease that comes along."

He then refers to the Health Act in Victoria, pointing out that it is admirably drawn, and makes most full and adequate provision for the attainment of the purposes of such a measure. But he goes on to say:—

"The feature, however, that demands our attention at this moment is that all duties and powers are lodged in local health authorities with a central authority for supervising purposes. If legislation on these lines was capable of being made effective, Victoria, by virtue of its comprehensive and intelligent Health Act, and also the acknowledged public-spiritedness of its community, would make it so."

But the words of the last report of the Central Board of Health for the Colony of Victoria show clearly enough that it is not effective. Having quoted evidence to this effect from the report, he says:—

"Surely, if practical experience in the working of an Act is any guarantee of its real efficiency, these words are simply condemnatory. They at once suggest the question—Should local authorities be entrusted with the administration of a branch of the Public Health Act, which they so signally failed to put into effect? It would seem that the law may be as perfect as the Mosaic economy, but it is no warranty of its success. There is such a thing evidently as failure, not because the tenor or aim of the law is defective, but because the State looks for intelligence, sympathy, and action in those to whom it has committed certain powers and duties, while neither of them is forthcoming, nor, if experience is any assurance on the point, likely to be."

He further presses his point in this way:—

"It is a political blunder which sacrifices efficiency to a political theory of local self-government—a theory applicable to many public functions, but strikingly inapplicable, from the very nature of the case, to this portion of the public health administration. The conviction forces itself upon my intelligence that a more reasonable division of public health work must be drawn between the central and the local authorities in the immediate future of health legislation. No doubt this would be more easily achieved were not the question of public expenditure so prominent a feature in such a re-arrangement. But the State has already found its way to defray from the public treasury the expenses of public departments, such as education, because efficiency is reckoned of more account than local self-government. Other departments might be instanced on the same grounds, but none of them, not even education,

occupies the same important rank in the general weal as the conservation of the public health."

We have felt precisely the same result in England. The Notification of Infectious Diseases Act is not general, it is dependent on the intelligence of local authorities. The only objection the persons who constitute these authorities have to the Act is, that they are by it compelled to pay to medical men supplying the information it provides for the munificent sum of two shillings and sixpence. As the chairman of the sanitary committee of one of these bodies, who refused to adopt the Act, said to a medical man, "You may notify as much as you've a mind to, its the 'arf crown as I object to." To sponge upon a medical man at every opportunity seems to be engrained in a large proportion of the human race!

On the subject of Food Inspection, Dr. Campbell says that the work of inspection throughout the Australian Colonies is lamentably ineffective. On the cause of failure, Dr. Gresswell, the chairman of the Victorian Board of Health, when speaking of the necessity of reforms, said:—"They must necessarily be slow, more especially where administration was local and not central. 'Legislation,' he added, 'was being prepared in Victoria which he hoped would go far towards remedying most of the evils which so tenaciously clung to our meat and milk supplies.' This expression of views comes as a hopeful forecast, but unless the lines of the legislation suggested are different from the legislation of to-day the same disappointing tale of failure will have again to be told."

The Hon. Dr. Campbell then alludes to the scourge of consumption, and looks forward to the time when it, too, will be brought under control as the course of typhus and of small-pox has been. "If, however," he says, "a consummation so desirable is to be achieved, intelligent and ceaseless efforts must be directed by improved legislation. The tubercle bacillus is highly infectious, and the avenues by which it can reach the human subject are more numerous than in any other communicable disease. A person suffering from it may infect other persons; animals supplying milk, or whose carcasses are utilised as human food, are sources of infection; and a whole series of domestic animals with which men and women are constantly in contact, although differing in degree, are mediums for its conveyance to man."

In concluding his address, Dr. Campbell dwelt earnestly and intelligently upon small-pox and vaccination. "Nothing," he says, "seems to me to indicate more strikingly that in public health matters we lag behind the age than the attitude which several colonies maintain towards compulsory vaccination. The fact that the large populations of New South

Wales and Queensland are practically unvaccinated communities is a matter for surprise and misgiving. The protective power of vaccination is now as well established as any fact in any of the most rigid of the inductive sciences. Barring the dread that disease may be conveyed by the use of humanised vaccine lymph—and as the ground for such fear is now extinguished by the substitution of sterilized calf lymph—no objection remains to the compulsory enforcement of vaccination. I have seen the ravages of small-pox among the unvaccinated, and I assert unhesitatingly that no man—whether legislator or private citizen—if he has ever witnessed the terrible spectacle which so many of these persons under small-pox present, can be anything but a supporter of compulsory vaccination. Having suffered an attack of small-pox at the age of twenty, I took special advantage of my immunity as a student to see all that could be seen and learned respecting this disease in a large city hospital, from which it was then never absent. No ordinary malady presents such shocking features, and certainly legislators do not realise their weighty responsibilities to the people when they continue indifferent to the disastrous contingency of an invasion of this very horrible disease. Quarantine is and has been serviceable, but it is no unusual thing to hear even chairmen of Public Health Boards remark that we are bound some day to witness its appearance in Australia. When it does come and gets beyond quarantine control, then pity will be felt for the unvaccinated. A parade of statistics seems to me to be unnecessary in pressing the urgency for effective vaccination. I may be allowed to summarise the position which it holds to-day in the following manner:—(a) Indisputable evidence is in hand to show that the mortality from small-pox, where vaccination has been practised, has been reduced 72 per cent. ; (b) in no other disease has an abatement of the death-rate from any cause, sanitary or otherwise, taken place to anything like the same extent; (c) its mode of action is no longer mysterious or supposed to be contrary to nature, but by the light which bacteriology and experiment have thrown upon it is shown to be one of several illustrations of a principle in nature by which immunity from certain diseases is secured; (d) prior to the introduction of vaccination small-pox was the scourge of infant and adolescent life; in vaccinated communities to-day the adults chiefly suffer from it; (e) it has been clearly proved by experiment that revaccination at a given age of fifteen or sixteen years restores the protection of adults; (f) even when adults who have been vaccinated in infancy, and who have not been revaccinated, are attacked by small-pox, the disease runs a

highly modified course—this was my own experience at the age of twenty, (9) the consensus of opinion with respect to the use of humanised lymph should be abandoned in favour of calf lymph. This, then, is the position of the vaccination question. For the security of the colonies the law throughout Australia should be assimilated on a compulsory basis. For this, I presume, we must wait the awakening of the legislatures that still lag behind."

The Vaccination Bill, now before the House of Commons, practically abandons "compulsion." What is regarded as a compromise is substituted for it. One fine having been paid, a parent is to be freed from the obligation to protect his child from the small-pox infection. Lord Grimthorpe, who is equally well known among ecclesiastics, medical men and lawyers for expressing his views in exceedingly plain English, wrote the following letter to *The Times* of the 21st ult. upon this point:—

"Is not this new system of granting permanent permits for a few shillings (therefore wrongly called a fine), or allowing an ignorant set of people on a council to grant them gratis in the lump, for parents to small-pox their own children first and thence a whole town a brilliant specimen of modern cowardice and yielding to a small minority making a great noise?

"And why is it not at once extended to the keeping of mad dogs, as a still greater number of crazy sentimentalists want, who think all dogs must be mad already to take muzzles so contentedly as they do?

"Indeed, why should not all 'preservers of ancient rights' of making stinks and all other sacred and profane nuisances, and breaking all kinds of laws, be allowed to take out a licence once for all, or, as an 'assessed tax,' renewable annually, by which the public might at least make a little money? To be sure, the anti-vaccinators, like the infant-death-insurers, who violently rejected Archbishop Magee's Bill for controlling them, do save somebody a good deal of money by keeping down the population and keeping up the death-rate 'to the high standard of excellence of the old one,' as the celebrated Revised Version preface modestly said of itself."

Evidently recognising that the defective work in promoting public health is due to the initiation and responsibility resting in local authorities, the hon. gentleman concludes his most interesting and effective address by saying:—"We undoubtedly make the mistake of following England in her efforts to establish a complete system of local self-government. I am not opposed to local self-government as a working principle, but I none the less regard the inclusion of

the administration of infectious diseases as outside its sphere. The light which science has thrown upon public hygiene is comparatively recent ; the principle of local self-government in England is very old. Yet in England recently departures have had to be made from the principle, especially in matters of public health. Local self-government covers many things in the management of the common affairs of a community, but it has been clearly shown that it utterly fails to bring about in local authorities in Australia an appreciation of the objects legislation seeks to secure in the control of communicable disease. The State must assume this responsibility. It alone possesses the means of organising the necessary skill, experience, and aptitude required to meet all the contingencies arising in the course of an outbreak of infectious diseases among the public and further of enforcing the law. The sooner the position is taken so much the sooner will the public see and appreciate the great work that is being done for them. The local health authorities will realise that they are not called upon to undertake responsibilities which many of them have declared to be outside their functions. They will feel under such new conditions that the branches of the public health administration are equitably divided between the State and themselves, and with this conviction will they more heartily fulfil the duties appointed to them. In mutual co-operation the two authorities will work together, and will doubtless succeed in bringing about a condition of the public health of which every sanitarian will be proud. For the starting-point of all this we must rely upon the intelligence, the patriotism, and the earnestness of our legislators. I appeal for a comprehensive consideration of this question—realising that if they once see its urgency, and become roused to the sense of deep responsibility that lies with them to introduce better and more effective legislation, it will speedily come about ; and, once accomplished, no service to their country will bring them greater satisfaction, and no labour they could give will reap for the community a handsomer or more permanent reward."

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#### DR. I. T. TALBOT OF BOSTON U.S.A.

EVERY one who knows him, whether personally or by reputation, will rejoice to hear that Dr. Talbot, who spent last winter in Europe, returned home during November with his health greatly restored. He however relinquished the practice of medicine and resolved on devoting his time and strength to advancing the interests of the Massachusetts Homœopathic Hospital, an institution which largely owes its



prosperity and pre-eminent position in Boston to the work that Dr. Talbot has done for it from the day of its foundation.

In the twenty-eighth annual report which has just reached us we find the following arrangement has been made by the board of management:—

“The increase of the property of the hospital, and the consequent development of its activities, which is likely to be continuous and progressive, have constrained the trustees to consider the subject of changes in methods of administration to meet new responsibilities. They have arrived at the conclusion that the immediate care and management of the institution should be entrusted to an officer to be called ‘The Director of the Massachusetts Homœopathic Hospital,’ with large powers and duties, involving serious responsibility. They have desired to place in the position a man of acknowledged professional distinction, and of large general experience. It will not surprise those who have any knowledge of the history of the hospital that the choice of the trustees has fallen upon Dr. I. Tisdale Talbot, who has been unanimously elected director of the hospital.

“To the well-deserved reputation and to the high attainments of Dr. Talbot as a physician, he adds a qualification for the position which is peculiarly his own. From the early and feeble beginnings of the hospital to the present day, no man has given more time, thought and unsparing energy to its support and success, and now that it has reached an honorable distinction as a charitable corporation, and that new fields of usefulness are opening before it, it may well and fitly be entrusted to the sympathetic care and oversight of one to whom it has been for so many years an absorbing interest.

“The trustees express the feeling of all the friends of the Massachusetts Homœopathic Hospital in wishing for Dr. Talbot a long and successful career as its director.” An expression of feeling in which we, and all in England who have the pleasure of knowing him, most sincerely join.

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#### UNIVERSITY OF CALCUTTA.

It gives us much pleasure to announce that at the meeting of Convocation of this University in February, the honorary degree of Doctor in the Faculty of Law was conferred upon our learned colleague Dr. Mahendra Lal Sircar, C.I.E., the accomplished editor of the *Calcutta Medical Journal*, Vice-Chancellor the Hon. Mr. Justice Trevelyan officiating in its presentation.

In his address on the occasion, His Excellency Lord Elgin, the Chancellor of the University, in offering his congratulations to Dr. Sircar said: "I think that the University has chosen a very appropriate occasion for conferring on Dr. Mahendra Lal Sircar the honorary degree of Doctor of Law in recognition of his eminent service in the cause of scientific enquiry.

"Certainly during the last year we have been able to observe convulsions of nature on a scale which is almost without parallel, and we know that millions of our fellow-subjects have been suffering from privation, from causes of which at least we may say that the investigator has much yet to discover and to determine. I congratulate, therefore, the University as well as Dr. Sircar on the occasion which has been selected for conferring upon him the honorary degree of Doctor of Laws." (Applause.)

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### HOMŒOPATHY IN EDINBURGH.

THE *Edinburgh Evening Dispatch*, of the 28rd ult., informs us that the homœopathic dispensary, at the west end of the city, which for fifteen years or so has been annually increasing in the number of its applicants for relief, is to be converted into a hospital, for which a corner site in the Haymarket district has been secured. The *Dispatch* contains a sketch of the elevation of the proposed building, the appearance of which is very promising.

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### WIRRAL HOMŒOPATHIC DISPENSARY, BIRKENHEAD.

THE Twenty-Second Annual Report of this Institution gives the following as the result of the year's work.

The total number of attendances was 4,663, and the total number of visits paid to patients at their own homes, (including consultations at the Medical Officers' own rooms) was 1,255.

The Treasurer's account shows receipts from all sources amounting to £159 4s. 8d., leaving a balance carried forward to this current year of £29 1s. Od. after the payment of all expenses.

The Medical Officers are Drs. Reginald Jones, Theodore Green and Dawson.

OBITUARY.

MR. JAMES MARSON.

*The Chemist and Druggist*, of the 9th ultimo, has the following account of the late Mr. Marson, of Stafford:—

“On March 30, at Earl Street, Stafford, Mr. James Marson, chemist and druggist. Aged 88. Mr. Marson was the ‘father’ of the trade in the borough. He was the son of a farmer and miller, and went to Stafford as an apprentice with Mr. Dawson, chemist and druggist, who occupied premises in the Market Place. He commenced business for himself in 1832, when he founded the business carried on at present in Greengate by his son. He was then 22 years of age. He married at 27, his wife (who survives him) being at the time only 17. Although Mr. Marson carried on business as an allopathic chemist, he was from the first a convinced homœopath, and was no doubt the first homœopathic chemist practising as such in England. He was taught the art of making triturations, globules, &c., by Dr. Davids, a young homœopathic physician, son of the then Court physician to the Shah of Persia. Dr. Davids afterwards settled in Manchester. Mr. Marson was preparing and selling homœopathic medicines in 1837-39, and had a high reputation in the Midlands at the time, when H. Turner, the first homœopathic chemist in Manchester, was a schoolmaster, and when both Messrs. Leath and Epps, who afterwards became famous in the business, were, we believe, connected with the publishing trade.

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“He was the last survivor of those leading burgesses who signed the oath of allegiance to her Majesty when she ascended the throne in June, 1837, and the *fac simile* of his signature appears in the recently-published volumes of the Royal charters of the borough. The late Mr. Marson was doubtless the oldest Freemason in the province. He was initiated in 1833, and installed W.M. of the Royal Chartley Lodge of Fortitude in 1836. He was one of the founders of the “First” Staffordshire Knot Lodge, formed in 1836, and in that year he was appointed J.D., and subsequently became Provincial Grand Director of Ceremonies. In religion he was a sturdy adherent to the Plymouth Brethren cause. Had he lived another month he would have been enabled to celebrate his diamond wedding. He leaves eleven children, besides his widow. Only a few days before his death Mr. and Mrs. Marson were walking out together. He was a skilled botanist, and had an extensive knowledge of ancient and modern languages.”

## 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. EDWIN A. NEATBY.

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

DEVON AND CORNWALL HOMŒOPATHIC HOSPITAL.—A report of this meeting is in type, but is crowded out at the last moment. Will appear next month.

Communications, &c., have been received from Mr. KNOX SHAW, Mr. DUDLEY WRIGHT, Mr. G. A. CROSS, Mr. WYBORN, (London); Dr. RAMSBOTHAM, (Leeds).

## BOOKS RECEIVED.

*The Homœopathic World.* April. London.—*The Chemist and Druggist.* April. London.—*The Calcutta Journal of Medicine.* February.—*The North American Journal of Homœopathy.* March. New York.—*The Homœopathic Eye, Ear, and Throat Journal.* April. New York.—*The Medical Times.* April. New York.—*The New England Medical Gazette.* March and April. Boston.—*Twenty-eighth Annual Report of the Massachusetts Homœopathic Hospital, Boston.*—*The Hahnemannian Monthly.* April. Philadelphia.—*The Homœopathic Recorder.* March. Philadelphia.—*The Homœopathic Envoy.* April. Lancaster, Pa.—*The Medical Century.* March. Chicago.—*The Clinique.* March. Chicago.—*The Medical Era.* April. Chicago.—*The Hahnemannian Advocate.* March. Chicago.—*The Homœopathic Magazine.* March. Minneapolis.—*The American Medical Monthly.* March. Baltimore.—*The Pacific Coast Journal of Homœopathy.* February. San Francisco.—*The Medical Brief.* April. St. Louis.—*Revue Homœopathique Française.* March. Paris.—*Revue Homœopathique Belge.* February. Brussels.—*Leipziger Populäre Zeitschrift für Homœopathie.* April.—*Allgemeine Homœopathische Zeitung.* March and April. Leipzig.—*Homœopathische Maandblad.* April. Amsterdam.—*Rivista Omiopatica.* January and February. Rome.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPK, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCK BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59 Moorgate Street, E.C.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### THE ANNUAL CONGRESS.

THE ANNUAL HOMŒOPATHIC CONGRESS, as our readers are fully aware by this time, from the circulars sent out by the Secretary, and reprinted in our last issue, takes place in London, on Friday, the 8rd inst. When it is held in the Metropolis there is always a very full attendance of members, and we have every expectation that this year it will again be so. London possesses attractions that no other city does. Everything gravitates to London, the centre of the world in importance. Nearly every one now-a-days pays a visit to the "little village" once a year at least, and our colleagues in the medical profession, with their usual judgment and good taste, like to take advantage of a gathering of their *confrères* to "kill two birds with one stone." And they are quite right. There is something breezy and refreshing to every one who does not live in London, in the bustle, the active life, the multifarious amusements, the picture galleries, and the exhibitions of all kinds, which is quite exhilarating. And we advise all who can, and who even at the last moment have not decided to come, to decide at once for the visit. We are sure that no one will regret doing so, and that the regrets will be with those who stay away. We have frequently before

enlarged on the advantages that the Congress offers, and we are pleased to see that our esteemed contemporary the *Homœopathic World*, puts very clearly and forcibly one point, which we believe is forgotten by many. That is, that the Congress takes a unique place of its own. It has nothing to do with the British Homœopathic Society, or with any other society. A man may be a member of one or other of these, or he may be a member of none, and yet he is eligible for the Congress, if he is a fully qualified practitioner. It is thus a most catholic assemblage, and ought to have very large support. But while London affords so many attractions to our visitors, in the height of the season, there is another motive to induce our colleagues to muster in full numbers, namely the importance of such a gathering in the metropolis. Many eyes will be upon us, and many will gauge the progress and position of homœopathy in the United Kingdom by the manner in which practitioners of the New School come forward to such a representative meeting. It is, therefore, a matter of duty on the part of every one who can possibly leave his work for a day to come and swell our numbers. In these days when the Old School policy is to quietly ignore us and give out that we are dead, and that only our ghost hovers about "the dawn of scientific medicine," as SIR WILLIAM BROADBENT was pleased to put it, we ought to be glad to embrace the opportunity of giving the lie to such statements by showing what satisfactory numbers we can muster to our annual gathering. Let them see that we are very much alive, and that we have no intention of being absorbed by them.

The arrangements for the Congress will, we expect, be very satisfactory. Many of the doctors in London and the suburbs have expressed their desire to offer their hospitality to their colleagues from a distance, and we have no doubt that this kindly feeling will be largely accepted, and taken advantage of, as it will much reduce the cost of a visit to London. The address of the President, Dr. EUBULUS WILLIAMS, will, no doubt, be full of interest, though we do not as yet know the tenour of it; while the three papers by Drs. CLARKE, BURWOOD, and WILKINSON promise to be most interesting. Dr. CLARKE takes up a new line, in explaining the "Doctrine of Signatures," expounding his views on its merits, and

what bearing it and homœopathy mutually have. Whether we may agree with him or not, the subject is original and interesting, and will probably give rise to a good discussion. Dr. BURWOOD'S paper will, we can assure our readers, be one of exceptional interest, and quite original. His subject has been the result of years of observation, and is eminently practical, though not bearing specially on homœopathy. But at such a meeting, subjects of importance in relation to all schools of practice are important for homœopaths to study. Mr. WILKINSON'S paper is strictly homœopathic, and takes up a rather abstruse question in therapeutics, which is well worthy of study and elucidation, and we feel sure that it will be a masterful examination of the subject. The programme, in fact, is a very fresh and delightful one.

At lunch, the members from London and its suburbs will have the pleasure of entertaining, as their guests, their brethren from a distance, while the dinner is sure to be a success. We hope there will be a large muster of the fair sex, to honour us with their presence at the festive dinner board.

The business proceedings are to be held at the London Homœopathic Hospital, by the kind permission of the Board of Management.

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## ON THE USE OF ERGOT IN THREATENED ABORTION.

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

Consulting Physician to the London Homœopathic Hospital.

THAT the use of homœopathic remedies in the treatment of disease by members of the old school is steadily on the increase is patent to every one who is interested in homœopathy, and who reads the old school journals. Examples of this we from time to time notice, and the advertising circulars of manufacturing chemists display a remarkable list of "new remedies"—remedies which a few years ago were never heard of by allopaths, but which had been in use for ages by the homœopathic school, which were brought into notice by them, and which can act on no other rule than that of *similia similibus*. And all this while the old school continues

to jeer at homœopathy as being unscientific and delusive, while those who practise it are considered outside the pale of consultation with the "orthodox" practitioner.

But the fact remains all the same that the practise of the old school is becoming steadily more and more leavened with the "accursed thing," whether in ignorance, or "secretly for fear of the Jews." Hence the open recognition of the principle does not keep pace with the adoption of the treatment.

An interesting example of this I cut out from the *British Medical Journal* of March 6th, 1897, but allowed it to pass unnoticed, owing to press of work, till now. But though late in recording it, it is a pity to pass it by. It is a paper by Dr. Lombe Atthill, of Dublin, Ex-Master of the Rotunda Hospital, entitled, "Observations on the anticipation of Post-partum Hæmorrhages, with remarks on the Action of Ergot in Pregnant Women." After stating his experience of the value of giving ergot for some weeks before labour to women who were liable to post-partum hæmorrhage, instead of waiting to give it at the time of labour, he proceeds:—

"Although foreign to this subject, I wish to state my experience of the use of ergot in cases of threatened abortion; in these, hæmorrhage without pain is often the first symptom, and that indicates that the ovum is partially detached; when wholly detached hæmorrhage as a rule ceases and the contents of the uterus are sooner or later expelled. But it is seldom that we can say with certainty when it has become hopeless to save the ovum, and therefore it is our duty to persevere in our attempts to do so as long as possible; and of all methods to this end; absolute rest in bed for a considerable time is without doubt the best. But it is most irksome to a patient, specially a mother with probably young children needing her care, to submit to the restraint imposed on her by keeping her bed for weeks, and many will refuse to do so; indeed, some women become so prone to abort that it seems useless to try to enforce prolonged confinement to their room, and then it is obviously better that the ovum should be quickly got rid of.

"Such a case occurred to me some five and twenty years ago. About that time I had as a patient a delicate young married lady, who in the course of the preceding ten months had twice aborted at about the tenth week of her pregnancy, and on each occasion alarming hæmorrhage had occurred. I attended her on the second of these. She became pregnant again within two months, and at the expiration of almost



exactly the same time as on the previous occasions, hæmorrhage set in, which she knew was the forerunner of another miscarriage. I saw her a few hours later. There were no pains, but the os was patulous, and her state identical with what it had been in the early stage of her previous illness. I came to the conclusion that she must certainly abort, and I at once put her on ergot and strychnine, with the view of getting rid of the ovum rapidly. The dose of ergot was repeated every two hours, and I watched this lady all day, hourly expecting that she would have a recurrence of the hæmorrhage which had so alarmed her and me on the previous occasion. But instead of this the hæmorrhage lessened; night came on, and she slept. Next day the os was not the size of a split pea. This lady went to the full term and gave birth, to her great joy, to a son, now a strong man 6 feet high.

“From that day on I invariably administered ergot to women threatened with abortion. In some it produced no effect whatever; in a few it induced uterine action, and the expulsion of the ovum followed. In the majority the threatening symptoms disappeared, and pregnancy proceeded normally; but in not one of them did I regret having administered ergot, and I am satisfied that if the ovum is not blighted, that is, ceased to be a living body, that ergot acts as a uterine tonic, and renders the organ in many cases fitted to undergo the further changes which take place in it during utero-gestation; but if the ovum is detached and blighted, then it becomes, as it were, a foreign body, and ergot is then likely to stimulate the uterus, and to expel its contents. This opinion is, of course, based only on the results of my personal observation, but of its correctness I have no doubt.”

Here we have an important fact stated by a well-known authority, from his personal observation—of the correctness of which he has no doubt—that in the majority of cases of threatened abortion treated with ergot, the threatening symptoms subside, and the case goes on to term, and that where the ovum is expelled, it is because it is already so far detached as to be practically a foreign body, and beyond the reparative powers of the system.

The main fact to be noticed in these observations is that the same drug which is so well known to produce, in full doses, very marked contraction of the uterine muscular fibres to the extent of causing labour pains and abortion in the early stages of pregnancy, and at the time of normal delivery of setting up labour pains when deficient, and even of doing so so violently as to endanger the life of the child, and finally, of producing firm con-

traction of the uterus after delivery, with expulsion of clots in cases of actual post-partum hæmorrhage, or when this is feared from the previous history of the patient. But this remarkable fact is kept, as it were, in the background, by the author's throwing dust in the eyes of his readers. Instead of noting such a fact as being a curious, an interesting, an instructive, or puzzling one, which would put him into a difficult position with his "orthodox" brethren, he calmly gives theories in the most misleading manner, saying that "ergot acts as a uterine tonic, and renders the organ in many cases fitted to undergo the further changes which take place in it during utero-gestation." This is precisely a warmed-up edition of the late Dr. Anstie's famous explanation of the action of drop doses of ipecacuanha wine in vomiting, namely, that in these doses ipecacuanha acted as a tonic to the vaso-motor nerves of the stomach. This was simply throwing dust in his readers' eyes, to prevent them observing and noting the essential fact, which was that the same drug caused and cured similar symptoms in large and small doses respectively. So here it is again with Dr. Atthill and ergot. The same drug causes and cures similar conditions, and to call such a drug a uterine tonic is, to say the least of it, suppressing half the truth. It is, as logicians term it, an example of *suppressio veri*, but we should never think of hinting that an honourable man would be guilty of *suggestio falsi*, which is very closely allied to the *suppressio veri*. No drug can be called a "tonic" to a particular organ, which is only such in a non-pathogenetic dose, and which is the very reverse of a "tonic" in full or pathogenetic doses. Half the truth is suppressed in so stating the case; the whole truth being that ergot has, like all other drugs, a double and reverse action in large and small doses respectively; that the very conditions it produces in full doses in the healthy body it cures in smaller doses in disease, and that thus it is an example of the law of similars. How long will our friends of the old school persistently shut their eyes to obvious facts, and to the inference which, when once pointed out, stares them in the face? The facts and the inferences from these facts have been stated by us off and on for a century, and still they have eyes but see not.

For myself, I can amply corroborate Dr. Lombe Atthill's observations and conclusions. During the period in my professional life when I cultivated obstetric practice, ergot was invariably, I may say, the medicine I prescribed in threatened abortion; and even when actual pains had set in, and the case seemed hopeless, its action was most marked in subduing the pains, stopping the discharge, and enabling the patient to recover entirely, and go on to full time. I came to the same conclusion as Dr. Atthill has done, that it is practically only in cases where the ovum has so far separated as to be only a dead foreign body, that ergot fails. Of course I prescribed the drug in these cases because it was so homœopathic to them, and not from having discovered its power accidentally, as Dr. Atthill seems to have done. And herein lies our power and the value of our law of similars. We do not need to wait for a chance accident to reveal a fact to us. We know it beforehand, and we have simply to put our knowledge to the practical test.

In connection with this subject, I have here to tell an interesting bit of medical history bearing on homœopathy and the old school. It was a correspondence I had with the late Dr. Meadows, about the year 1866, when I was a homœopath in conviction though not quite ready for open avowal. Though these letters were not private, yet I considered it only a point of honour, knowing the antipathy of the old school to anything savouring of homœopathy, not to make any use of them. Now, however, that Dr. Meadows has joined the majority, no harm can be done to his memory. I was then looking into the merits of a statement of Sir James Y. Simpson's that chlorate of potash was successful in the treatment of habitual abortion; his theory being that oxygen gas was set free and super-oxygenized the blood. The theory seemed absurd, but as a point of successful practice I wished to find out the experiences of leading accoucheurs. Among others, Dr. Meadows wrote that he had no good results from it; but—and here comes the interesting point—he added, the medicine which he had found more successful than any other, though it would perhaps surprise me, was ergot in small doses. I replied that I was not surprised, as I believed many medicines were valuable in conditions the very reverse of what was supposed to be their usual

sphere if given in small doses. To this Dr. Meadows replied that he was much interested in what I had said, and he advised me to work out the subject and publish my results and conclusions. What Dr. Meadows' actual knowledge of the principles of homœopathy amounted to I do not know, as our correspondence then ceased, I feeling that I could not write on the subject without committing myself to homœopathy, for which at that juncture I was not fully prepared. The facts are interesting, as showing that so long ago as about 1866 Dr. Meadows was fully aware of the value of a pure piece of homœopathy, and employed it; and now we have Dr. Lombe Atthill, thirty years later, testifying to the same truth—a truth which has been long familiar to homœopaths. Thirty years seems a long time for such slow progress, but the advance is nevertheless in evidence. Even Sir William Broadbent considers that we are actually at the "dawn (!) of scientific medicine." As the Scotch story has it, "he maun be a pious lad, he is thankful for sma' mercies," if he begins at this time of day to see the dawn, while to the eyes of those who keep them open to see, the sun has been shining brilliantly for a century.

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## TWO CASES OF PUERPERAL SEPTICÆMIA RAPIDLY CURED BY REMOVAL TO ANOTHER HOUSE.

By ED. M. MADDEN, M.B.

THE liability of almost all forms of sanitary defects to set up blood poisoning during the puerperal period is sufficiently established to need no further demonstration, and the common-sense deduction that the most essential part of the treatment of such a case consists in removing the patient out of the poison-laden atmosphere is frequently insisted upon in all recent treatises on midwifery. For all that, it is a mode of treatment which one very seldom hears of being carried out, and the anti-septic armamentarium is so powerful now-a-days, that I am inclined to think we are all disposed to feel perhaps over-confidence in our capacity to ward off, or destroy sepsis, when of external origin, by means of free vaginal or uterine germicidal douches, of which the solutions of iodine and of corrosive sublimate are probably the most trusted, and not without reason.

The following cases illustrate the immediate subsidence of all serious symptoms on removing the patients from the houses in which the septicæmia originated; and such typical examples will, I hope, persuade others to follow them in like circumstances.

CASE I.

Mrs. M., age 28, a strong, hearty woman, was confined of her first child at mid-day on 13th June, 1889. The child was a large one, and necessitated delivery by forceps; there was a small tear in the perineum, which was stitched at the time, and there was rather free hæmorrhage before the placenta was delivered.

From the first she had two or three vaginal douches daily, using sanitas in hot water, 1 part in 10.

June 14th. Morning T. 99.4. P. 100. Passed two large clots to-day, but was in very good spirits and slept well. Evening T. 100.4. P. 104. R. acon. 1x., and arnica 1x.,  $\eta$  ij. every two hours.

15th. Temperature and pulse almost exactly the same—no more clots, lochia normal.

16th. Morning T. 100.6. P. 104. Evening T. 101.4. P. 108. The milk coming in to-day was supposed to account for this slight fever, as everything else seemed normal. The bowels also were well opened without help.

17th. Morning T. 99.2. P. 98; and all seemed going on well, till at 1.30 p.m. she had a rigor, and the temperature ran up to 103.4.

As soon as I could reach the house I gave an intra-uterine douche of hot sanitas lotion and repeated this twice more the same day, although there was no reason to think that anything had been left in the uterus, and the lochia remained normal throughout. R. lach. 4c., and arsen. 3x. By 7 p.m. the temperature had fallen to 100.4 and the patient had had a very free sweat.

18th. Morning T. 99.4. P. 100, and she seemed very comfortable, had slept well and taken her food well. Repeat medicines. Evening T. 100.8 P. 104, and although there were no local symptoms I thought I would be on the safe side, and repeated the intra-uterine douche at 7 p.m.

19th. Morning T. 99. P. 100. Evening T. 99.6. P. 96, and we hoped we were over the trouble. R. arsen. 3x. alone.

20th. Morning T. 99. P. 86. Evening T. 100.4. P. 100.

21st. Morning T. 100. P. 100, and the patient had a good deal of headache, but was in every other way normal. At 12, noon, to-day she had another severe rigor, with T. 105.4. P. 150. I now introduced an iodoform pencil into the uterus and left it there and gave her china  $\phi$  and lach. 4c. in rapid alternation, and the fever again rapidly subsided with the usual heavy sweat. All this time the lochia remained normal, and there was no symptom of pelvic or peritoneal mischief of any kind.

22nd. Morning T. 99.6. P. 112. But again at noon she had a rigor, with T. 104.4, and at 1.30 a second, with T. 105.4, and for treatment received aconite  $\phi$   $m$ .js. every half hour, and an ice cap applied to the head. This fever also went down in the course of a few hours with a heavy sweat.

It was now evident that she was threatened with a severe and prolonged attack of septicæmia, and it was also certain that it was not a case of auto-infection, and as neither I nor the nurse had been recently attending any septic cases, it seemed tolerably certain that the cause must be some sanitary defect in the house where she lay, which later examination proved to be the case, the cellar drain being untrapped.

I therefore persuaded her husband to allow me to remove his wife to her mother's home, about two miles distant, and we made all the arrangements to do so on the following morning.

23rd. Morning T. 99.8. P. 120. At 11 a.m. we removed her as arranged to her mother's house, and the day being fine and warm she was taken in an open carriage and thoroughly enjoyed the drive. Evening T. 100.2. P. 100. R. arsen. 3x  $\delta$ . 8 hrs.

And from this time she never once looked back, as a glance at her chart will show, her temperature never again exceeding 99.5, and by the 26th being normal all day long.

#### CASE II.

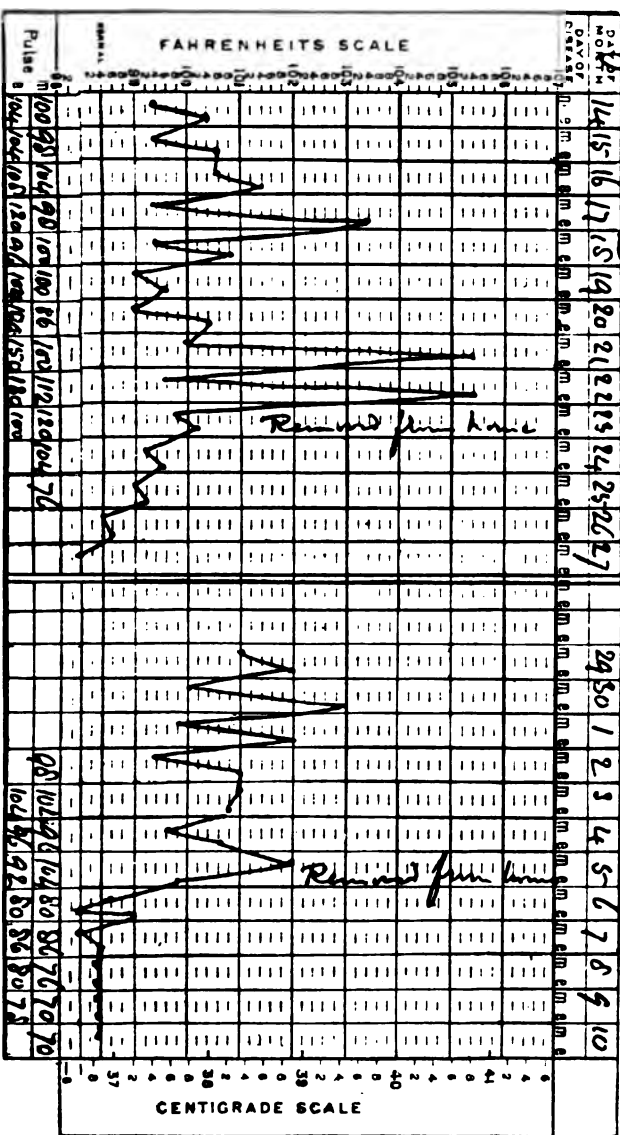
Mrs. P., aged 33, was confined of her third child on April 10th, 1898. She was attended by a lady doctor, and except that the labour was very rapid and accompanied by a rather heavy loss of blood, neither the

Case I.

June 1899.

Case II.  
April & May 1898

TEMPERATURE CHART.







labour nor the first part of the puerperal period were in any way abnormal. The lady doctor saw her for the last time, I believe, on April 30th, when she made a careful pelvic examination, and pronounced her to be perfectly well internally, which verdict I have no doubt was quite correct. She had, however, been feeling unwell and feverish since the 28th, on which day she had felt very chilly (though neither then nor subsequently did she have any definite rigor), and found her temperature raised at night. The only definite physical signs were a very coated and brown tongue, and a slight bronchial catarrh with a very irritating convulsive cough. But she felt very unwell and very depressed, and had an almost constant slight perspiration. The bowels were open naturally, and with normal stools every day; lochia and all pelvic conditions normal.

I was not asked to see her until May 2nd, but I was enabled to get from the nurse a record of the temperatures from the 29th of April.

At my first visit I found the condition above described, and also learned that a pond near their house which had been dry for nearly all the winter had just got half full with the recent rains, and that at the same time as the onset of her own feverish symptoms there were four others in the house taken ill with sore throats.

I gave her arsen. a. 3x. and phos. 4x. the first day, and afterwards bry. 1x. and lach. 4. But when I found on the morning of May 5th that she had had another slight chill during the night, and her T. was 102 at 11 a.m., I strongly urged her leaving the house at once, and as no friend's house seemed quite available at the moment, I had her brought to my own house that same afternoon. That evening her T. was 99.8, and a glance at her chart will show that it never rose again, but went straight down to the normal the next day, and has stayed there ever since, while all her feelings of illness and depression vanished from the time she entered the house. Of course this was not nearly so bad a case in any way as the first, but I don't think anyone can doubt that it was of the same nature, and my firm impression is that her prompt removal from the source of infection saved her from what might well have proved a serious and prolonged illness.

Bromley, 13th May, 1898.

## EXPERIENCES WITH VISCUM ALBUM.

By GEORGE BLACK, M.B. Edin.

ONE case of sub-acute rheumatism was reported by me in the April No. for 1895 of the *Monthly Homœopathic Review*. It is as follows:—Mrs. M., aged 24, a stout, leuco-phlegmatic woman, with red hair and light blue eyes, mother of two children, the youngest being five months' old and at the breast. On Feb. 3rd, 1894, she had tonsillitis, which was relieved in two days by suppuration and discharge from left tonsil, ferr. phos. 5x and baryta carb. 4x. having been given. About a fortnight previously she had experienced an attack of rheumatism, preceded by shivering, in her ankles, shoulders, right hand and wrist, which were swollen. On March 18th she again had a shivering fit. Next day she felt a gnawing pain in ankles, commencing in the right, then going to left, next affecting the right knee, followed by the left knee, the right hip being invaded last. On March 22nd the ankles and knees were less swollen. Patient could not stand; had to be lifted in and out of bed. Knees were not swollen and there was no redness, but they were stiff and acutely painful on movement. The right hip was very tender on pressure, and the skin reddened over the joint. Heart sounds clear, somewhat accentuated over pulmonary and aortic areas. Urine high coloured, no deposit. Pulse 108, temp. 101°; aconite 1x ordered every two hours. Next day, pulse was 96 and temp. 99.4°. Both hips are now affected. Urine clear; has had no sleep.

March 24th. No sleep at night on account of pain in legs, which affects her when she tries to turn on one side. A little sleep during day. Pain always gets worse when she becomes warm in bed. The left knee joint is swollen, without redness; the pain is always worse on movement. Pulse 104, temp. 99.8°; bryonia 3 every two hours. Next day pulse was 108, temp. 100°. No improvement; both elbows now affected, the right first. *Viscum album* 3 every two hours.

March 26th. Had a better night, slept more. The wrists now affected, the right first; it is stiff, puffy, and the skin reddened in a streaky fashion. Knees and ankles stiff and painful. Pulse 100, temp. 100°, rising

to 106 and 100.4° respectively at 10 p.m., when there was still a great deal of pain.

March 27th. Entirely free from pain. It left her at 1 a.m. in the following order: first ankles, then knees, then elbows and wrists. Can move the legs to-day. Right wrist very stiff. At 9.30 p.m. had no return of pain; swelling is leaving right hand and wrist. Complains of an aching pain at the top of the head. Pulse 94, temp. 99°.

March 28th. A good night, slept well. About 10 p.m. pains returned in right wrist and elbow, not severely—a nagging pain—which left again about 1 a.m. Can now move legs without pain. Swelling has left knees; there is still a little in right ankle, also of right hand.

March 31st. Allowed out of bed.

April 2nd. Sitting up; complains of weakness. *Viscum album* changed to china 30, ter in die.

During illness the cardiac sounds were clear, and the milk slowly left breasts without trouble. The pains used to get worse about 5 p.m., and kept on generally till 1 or 2 a.m., when sleep ensued. She said of pain, "it was just as if all my veins were drawn up," and in hips, as if she were "being drawn up in these parts and then suddenly let loose." There was transient pain in back on March 23rd only, probably due to her having been only two weeks free from menstrual discharge since confinement, during which interval there was considerable leucorrhœa.

I have used *viscum album* several times since in acute and sub-acute articular rheumatism, but I have nothing of a definite or satisfactory character to relate: in some instances of chronic rheumatism, however, in sciatica, and in two or three cases of acute myalgia the results were encouraging.

#### CASE I.—*Myalgia*.

Miss F., aged 57, dark hair and eyes, medium height and stoutness, still quite "regular," consulted me on Feb. 6th, 1898, and complains of pain between the shoulders. The movement of the shoulders hurts her more than anything. "When I get out of bed mornings I can scarcely dress myself, there is so much pain. When I'm lying in bed, after I have been lying some time, towards morning, then it begins." After she has

been up and moving about for some time she doesn't feel it. "Now it is aching; I can feel it is there. The second joint of the right middle finger swelled up the other day, but this is now gone, it went away after a time. I had it about a week." Viscum album 30, five drops on S. L. once, at 5 p.m.

Tuesday, 7th. Better; in less pain than she has been during this attack.

Friday, 10th. Complains of a tingling feeling coming from the right shoulder forward under the axilla to the breast. Viscum album 30, 12 drops in half a tumbler of water; a dessert spoonful every four hours.

I met Miss F. out to-night. She was stepping along briskly, so much so that I scarcely thought it could be she. She said, "You will be glad to know that I am much better; the pain is not gone yet, but it is deadened, and I feel a lot better than I did."

Monday, 14th. "I'm a great deal better. The pain is not quite gone, but I am a good deal better. I feel it for a couple of hours in the morning, but it is nothing compared with what it was; I can dress and all that now without singing out. I haven't felt the pain in my side since I began to take the medicine, but I feel it just where the pain was between my two shoulders." The swelling of the finger joints gradually subsided and there has been no return.

#### CASE II.—*Lumbago*.

Mrs. A, aged 30, dark brown hair, dark grey eyes, stout, was seen on Tuesday, March 1st, 1898. She told me she went into town on Saturday evening, and after she came back and had taken off her things, she shivered. Sunday morning her back was very bad; seemed like anyone tearing it to pieces; she felt as if she wanted something to press against it. She complains much of her back to-day; is obliged to get some one to help her before she can raise herself up. "When I move my left arm it seems to affect my back. Just to draw my foot up it pains me." The situation of the pain is the lumbar region and up along the spine. Temp. 98°, P. 72. Tongue clean. "I keep feeling starving, yet can't fancy anything to eat." When she coughs it causes great pain in the chest and back. Yesterday she expectorated some dark greeny-yellow phlegm. Viscum album 3 every two hours.

Wednesday, March 2nd. She can sit up in bed by herself to-day, and can turn from side to side; there is much less pain in the back.

CASE III.—*Lumbago.*

Mrs. M. aged 60, a thin, fragile woman, with silvery hair and brown eyes, has been suffering from catarrh of the bladder, which was improving under ferr. ph. and kali chl. On Sunday, the 28th Feb., 1898, I saw her, when she complained that on the previous Friday and Saturday she felt cold and shivery, and couldn't get any heat into her. Saturday, she felt pain in the right lumbar region, extending to the right buttock; to-day the pain has been much worse. It is very painful to move; the slightest movement aggravated the pain. Temp. 101°, P. 112. Face flushed, tongue grey-coated. There is much pain in the right lumbar region and down towards the right buttock. *Viscum album* 8 every hour.

Monday Feb. 21st. She can move a little better this morning Temp. 99°, P. 96. Continue.

Tuesday, 22nd Feb. Temp. normal, P. 72. She says she feels better; the pain in her back is almost gone; she can turn and move about now with only the least sense of pain. "It is wonderful," she added "that I have so quickly got relief. I never knew anything like it before."

CASE IV.—*Rheumatism of Lumbar Aponeurosis.*

Mrs. R., aged about 45, fair, of medium height and stoutness, sent for me on February 23rd, 1898, and complained that she was seized with pain at the lower part of the back (sacral region) two days previously. Couldn't turn either to the right or left. The pain was greatly aggravated by movement. She at once took aconite, which she has continued since, and applied hot salt and hot water bottles, which have to some extent relieved her. It still hurts her very much to move. The bowels have been painful, and her sides. When she was first taken, it was after exposure to damp, she became cold and shivered. The pain she describes as of a terrible clutching nature, as if her vitals were affected. At first she had to pass water very frequently; not so frequently now. Temp. 99°, P. 72. Act. rac.  $\phi$  4 drops in a tumbler of water; a dessert-spoonful every two hours.

Thursday 24th. Not any better. Temp. 99.4°, P. 80. Her eyes filled with tears, she complained much of pain on the slightest movement. Viscum album 8 every two hours.

Friday. 25th. Had a better night, can move better and feels much better. Temp. 100°, P. 72. Continue. The fever gradually diminished, and in two or three days she was downstairs, all pain having gone from her back.

I have used viscum album several times in the treatment of metrorrhagia, but I do not know that I have got a single encouraging result, and in the cases of retained placenta in which I have given it—three in number—the result has been nil.

#### *Some Rheumatic Cases.*

On September 24th, 1895, I was consulted by Miss —, aged 54, in whom menstruation was still proceeding perfectly regularly. She complains that her joints have got worse and worse, they ache and gnaw, "the weight of my body on the joint causes it to be very sore. This morning I nearly fainted with it. I perspire so dreadful. Sitting like this it don't ache, but if I were to sit up on this couch I couldn't be still a minute, it would begin to gnaw; it's dreadful in bed—the whole knee seems on fire, it keeps me awake, I can't get off to sleep. While moving there is relief for two or three minutes, but as soon as I am still the pain sets in." The patellæ have a lumpy, nodulated appearance and feel, and she complains of great pain all round left patella, which is very tender to touch, especially at inner aspect. The left knee is swollen in comparison with the right. She says "You can hear my joints 'scroop' as I go upstairs." Some of the metacarpophalangeal articulations became swollen. Urine is normal in appearance. Viscum album 3,12 drops in a tumbler of water, a dessert-spoonful three times a day. The report I have, without any date, is, "this relieved her, the next day she was better."

Mr. —, aged 60, reddish hair, a weakly delicate man of a hæmorrhagic diathesis, consulted me on February 21st, 1894, and complained that the previous week he didn't know where to put his legs, they ached so. He was standing in the garden in the dam.

watching some men working at the drains. Went into the greenhouse in his slippers. Was out walking about on Sunday and felt nothing amiss. On Monday on getting out of bed he felt his left ankle painful; hobbled downstairs, since then it has been painful, especially when he attempts to move it, and more particularly from side to side. Can't move it either side without pain, the up and down motion hurts him. The joint is swollen and tender on pressure, especially when the malleolus is pressed against the joint. No other joint is affected. Viscum album 8, 12 drops in half a tumbler of water, a dessert-spoonful every four hours.

Monday 26th. Downstairs. All swelling gone, can move it without pain in every direction.

#### *Lumbago.*

Mr. —, aged 52, a cab proprietor, consulted me on Wednesday, May 26th, 1898, and complained of having suffered from pain in the lumbar region since the previous Tuesday. It seemed to take him all in a minute while stooping; he went out, but had to come back again; it was very painful when he attempted to turn. The pain when I saw him on Friday had partly gone from the back and was affecting the right hip. Viscum alb. 8 was prescribed, 12 drops in half a tumbler of water, a dessert-spoonful every two hours.

Sunday, 28th. The pain in the back is now much better, but it is gone to the hip and right side. Has got up twice to-day; obliged to go to bed again in the morning, but was up in the afternoon, although in a good deal of pain. Continue.

March 29th. The patient called upon me this morning himself to say he was all right.

#### *Sciatica.*

I have already referred in a "Case of Sciatica of nine years' standing cured by Carbon Bisulphide" to the amelioration in the patient's condition brought about by my first prescription of viscum alb. 8.

The patient consulted me on the 24th July, 1898. For two or three years he had been unable to go to bed on account of his inability to lie down. The situation and direction of the pain were centre of right buttock, down back of the thigh to the popliteal space, then down

to the back of the leg, stopping short a little way above the ankle. "He feels the cords behind the knee rather tight as if the leg were being drawn up." The expression made use of by this patient is similar to that of the one suffering from sub-acute articular rheumatism, with the exception that she speaks of "veins." "It was just as if all my veins were drawn right up." They probably mean the same thing, but with the hazy anatomical knowledge such people are possessed of it would hardly be fair to expect anything more definite. On the 29th July this sciatica patient reported "I have had 1½ hours relief from pain since taking the medicine, this is more than has ever happened to me since the commencement of my illness." I might have had a brilliant cure to place to the credit of viscum album had it not happened when my patient came again that I was out of the drug, or it might have been a providential arrangement by which I was enabled to substitute carbon bisulphide for viscum album, and so effect this patient's recovery.

In another case of sciatica associated with otorrhoea in which I used it after sulphur 30 failed to do any good, and where it was to some extent beneficial, the symptoms were: Pain in the left leg and foot, extending from the centre of the buttock down the back of the thigh to the popliteal space; then down the back of the leg to the inner ankle, where it stops short behind the internal malleolus. "It burns very much but just at the heel it is as if one put a red hot coal against it; it aches all down the thigh and the leg feels heavy as lead. The whole leg seems quite consumed with pain; sometimes it is like little bubbles forming and breaking, and then it will beat and throb like a clock. The leg seems at times contracted, drawn up behind the knee." Viscum alb. 8 was given on March 21st, and she reported on April 2nd that she was getting on nicely, when she ran out without any covering on her head and ears from a hot room and brought on an attack of inflammation of the mastoid process.

#### *Swelling of Right Knee.*

On April 10th, 1894, I was consulted by Annie —, aged 20, a blonde. About two years ago she fell and struck her right knee. Nothing appeared amiss at the time. Rather more than 12 months ago she felt as if



some little bone had got out of place; after that noticed a swelling begin to appear, and this has got much worse since. Can hardly walk now, the pain is so great; it hurts more after she has been sitting a long time; it aches frightfully. The joint is now swollen, two inches larger than the other; last two months hardly able to walk; the right calf is one inch less than the left; sleeps well and eats well. The swelling of the joint is most observable at the inner aspect where it is tense and full; it is also swollen and tense above and below the patella. No tenderness to speak of on pressure. Not menstruated for two periods. Puls. 80 given, one dose.

May 19th. Felt much worse the day after she saw me. Could scarcely walk three steps. She then of her own accord painted it with iodine till the skin cracked and she could bear it no longer; the pain got easier after a fortnight and she could walk about better. On examination I find the knee joint rather more swollen than it was. Circumference of right knee 15 in.; left 12½ in. *Viscum album* 3, 6 drops in half tumbler of water, a dessert-spoonful three times a day.

June 2nd. She says: I can walk ever so much better upon it; it does not pain me nearly so much. I do not get that aching pain which I used to have. Circumference 14½ in.

July 25th. Circumference of knee 14½ in. Can walk much better than she could. Continue the *viscum album* 3, increasing the dose to 12 drops.

#### *Some Ear Cases.*

Before proceeding to give my notes of some of these cases I must apologise for their fragmentary and unsatisfactory character, partly arising from the fact that it is difficult to get people to persevere for any length of time where progress is, and must of necessity be, slow. We are consulted by those who have suffered for years, and our remedies are expected to work miracles, and too frequently, when nothing very striking happens in a month or two, they become weary in well doing and give up coming, and we lose sight of the case. This applies more especially to those who pay for their advice. Many of those who are seen by medical men gratuitously will come till further orders, and if, unfortunately for them and the medical attendant, they

happen to be of a neurotic type of constitution, the organs and tissues of the body that are from time to time affected will shift like the varying views of a kaleidoscope, and blessed are they whose patience fail not, and who, after many years, are still listening to the same old tune of terrible agony, played upon an instrument of many strings.

But again, in many of those diseases occurring as manifestations of the strumous diathesis, you have recovery up to a certain point, then the patient catches cold, the tonsils become swollen, or more swollen than they were before, the hearing becomes as difficult as ever, and their money seems to have been spent for nought, and your labour for that which profiteth not.

With these remarks by way of introduction, I will now proceed to lay before you some of the notes in my possession connected with the cases we have under consideration.

#### CASE I.

The first note of this case I am unable to find, but I believe it was some time in October, 1894, that Mr. J., a tall, dark haired man, a travelling butcher, consulted me on account of his hearing. Some years before, he was playing with his brother in a loft, and he gave him such a bang on the right ear that made it ring, and he has not heard since in that ear. It discharged for a long time after. At the time of his first consulting me I must have given him viscum alb. 3, because the note made on December 26th is to this effect: Viscum alb. 3; 5 drops twice a day, *as before*, and the report is as follows: "My hearing is better; while some ladies were talking the other night I heard what they were saying; this I have not done for five or six years." Speaking in an ordinary tone of voice he hears me very well to-day, even with my back to the light, so that he cannot see the movement of my lips. I now tested his hearing with this result:—

	W. T.	N. S.	T. F.
Right ear	7½—8 in.	2 yds.	All over room as far as I could remove from him.
Left ear	2 ft.	3 yds.	Do.

I am sorry I cannot give the preceding record, nor have I any subsequent note.

CASE II.

On Monday, March 4th, I was consulted by Lizzie H., aged 27, dark brown hair, grey eyes, of strumous constitution, who told me that when five years old she had scarlet fever; "both ears ran then, and I have always had a discharge since, and hearing has been much affected." Her speech is like one who is deaf.

	W. T.	N. S.	T. F.
Right ear	2½ in.	18 in.	4 yds.
Left ear	not a sound. Visicum album 8 five drops three times a day.		

Monday, March 18th.—

	W. T.	N. S.	T. F.
Right ear	4½ in.	32 in.	4 yds.

CASE III.

Miss W., a well developed girl, of healthy looking complexion, age 21, with dark, bright eyes, dark brown hair, consulted me on October 24th, 1894, and said that about four years before she was in the show room of a large drapery firm here and noticed that she could not hear what the customers said. Her hearing has got worse since then, and she has funny noises in the head like a lot of water rushing into an empty cistern. At times it has been like thunder rolling. Never had any discharge from the ear that she knows of. Was four months in London, and went to the Golden Square Hospital. She was given medicine to sniff up the nose, but did not derive any benefit from it.

	W. T.	N. S.	T. F.
Right ear	½ in.	2 ft.	4 yds.
Left ear	¼—½ in.	1 yd.	...

Visicum alb., 5 drops twice a day.

Wednesday, Nov. 21st. Complains of great noises in the head—hissing, like a train in the distance, or steam being let off. Sometimes also like a whistle. She tells me her mother is deaf, and a sister aged 17.

	W. T.	N. S.	T. F.
Right ear	1½ in.	2 ft.	5 yds.
Left ear	1½ in.	2½—3 yds.	5 yds.

She now complained of her throat, which I found inflamed with some swelling of the left tonsil. For this bell. 6 was given, and on Sunday 25th, the throat being much better, visicum alb. 3 was repeated as before. On

January 5th she was suffering from nasal catarrh, and patr. sulph. 8x was prescribed. The last time I tested her hearing was February 25th, and the result was as follows:—

	W. T.	N. S.	T. F.
Right ear	5 in.	26 in.	4 yds.
Left ear	4 in.	2 yds.	4 yds.

The result in this case was nothing very brilliant, but such improvement as did take place was, I believe, due to the viscum album.

#### CASE IV.

On Monday, April 1st, 1895, a girl aged nine was brought to me by her mother. She was of medium height and stoutness, had brown hair, grey eyes, and reddish cheeks. The beginning of the previous year she suffered from scarlet fever, and had an awful discharge from her left ear, and it would swell up like an egg behind the ear. She also had a bad discharge from the nose while she had the fever. Since then her hearing has been affected.

	W. T.	N. S.	T. F.
Right ear.	Normal in all respects, although the ear channel is so blocked with wax that the tympanum cannot be seen.		

Left ear	$\frac{1}{4}$ — $\frac{1}{2}$ in.	5—6 in.	24—25 in.
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On examining the left ear I find the channel free, except for the oozing of some discharge. At the lower part of the tympanum there is what appears to be a collection of pus: above this, the tympanum presents a convex surface, and has a swollen, thickened, reddish appearance. Viscum alb. 3, 6 drops in half tumbler of water; a dessert-spoonful three times a day.

Sunday April 28th. She could hear the bells of All Saints Church as she came up, which is better than she has done since her illness.

	W. T.	N. S.	T. F.
Left ear	1 in.	19 in.	2 $\frac{1}{2}$ yds.

There is much less congestion of the tympanum than there was. Continue: On June 14th, I have a note to this effect:—"Bowels have been relaxed for three weeks. Sometimes will go three or four times a day." To-day about 12 o'clock she complained of a dreadful pain in her head, heavy. Could hardly keep it up; was sick

and vomited. Been taking viscum alb. 3 till yesterday. Her appetite has been poor for some time.

I have no note beyond this date, and there is no reference to the condition or state of her hearing.

CASE V.

Alice R., aged eight, a pretty child, with auburn hair, and grey eyes, of strumous type of constitution, and with her milk teeth in a wretched state of decay, was brought to me on May 3rd, 1898, on account of the state of her hearing. She was taken to a doctor a year ago, but does not think she was any better after. She was not noticed to be deaf till a year ago, and there was nothing that they knew of to account for it. An aunt is deaf. In her case it came on after scarlet fever. This child has had nothing of the kind. Had measles 2 years ago slightly. No discharge from her ears then. Her breathing is bad at night. She cannot breathe through her nose, and lies with her mouth open. Appetite is fairly good. Her sleep is often disturbed, and if she is excited, she talks in her sleep. She often has a hissing sort of noise in the ears, as of steam being let off, especially at night. The tonsils are much enlarged, and are streaked with dilated capillaries. The mouth is very moist; there is a great deal of saliva all about, presenting a frothy appearance; there are watery bubbles all over; the anterior part of the tongue is studded with the red points of prominent papillæ. The tympana presented, as far as I was able to make out, a healthy appearance.

	W. T.	N. S.
Right ear	5 in.	4 ft.
Left ear	1 in.	17 in.

Viscum alb. 3. One drop in a teaspoonful of water, three times a day.

Wednesday May 10th. She has had to be kept home from school two days on account of a bilious attack to which she is occasionally subject. Fancies the dribble from her mouth is not so much as it was. She was very feverish on Thursday and Friday. Sleepy and heavy, and very hot; did not eat much for two or three days.

	W. T.	N. S.
Right ear	15 in.	A long distance.
Left ear	9 in.	3 ft.

On Tuesday, May 28rd, I again saw her. She was now suffering from an alveolar abscess, with swelling of the sub-maxillary and cervical glands.

	W. T.	N. S.
Right ear	20 in.	
Left ear	11 in.	4—5 ft.

This was the state of things up to the time viscum album was left off, but it is right to say that under the use of sil. 4x, bell. 3, sulph. 3, and cal. 6 the hearing had speedily improved, and on Wednesday, July 5th, it was :—

	W. T.
Right ear	36 in.
Left ear	30 in.

Upwards of a year after, this child's hearing was worse than ever; she had many enlarged glands in the neck, and under the jaw. She was again given viscum alb. and her hearing improved, but I am unable to give details.

*(To be continued).*

## SCURVY-RICKETS, ILLUSTRATED BY TWO CASES.

By J. ROBERSON DAY, M.D. LOND.

Physician for Diseases of Children to the London Homoeopathic Hospital.

SCURVY-RICKETS is a disease of considerable interest, especially as it is a preventable disease. Attention was first called to it by Dr. T. Barlow, who made it the subject of his Bradshaw lecture. It is fairly commonly met with in children a few months old, mostly from 9 to 18 months. It occurs with equal frequency amongst the children of the rich and the poor. The resemblance to scurvy is greater than to rickets, although it generally occurs in rickety children.

The causes which produce this disease are much the same as those producing scurvy in the adult, namely, improper food. It never occurs in breast-fed children, but always in those artificially fed. The subject of artificial feeding of infants is always of interest, and a perennial source of discussion. We shall always have to face the difficulty of artificial food for children, and

there is no doubt that some children thrive well on a food which will cause scurvy in others.

One of the finest children I know was brought up entirely on humanised milk prepared by one of our large dairies; it was most interesting to watch the little fellow steadily lay on weight, week by week, in a perfectly normal way.

On the other hand, we occasionally meet with a child which is fed in precisely the same way and it develops scurvy.

It has been satisfactorily demonstrated that there is some subtle property in fresh milk, and fresh food, which, for want of a better term, we call the anti-scorbutic element. Destroy this element, by heat, or other methods commonly in use for preserving foods and scurvy results. Restore this element to the scurvy-stricken child and it recovers.

Compare this with the curative effects of lime juice and fresh potatoes on the scorbutic sailors.

Now, in the artificial feeding of children we are confronted with a serious difficulty at the outset; if we feed with raw or unsterilised milk we may give the children several grave diseases, *e.g.*, tuberculosis (from tuberculous cows), scarlatina, enteric fever or diphtheria; if on the other hand we sterilise our milk we protect the children from these diseases, but they then run the risk of becoming scorbutic. In fact, we are on the horns of a dilemma.

Fortunately, we are able to supply this antiscorbutic element to the child in other ways than by the milk, which are safer, and, at the same time, equally efficacious.

Climate and general hygienic surroundings avail nothing in preventing this disease, which may invade the nursery of the rich where there is every luxury and modern invention. Both my cases came from healthy districts, and one from a large airy house with good garden.

The onset of the disease is sudden. The child becomes fretful, cries when touched, lies helpless, and the limbs hang as if paralysed. The aspect of child is remarkable, the healthy fresh tint is lost, and it becomes instead pale and earthy in colour. In the case of K. P., great swelling of the right shoulder and shaft of the

humerus and also of the left femur, were early and very obvious lesions. The large blue veins which marbled the right shoulder, at one time suggested a rapidly-growing sarcoma.

These swellings were acutely painful to touch and Barlow regards them as *the* characteristic lesion—they are due, as has been seen in the few *post-mortems* that have been made, to sub-periosteal hæmorrhages. They leave the bones permanently enlarged, ossification taking place as recovery follows.

In other cases the mucous membranes show a great disposition to bleed. The gums are spongy—this may be often seen, and is an early sign—simple pressure of the finger will cause blood to ooze out at the base of the teeth. Bleeding may come from the bowels, bladder or vagina.

Hæmorrhages may take place into the orbits, as was the case with P. O., and at times this is so great that it leads to proptosis.

The skin often shows marks of bruising, from slight pressure, and even handling the child may lead to sub-cutaneous hæmorrhages—the bites of fleas assume a patchial character—the muscles are wasted and very flabby. Dentition is delayed and generally the symptoms of rickets are also present, such as profuse perspiration about the head, with widely open fontanelles.

There may be slight fever, but this is not usually high.

#### CASE I.

Phyllis O., aged ten months, the only child of healthy parents, weighed 10½ lbs. She was healthy at birth, but the mother soon had peritonitis and the child had to be weaned.

She was first seen Sep. 28rd, 1897, greatly wasted and flabby. Two weeks previously had a spontaneous hæmorrhage into the right orbit, like a "black eye." The same had happened before into the left. She cried when touched and bruised readily. There were two bruises on the back. The gums were not spongy, nor was there any bleeding from the mouth or other parts.

She was put on a diet of milk and barley water and raw meat juice. Calcarea carbonica 6, one grain was given three times a day.

On Oct. 7th. Cod-liver oil was added to the above prescription.



On Oct. 28th. Had gained 1 lb. 5 ozs. in ten days.

On Nov. 4th. A further gain of  $\frac{3}{4}$  lb., and had much more life.

On Dec. 2nd. Chapman's wheaten flour and prunes were added to the dietary.

Jan. 10th, the weight was 15 lbs. 10 ozs., and on Jan. 24th she was quite well.

#### CASE II.

Was a very marked case. Kathleen P., aged 11 months. Was the second child in the family.

The health of the other child was very good. For one month only she had the breast, after that was hand fed. Cows' milk and Mellin's Food for six months, and for the last four months Savory and Moore's food exclusively prepared with boiled milk and water.

At birth she weighed 8 lbs., but at the end of the month only 5 lbs. For the last two months she had lost the use of her legs and cannot bear to be touched—she screamed if moved. Had profuse perspirations about the head during sleep.

Her mother first brought her to me on Jan. 17, 1898.

The legs hung down as if paralysed. Muscles were very flabby; there was a swelling over the left femur at its lower end, which was very tender, and also a swelling on the right shoulder. She had one tooth. Calc. C. 6, one grain every three hours, and bovine were ordered. Humanised milk prepared at home from fresh milk was substituted for the patent food. Grapes were allowed.

Feb. 7th. Had cut three teeth since the treatment was commenced. The swelling over the right shoulder and upper part of humerus was much larger, and large veins were seen marbling the surface. The right arm was powerless. The swelling over the left femur also had increased and was very painful. T. 99.4°.

I found a mistake had been made in preparing the milk, and the child had again been given Savory and Moore's food.

Feb. 12th. The feeding question a great difficulty. The child had no appetite, had to be fed with a spoon. Blackish pieces were seen in the motions (? blood). The swellings over shoulder and femur had further increased. Rep. calc. c. 6, and cham. 3x pil. i. every 2 hrs.

Feb. 17th. Very much better. Taken the nourishment well, and not sick any more. The swelling had

diminished. As her weakness was so profound, and all movements gave such pain she was simply wrapped in gamgee tissue to save the pain of dressing. A tea-spoonful of cream was now added to each meal.

Feb. 19th. Was very much better, and laying on flesh.

Progress was now steady, only interrupted by an attack of measles on March 12th.

I was able to obtain, through the kindness of Mr. Gerard Smith, a Roentgen Ray photograph of the enlarged limbs, which clearly demonstrated the profound changes the bones had suffered.

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### ON A CASE OF CHRONIC MENTAL PERTURBATION, ASSOCIATED WITH UTERINE DISPLACEMENT.

By GEORGE BURFORD, M.B.,

Physician for Diseases of Women to the London Homoeopathic Hospital.

ELSEWHERE I have adduced cases illustrative of the correlation between disordered pelvic conditions and mental perturbations in women.\* In the *Review* for May, 1897, I also cited an instance of mental disturbance following ovariectomy during pregnancy, and promptly and permanently cured by actæa. The case I have now to relate is in some respects more striking than any of these.

In September of last year I saw a girl, æt. 19, whose physical condition was commonly that of acute nervous irritability and tension, sometimes rising to a state of semi-frenzy. This was varied by occasional moods of sullen obstinacy; and at night the proceedings were marked by the patient leaving her bed, walking to and fro in the bedroom, and throwing up the window, with the stated intention of leaving the room by this exit. For some two years she had been diligently attended both day and night; and as both the mental condition and the physical unrest were increasingly difficult to manage, her friends felt compelled to consider the necessity of putting her under restraint. Ere adopting this extreme measure they, at the instance of one of the above-cited patients, sought my advice.

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\* *Transactions of the International Congress.* London. 1896.

I gathered from the mother that some years before, her two daughters, then scarcely in their teens, had been improperly approached by the rascally father of some school friends. The younger daughter soon forgot the episode; on the elder, the present patient, it made an abiding impression. "She had never been herself," said her mother, "since that time, and her temper and mental irritability had grown successively bad and worse." There was no definite history of masturbation, although the patient spoke of indefinite local irritation and discomfort. The period commenced at 15, had been fairly regular up to date, usually lasting some four or five days, moderate in quantity. Menstruation was accompanied by a decided increase in the subjective phenomena.

I obtained the consent both of the parents and of the patient for examination under anæsthetic. This was administered by an expert, and I found the uterus of fair development, but acutely retroflexed; the sound passed easily. No other local abnormality, positive nor negative, was present. I replaced the uterus, and inserted a suitable pessary. I also prescribed stramonium 3x, thrice daily for the ensuing week.

At the end of seven days I again saw the patient. The transformation was complete; none would recognise in the modest, well-mannered girl who now came to see me, the morbid, uncontrollable, suspicious character of a week ago. Sleep was now comparatively tranquil, and the demeanour of the patient during the day was one of progressive improvement.

After a further lapse of a few days she left town; and I now prescribed for her a course of actæa 3x. In less than a week's time the parents received an urgent telegram from the country friends, begging that the girl should be sent for, as for the last day or two her manner had filled them with alarm. I saw the patient after her unwelcome return; the old bad semi-maniacal condition had returned in its former force. Analysing the history of her stay in the country, I found that one day she had foolishly ridden a pony, without saddle, round the paddock, and that on the ensuing day her troubles re-commenced. This was too obvious a lead to be missed. I again had her anæsthetised, again I found the uterus retroflexed, again I restored the organ, and re-adjusted the pessary. Actæa was continued.

Seven months have now elapsed, and the history of the patient during this time has been that of continuous well being. "My daughter continues well," writes the mother; "we are most thankful for the new life, so to speak, that followed the treatment."

Nor is this the only case in which I have been able by gynæcological measures to obviate the dreadful alternative, for a girl, of confinement and seclusion in an asylum. I do not propound this course of action as a panacea; but I do consider that in all cases where mental perturbation is obviously co-related with pelvic troubles, painstaking efforts should be made to eliminate these ere the patient be put into confinement. Nor is any other course fair to the alienist; for the pelvic disorder persisting, the co-related mental troubles can hardly be expected to cancel themselves.

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### THE NEUROTIC CACHEXIA, AND ITS TREATMENT BY FULL FEEDING, ISOLATION, MASSAGE, ETC.

By EDWIN A. NEATBY, M.D.,

Assistant Physician for Diseases of Women at the London  
Homœopathic Hospital.

DR. WEIR MITCHELL, the introducer of the method of treatment known by his name, is a neurologist. But in this country it has been quite as frequently carried out under the supervision of the gynæcologist, partly, perhaps, because its chief advocate here has been Dr. W. S. Playfair. That the female reproductive organs suffer in neurotic women, however, is not questioned, and it is therefore not unnatural that some of these patients should find their way into the hands of physicians they think specially qualified to deal with their local ailments. The celebrated obstetric physician of King's College Hospital, in a farewell address\* delivered on the occasion of his retirement from that office, said, "One subject, however, I cannot pass over, as it has always interested me much, that is, the possibility of treating systematically and successfully the strange and manifold neurotic symptoms which so often shipwreck the lives of women and reduce them to

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\* *Lancet*, March 19th, 1898.

a state of chronic invalidism previously quite hopeless. That cases of this sort, unhappily so common, can be so often, when properly managed, restored to health is, in my judgment, one of the greatest gains to practical medicine in the last quarter of a century. This is, perhaps, not strictly a gynæcological matter, but it is often closely connected with "gynæcology."

The subject has attracted my attention ever since the earliest appearance of Dr. Weir Mitchell's books on Nervous Diseases, and on Fat and Blood, in 1876, and during most of this time I have had occasional experience of its benefits. More recently—that is during the last three or four years—since the establishment of an admirably managed nursing home near me, I have had numerous cases, selected from my own practice and sent to me by colleagues, in which excellent results have been obtained. As would be expected, they have been chiefly women; but one can have so-called "hysterical" cases (though I dislike the term) even if not "strictly gynæcological," (!) in men.

**SUITABLE CASES.** To avoid disappointment a careful selection must be made. In the first place, if a cure is to be promised, the patient must be free from organic disease. The most favourable cases are pale, thin subjects, who eat badly and sleep little. They are hypersensitive to every external impression—heat or cold, noise, light, conversation, exertion, worry, &c. They have lost interest in life generally, and in themselves in particular; no effort is made to get well, for none appears worth while, and a state of querulousness and general discontent is liable to develop. Patient and friends mutually misunderstand one another, and life becomes burdensome. They have pains, either permanent or migratory, always aggravated by every fresh circumstance, and seldom ameliorated by any. The sufferings of such people are real enough to themselves although no physical cause may be apparent to the doctor. Highly-strung and highly-educated women, who have had a long course of physical fatigue, anxiety or worry, are not uncommonly so affected; but those who have long had slight ailments, with leisure to dwell upon them and opportunity to consider themselves at every point, are a most difficult class to deal with. Nothing "agrees with" them, and they have already tried every form of medicine, diet,

and treatment without avail! If such patients remain well nourished—or apparently so—even the Weir Mitchell treatment will be severely tested.

Another class of patients more satisfactory to deal with are those who have drifted into a weak and spiritless condition after an illness. Here high feeding and massage are very powerful and beneficial.

All these cases may fittingly be classed together under the heading of neurasthenia.

After a careful consideration of *the case*, if the conclusion is arrived at that it is one likely to be benefited by a course of Weir Mitchell treatment, there are several other elements essential to success.

First among these is the necessity of securing the patient's confidence. Something of the trustful spirit which leads a patient to, say "I would let So-and-so take my head off, if he thought proper," is desirable. It denotes an easy mind. I have always found that it is best secured by taking the patient into one's confidence, avoiding all appearance of mystery, and explaining, in principle at least, the nature and objects of the treatment. Many of these neurasthenic patients have received the impression that they are hysterical, especially if they are women. In their minds this is synonymous with being, if not actually a sham, a *malade imaginaire*. Even were this the case, it is unwise to allow the patient to suppose that this is the doctor's view. Besides, it is always questionable whether, strictly speaking, there are any imaginary maladies. For "if a person is ill enough to say he is ill when he is not ill at all, he must be very ill." That there is truth in this paradox no one can doubt. As one realises this, one's sympathy is drawn out—a fact quickly detected by the sensitive patient. It is easy to advance to her some plausible and even reasonable theory explanatory of her condition; to seize upon faults of the nervous, circulatory or digestive systems as a *point d'appui* for one's remarks and plans.

It is easy to impress upon these patients that they are weak, and that a part or the whole of the body is either over-worked or under-nourished, or both. It is then equally simple to assure them that rest and full feeding will do them good, and to enlist their co-operation in the form of willingness to be, for a time, as absolutely inactive and restful as possible. Inactivity and rest are

not synonymous; nothing conduces more to rest of mind than an intelligent appreciation on the part of the patient of the doctor's object. Much chafing against details will be avoided by a good understanding obtained beforehand. Above all things, it should never enter into the mind either of the doctor or patient that the course is intentionally irksome, harsh or penal.

The invalid deserves, and should have, a patient hearing. Her views of her case, her experience of past maladies, and treatment may be of use to the doctor, and will certainly have the effect of gaining for him the patient's confidence. Any complaints of the effect of the treatment, or of faults on the part of the attendant, should receive most careful and loyal attention. For this purpose it is usually desirable to give the patient an opportunity of speaking to the doctor in the absence of the nurse. She feels herself shut off from her friends and at the mercy, more or less (at the risk of spoiling the treatment), of the nurses; the medical man is her only protector and friend, and is responsible both to the patient and to her relatives or guardians.

Hardly less important than the features we have been considering is the next point. It is notorious how full of advice and suggestion are the friends of a patient—especially when they have allowed a case to drift until a strange doctor comes on the scene with a fresh programme. Then they rouse up and seek to secure credit to themselves while discounting the suggestions of the new arrival. It would be wise absolutely to decline a case for Weir-Mitchell treatment unless a thorough understanding is arrived at with the responsible guardians of the patient. The same full and frank explanation of the case and of the plan of treatment should be given to them as to the patient. It is often even more difficult to make them see the necessity of isolation, etc., than to persuade the patient of its desirability. It is, without question, asking a good deal of relatives to trust their dearest to the absolute unrestricted care of a medical man, perhaps a stranger; to hear nothing of, and to communicate nothing to them, save through the doctor or his agents. Unless the fullest confidence is first established the strain upon their trust is apt to prove too much. Should it give way at a critical moment the

success of the case may be invalidated, and much waste of time and money be involved.

**DIET AND REGIME.** Although it is impossible to lay down any rule which will apply to all patients, it may perhaps be of use to any who may care to take up this class of cases and this form of treatment to know, what has been successful in other hands. I usually begin with a few days entire rest in bed, permitting no exertion of any kind. The nurses attend to the patient's toilet, and he or she is not allowed to leave the room—or if very weak the bed—for any purpose. No reading or writing, of course no visiting, and very little conversation are permitted. The patient is induced to lead as far as possible a vegetative life. The diet varies with the case, and it is wise to find out a patient's idiosyncrasies beforehand, to save after-friction. Many patients, especially those of the fat, florid and flabby kind, will say they can take little or no milk. I have only met one patient in a number of years with whom milk seemed wholly to disagree. It is a very different matter, resting quietly in bed, with no fatigue and no other diet, from the ordinary routine of life and a mixed and heavy or undigestible diet to which a pint or two of milk are added. Here milk often disagrees. But with care as to quantity, dilution, etc., most patients at rest take milk well. It is better sometimes, when the tongue is white and teeth marked, and the bowels sluggish, to begin with cream and water, gradually adding milk. During the first few days sometimes weight is lost, and it is necessary to be careful that this loss is not considerable, or time will be wasted in making up lost ground. Weighing every two or three days therefore is desirable.

Massage is begun after three to seven days interval, passive measures only being first used for half an hour once or twice daily. The times for meals, massage, etc., should be regularly planned, and the plan adhered to with as little variation as possible; but no plan should be slavishly followed which is not giving good results. As the massage is increased so may the diet be, both in quantity and variety; two quarts of milk daily, with added cream, is enough to maintain in weight a person of average size when at rest. Additions to this in the shape of oatmeal porridge, eggs, bread, fish, fowl, tripe, fat bacon,



sweetbread, vegetables, and fruit will go to increase the weight, if the milk is continued in quantity.

After seven to ten days, exercises, at first passive and then with resistance, can be commenced. Special attention should be paid to real or fancied weakness or defect.

Permission to read, write, or receive visitors is generally given after two or three weeks, at stated times and for definite periods. The increase of these various privileges or duties is determined by the way they are borne.

When the patient gets up, some occupation should be prescribed for named times, *e.g.*, wood-carving, fret-work, needlework, painting or drawing, and quite late on music. A rest in the recumbent posture should be taken after each fresh effort and form of exercise, the rest at first being much in excess of the work.

Driving, walking and cycling all come in after about four weeks. For men, boxing and clubs are very useful.

The practice of cycling has kept away many, I know, from the doctor, some of whom learnt the art as a part of the Weir-Mitchell course, under my superintendence, and were previously always invalids. It is at first necessary to impose judicious limits, until the patient can properly gauge her strength.

After six or eight weeks a patient should be leading a full and interested vigorous life, full diet, mental and bodily interests and occupation being adequately and equably apportioned. Some patients fail because they go back home and neglect all the precautions in the way of exercise, fresh air, etc., when they get outside the regular discipline of the institution life. They should be warned of this. It often happens that a patient, when back in ordinary life, loses weight again. But it does not mean that he or she therefore loses strength or firmness of tissue, but simply that health is maintained; and forced feeding being left off the weight regains a more ordinary standard.

From one to two stones should be put on in about six weeks, depending on the size and weight of the patient at the start.

Drugs are not always needed, but the increased metabolism brought about by the treatment enables them to act with excellent effect when required. The bowels

usually act well, the abdominal massage being enough to secure this.

It would unduly prolong this paper were I to give cases, and very little would be gained. The chief results obtained are relief from pain, real or "imaginary" (?), improved appetite and sleep, increase of weight and strength. A fresh lease of, and interest in, life are taken, due to the improved physical condition—the patient's outlook as well as his own aspect have brightened. A relative of one patient said to me, "X has lost his stooping gait and weak apologetic manner; I was astonished to see his erect, firm attitude and manly bearing." For five years this man had scarcely been at business one month in four—from debility following influenza. He is totally changed and regularly at business. The habit of taking exercise is a great gain, and the confidence which enables a man or woman to recognise themselves as strong, able to face all weathers and surroundings, without "taking thought for the morrow," is an enormous and lasting gain.

## A FIELD DAY AT THE BROMLEY HOMŒOPATHIC HOSPITAL.

A PRACTICAL ILLUSTRATION OF THE WORKING OF THE HOSPITAL FEDERATION SCHEME AS IT WILL AFFECT OUR SMALLER INSTITUTIONS.

By Drs. MADDEN and THOMAS.

ON Wednesday, 18th May, Mr. Knox Shaw, Senior Surgeon to the London Homœopathic Hospital, and Consulting Surgeon to the Bromley Homœopathic Hospital, went down to Bromley, and reached the hospital at 3.15 p.m. He there saw in consultation with the local staff (Messrs. E. M. Madden and H. Wynne Thomas) the following cases:—

Case I. Harriet W., æt. 34. Chronic tuberculous abscess in the left thigh, communicating with a carious cavity in the head of the trochanter. She had had the abscess opened and scraped in this hospital two years ago; it was then of long standing, and it burrowed a long way down the thigh, evidently starting from disease in the trochanter. This was thoroughly scraped and drained.

After this operation she got quite well for a short time, and she was sent to the hospital at Margate, where it soon returned, and it was found necessary to operate upon her twice. For the last three or four months it had again become active, having, as a matter of fact, never firmly healed from the first, and rendering her quite unfit for her work as a domestic servant.

Dr. Madden having given the anæsthetic, Mr. Shaw, assisted by Dr. Thomas, cut down freely over the diseased bone, and gouged out and scraped away soft carious bone, until a cavity of sound bone was made; he then cut away or scraped the lining membrane of the old sinuses, and closed the wound with stitches in the hope that it will heal soundly by primary union, all diseased tissue being removed.

Case II. John E., æt. 48, a carpenter, had fallen across his bench last June and injured two or three of his left ribs below the angle of the scapula, which he was told were "fractured but not broken." He was unable to work for six weeks and never quite got over the pain. Last Christmas he had a bad chill which brought on a cough, and he has been ill more or less since, but not under medical treatment, until he was seen at home by Dr. Madden on 1st May, who found well marked evidence of pleuritic effusion at the left base, and advised his coming into the hospital. He was aspirated on May 6th, and again on the 13th, on each of which occasion from 2 to 3 ounces of sero-purulent fluid were extracted, with marked temporary benefit to his pyrexia and general condition, but it was felt that it would be wisest to open and freely drain the pleura. Accordingly, after the patient had been anæsthetised, Mr. Shaw made a free opening into the pleura between the seventh and eighth ribs, and found it necessary, in order to make room for a full sized tube, to remove an inch of the 7th rib. In doing this, the pleura was found to be extremely tough and thickened, and the periosteum unusually adherent, giving evidence of recent severe injury. No large amount of pus escaped—not above six ounces—the cavity being evidently limited by adhesions.

Case III. Maria H., æt. 59, was anæsthetised for the purpose of making a thorough examination of a growth, probably cancerous, in the upper part of the

rectum, which had caused hemorrhage and frequent small stools for 4 or 5 months. Previous examinations had shown a rough, irregular growth, which felt as if it came through a ring of invaginated bowel, and it was desired, if possible, to ascertain its origin and attachments, with a view to determine the possibility of its removal by operation. Examination showed that the growth had been retracted within the sigmoid flexure, so that at first it could only be felt indistinctly through the coats of the rectum, but it was afterwards possible to feel its lower portion with the tips of two fingers introduced as high as possible into the rectum.

Mr. Shaw therefore gave it as his opinion that it was not desirable to attempt its removal, but that colotomy might very possibly at some future time become needful.

In addition to the above, Dr. Thomas had brought in from his out-patient clinique the following three cases for Mr. Shaw's opinion:—

Case IV. A child, *æt.* 8 months. The mother said that at birth the child had a swelling in the occipital region, about the size of the child's head. This was like a bag of water, and evidently a meningocele. The child was admitted into the Children's Hospital, Great Ormond Street, where the tumour was removed, and the child sent home three weeks ago. Since then the head itself has rapidly enlarged, and now was enormously distended, and presented a typical example of hydrocephalus, while in the seat of the old meningocele is a small dusky swelling of the size of a walnut. The only treatment thought to hold out any chance of saving the child's life was trephining the skull and draining the ventricles, though it is recognised that this is rather a forlorn hope. As the Bromley Hospital is not at present able to admit children so young, Mr. Shaw proposed to admit it into the London Homœopathic Hospital for this purpose.

Case V. M. S., *æt.* 2½. This was a case of multiple tuberculous abscesses, some starting in bone, others not so. She had already undergone four or five operations for the purpose of opening and scraping away tuberculous matter and diseased bone. At the present time there are three sinuses leading to carious bone in the left foot and ankle, and the question has arisen whether it is necessary to remove the foot. Mr. Shaw, however,

advised again scraping the sinuses and fixing the foot in an immoveable splint, as the joints themselves did not appear to be involved.

Case VI. A young girl of 14, suffering from a chronic obstruction involving the right nostril only, while anterior examination of the nostril gave no indication of the cause of it. Mr. Shaw, after careful examination with the rhinoscope and laryngoscope, pronounced the obstruction to be due to adenoids, and advised their being scraped in the usual way.

This concluded a very fair afternoon's work, and well illustrates one of the many ways in which it is hoped that the smaller hospitals will benefit by entering into closer bonds with the older and larger institutions by the Federation scheme.

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## REVIEWS.

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*The Medical Treatment of the Drunkard Habit.* By A. STODDARD KENNEDY, L.R.C.S. and L.B.C.P., Edin. London: Simpkin & Marshall.

ENDEAVOURS to cure the drunkard of his propensity to abuse the use of alcohol by intoxicating himself with it have been numerous. Legislation has been invoked, and has inflicted penalties from "five shillings and costs" to seclusion. Medical measures have been tried; "infallible cures" have been widely advertised, "whose only success," as Dr. Kennedy says, "has been of a financial nature to the benefit of their promoters." In this pamphlet the author proposes the adoption of a course of treatment of which he says that, while not "infallible," it has proved more or less permanently useful in a number of instances; cases, moreover, where the patients have, after treatment, been exposed to strong temptations to recur to the indulgence of their "besetting sin" without having yielded to them. The course of treatment he has adopted is fully described, and is such as any medical man can adopt. We know nothing of its value from personal experience, and, as personal experience can alone gauge its value, we therefore refrain from expressing any opinion on this, the all important point.

This much, however, we can say, that in this little pamphlet Dr. Kennedy introduces it in a thoroughly rational manner—one entirely free from any of those exaggerated statements which are so closely allied to "puffing;" and we can therefore recommend its perusal to all who have opportunities

within their reach of putting it to the test of practical experience.

His method is, he says, adapted to the permanent cure not of the drunkard having the power to resist temptation to indulge in alcoholic intoxication, and simply declining to exercise that power, but of the dipsomaniac, "where drunkenness is due to an *irresistible* impulse entirely beyond the influence of any appeal to the moral and mental faculties," to cases of which the late Dr. Moxon so eloquently wrote, where "the beloved wife may join her hands imploringly; his pallid, starving children may look timidly up in his face; he goes by to ruin himself and all, as you go through cobwebs on a fresh September morning." Cases of which the most prominent symptom is a "craving" for alcohol, commonly arising from a sense of sinking at the epigastrium, a feeling which indulging the craving generally relieves for a time, but a form of relief invariably followed by the reaction that ever attends upon the employment of antipathically indicated drugs. If only a few such cases as those described by Dr. Moxon, in the quotation we have made from his article in the *Contemporary Review* (November, 1878), can be saved, a great benefit will have been conferred. Dr. Kennedy's plan of treatment is simple, and we believe entirely safe; being so, we recommend his little *brochure* to the notice of our medical brethren.

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## MEETINGS.

### DEVON AND CORNWALL HOMŒOPATHIC HOSPITAL.

THE annual meeting of the supporters of this institution was held on the 25th of March, from an account of which, in *The Western Morning News*, we make the following extracts:—

"In their report the committee said:—The growth in the work of the institution has been maintained, and during the past year the amount done in most departments exceeded that of any previous year. The number of patients treated in the wards was 142, the largest number ever attained. The attendances at the out-patients' department and on patients at their own homes were well maintained, whilst the number of attendances of the out-patients largely exceeded that recorded in 1896. As shewn in the last annual report the work done in the accident or emergency ward shewed a large increase over that of 1896, but the number of cases treated during the last year shews a still further marked increase, being 848, or 96 more than the number in the preceding year. The special departments of the Hospital—those treating disease

of the ear, throat, eye and nose, and of diseases peculiar to women—are greatly appreciated, and the work done has been largely on the increase. The dental department, which is under the care of Mr. Louis Sexton, has also rendered a large amount of good service. The experiment inaugurated in 1896 by the appointment of trained nurses to attend on patients visited by the medical officers at their own homes continues to be a great success. On account of the large increase in the amount of work entailed by these nursing visits, your committee some months ago deemed it wise that the same should be done by their own staff, and not, as heretofore, by an outside nurse engaged especially for the purpose. The alteration has proved most beneficial. Not only is the scope of the work greatly extended, but it is, in addition, done more efficiently and thoroughly than before. Certain of the nurses perform the work in rotation, and the opportunity is thus afforded them of gaining valuable experience which will be of great benefit to them hereafter. To meet the increased calls on the nursing staff it has been found necessary to increase the same by the addition of another probationer. It is satisfactory to learn that not only have all the staff passed in 'first aid' in connection with the St. John's Ambulance Association, but that the majority of them have also passed the examination in 'home nursing.' Lectures in connection with the association have been given to the nurses by Dr. Vawdrey, the hon. surgeon of the institution."

As in most instances of the kind, additional funds are urgently needed. The balance against the treasurer is still somewhat large, "notwithstanding that in order to meet the debt on the building-renovation account, and to reduce the deficit on the current account of the past year, a bazaar was held early in this year, and as a result the building-renovation debt has been extinguished, and the current deficit somewhat reduced. It is proposed to meet the heavy balance still standing against the institution as a consequence of increasing deficits by appropriating £500 from the reserve fund. But there will be still need of more annual subscriptions and in larger amounts, more donations, and if possible a good endowment fund, and the committee earnestly commend the consideration of this appeal to their friends and supporters who feel disposed and are able to help the institution in a more liberal form.

"Dr. Alexander read the medical report, which stated that in the in-patient department there had been a slight increase, 142 patients having been admitted into the hospital as against 141 in the previous year. Of this number 125 were either

cured or relieved, four were not relieved, one was discharged at his own request, one was incurable, three died, and eight remained under treatment at the end of the year. In the out-patient department the record of work was no less satisfactory. There were 112 patients remaining under treatment on December 31st, 1896, and 8,288 patients were admitted during the year, making a total of 8,895. Of this number 2,606 were cured or relieved, in 488 cases the result could not be ascertained, 187 were not relieved, 81 died, and 142 were remaining under treatment at the end of the year. Of the patients 848 were cases of accident or other sudden emergency—an increase of 98, as compared with the record for the previous year. There were 18,596 attendances of out-patients at the dispensary—an increase of 286, compared with the previous year. There were also 8,619 visits paid to patients at their own homes by the medical officer and district nurse. In the department devoted specially to diseases peculiar to women, under the care of Dr. Cash Reed, there had been 1,870 attendances during the year. Dr. Alexander continued to give his services on Tuesday mornings for diseases of the ear, throat, and nose, and on Thursday evenings for diseases of the eye. The latter department was of comparatively recent introduction, but the number of attendances of patients was increasing, and there was every prospect that it would prove as popular as other branches of the dispensary. The regular attendance given by the hon. dental surgeon, Mr. L. E. Sexton, had now fully established this department of the hospital. The number of patients was increasing and the usefulness of the institution had been considerably extended thereby. The services also of the nurses appointed for district work were invaluable.

“ Col. Armstrong, in the chair, in moving the adoption of the reports regretted that they had been unable to balance their accounts without trenching on the reserve fund. Still the institution was making progress. One of its most important features was the accident ward. The work done there had been most satisfactory. There was no institution in the centre of the town so well situated to deal with accidents as the Homoeopathic Hospital. That fact should not be overlooked in their appeal to the public for funds. Though their finances were not so flourishing as they could wish, they had a fine building, very different to the small establishment with limited means with which they started, and they might well be satisfied with the work accomplished. They could not too highly praise the devoted attention of the medical staff to the patients. (Applause.)

“ Mr. G. R. Barrett seconded the adoption of the reports, and



strongly commended the claims of the institution to the public. The increasing demands upon the accident ward shewed the need of such an institution in the centre of a large population. There was always an open door for patients at their Hospital in Lockyer-street, and he hoped the institution in the coming year would receive a much larger meed of support from the general public than it had in the past."

## NOTABILIA.

### FEDERATION OF BRITISH HOMŒOPATHIC HOSPITALS.

A MEETING of the representatives of the medical staffs of the various British Homœopathic Hospitals was held in the board room of the London Homœopathic Hospital, on May 5th, in accordance with a resolution passed at the Federation meeting at Clifton.

Dr. H. Nankivell (Bournemouth) occupied the chair, and there were present: Dr. Dyce Brown, Dr. Carfrae, Dr. Byres Moir, Dr. Neild (Tunbridge Wells), Mr. F. Shaw (St. Leonards), Dr. Wynne Thomas (Bromley), Dr. Percy Wilde (Bath), Dr. Washington Epps, Dr. Lambert, Dr. Leo Rowse, Dr. Roberson Day (London), Dr. Lough (St. Leonards), Dr. Pincott (Tunbridge Wells), Dr. Hawkes (Liverpool), Dr. Neatby, Dr. Goldsbrough, and Dr. Marsh (London), with Dr. Madden and Dr. Burford as secretaries.

The minutes of the previous meeting were read and confirmed.

Letters of regret at non-attendance and of concurrence with the objects of the meeting were read from Dr. Cash Reed and Dr. Alexander (Plymouth), Dr. C. W. Hayward (Liverpool), Dr. James Johnstone (London), Dr. J. W. Hayward (Liverpool), and Dr. Croucher (St. Leonards).

Dr. H. Nankivell proposed a resolution setting forth the constitution of the Federation, as in the subjoined draft. It was seconded by Dr. Hawkes, and carried unanimously.

Dr. Madden proposed: "That those present, together with any others afterwards nominated by the Council, or delegated by individual hospitals, constitute the Central Council." This was seconded by Dr. Carfrae, and carried.

Dr. Neild then proposed: "That the chairman, the two secretaries, and three other representatives, chosen by the meeting, shall form an executive committee." This was seconded by Dr. Neatby, and carried.

The three representatives thus chosen were Dr. Percy Wilde, Mr. Knox Shaw, and Dr. Neatby.

It was proposed by Dr. Burford, and seconded by Dr. Percy Wilde: "That the executive committee be intrusted to prepare a scheme for the practical working of the Federation on the lines laid down in the draft scheme under the headings (2) *a b c d e*, and report to a general meeting of hospital staffs in June.

This resolution was also unanimously agreed to.

Various points arising out of the general working of the plan were discussed by Dr. Carfrae, Dr. Lough and others, as well as by the proposers and seconders of the various resolutions.

Subjoined is the draft scheme which was submitted to the consideration of the meeting.

(1). It is suggested that the Constitution of the Federation embody:

- (a) The representation of all British Homœopathic Hospitals on
- (b) a Central Council Board by
- (c) one or more delegates from each hospital staff.
- (d) The officers of the Federation to be elected by the Council.

(2). For the practical working of the Federation it is suggested:

(a) That a uniform scheme for reporting the essential details of cases be tabulated for all the hospitals, and that these records be permanently preserved for after reference and use.

(b) To provide for an annual summarised report of all the work thus done in the British Homœopathic Hospitals, and also for the detailed report of cases of special importance and interest.

(c) To arrange a practical scheme by which the medical staffs of the provincial hospitals may receive any desirable assistance from the hospitals in the larger centres in the way of consultations, or operative measures, or in the exhibition of cases.

(d) That the Federation should also constitute a body for the promotion of homœopathic principles by assisting in the establishment of homœopathic hospitals in new centres, preferably in those where dispensaries already exist.

(e) That a meeting of the medical staffs of the various hospitals be held annually in London, or in the Provinces.

## THE PRACTICAL IMPORTANCE OF HUGHES' CYCLOPÆDIA OF DRUG-PATHOGENESY AND THE REPERTORY THERETO.

DR. CONRAD WESSELHOEFT, of Boston, read a Paper with the above title, a part of which we reproduce for our readers' benefit.

Among the sources of information in regard to methods of using *materia medica* are text-books on pathology and therapeutics. These teach us little more than routine prescribing, by telling us what medicines are good for certain diseases; they specify as well as possible a certain number of such medicines, but they cannot specify indications for remedies, as such indications actually occur in practice; these can only be found in a complete pathogenesis like that of Hughes', with the aid of a good repertory. (Books of that kind are those of Hartmann, Baehr, Kafka, Goodno.)

There is another class of text-books, partly digests, partly compendia of *materia medica* proper (Farrington, Cowperthwaite); these are all excellent in their way, also serving the purpose for which they were intended, provided always they state the best ideas of other men, yet they are not, strictly speaking, sources of original information, but rather the works of authors than of authorities, and hence not exactly fountain-heads of the true knowledge of *materia medica*.

What we need first, last, and all the time are books containing the records of original research, that is, of provings—the only reliable and safe base of therapeutics, whether in specialities or general practice. Now, Hughes' "Cyclopædia of Drug Pathogenesis" is such a work. It is not intended to replace, but only to supplement Hahnemann's "Materia Medica Pura." A great deal has been added to the *materia medica* since Hahnemann's time; material has been collected, and stored away in periodical literature, awaiting the time when it could be put to practical use. Dr. Hughes has done this in a scholarly and conscientious manner, without any other reward than the consciousness of having faithfully completed the task intrusted to him. By thus supplementing Hahnemann's work he has improved it by corroborating its contents, or at least affording us the opportunity of doing so.

Neither is it intended to replace Allen's great work. Speaking of these last two, a slight comparison is not out of place here to show where they differ from the work of Dr. Hughes. The latter contains original and unchanged

proving records, while Hahnemann's "Materia Medica Pura," and Allen's Encyclopedia have their matter arranged anatomically, thereby already impairing the originality and purity of the material. Such an arrangement undoubtedly facilitates the finding of symptoms, but at the same time it distorts them by changing their place in the context. Also when you take these very remedies arranged anatomically and compare them with the original provings, you will be surprised to see how their import has been changed in their arrangement into separate anatomical groups.

The value of Hughes' book is enhanced on account of its making a critical choice in the selection of provings—a method which Hahnemann and Allen do not adopt in the same degree. If you will read the introduction to the Cyclopædia, you will learn from it that Hahnemann has used a great many provings whose authors and whose methods were uncertain, and that he included many clinical symptoms which were not the result of provings, but which were a transcript of cured cases, the symptoms of which were supposed to belong to the medicine to which the cure was attributed. Useful as this may be, it is not strictly speaking "pure materia medica" in Hahnemann's own sense. These provings are all contained in the Cyclopædia, but may easily be distinguished by their smaller type. Then there are the most reliable provings, whose authors and methods are known, while less reliable provings, or those made with excessively high attenuations, are omitted. Such information is not lost, but may be found in Allen's Encyclopedia. In Hughes' work, on the other hand, we find reduced to normal relations again that which was separated in Hahnemann's and Allen's works.

The Cyclopædia was prepared partly under the auspices of the British Homœopathic Society, and partly under those of the American Institute of Homœopathy, the beginning of the work dating from 1882. There will be time to say only a few words of how to study it: Take up almost any of the principal remedies there named, such as Aconite, Belladonna, etc., and read it through. If the anatomical schema should fatigue you, this narrative style would fascinate you like a story, and you would not care to lay it down until you had finished it. You would then already have retained much of it in your mind, partly because you observe a series of necessary consequences, and partly also because there is noticeable a repetition of effects. If you will then close the book and write down what you remember, you will find that materia medica is more interesting and less difficult than you would suppose from the reputation which it has gained

entirely from poor methods of studying either the schematic arrangements or less reliable sources. Follow this plan with one or two remedies every week or every day if you have time, and you will not find it as difficult to acquire a good share of the materia medica as it would be to learn anatomy or pathology. You will soon become aware that the test of a good proving is the conformity and agreement between the statements of the various provers; if their results are not as reliable as desired, each will tell a somewhat different story, or a very tedious, rambling, endless one, such as nervous invalids tell us. Now, if you have taken note of the most characteristic but congruent symptoms, then proceed at once to make *your own anatomical arrangement* of them. Some years ago I read an article here which I called "Every Man his own Bookmaker." I was not sure at that time as to whether I had said anything to the point; but I have become more and more convinced that it is best for each to make his own repertory. I say it for the reason that each one can make the best use of his own work which he understands. If I should make such an anatomical arrangement or repertory, it would be of less use to others than as if they had made it themselves out of familiar material. But such a repertory for private office use must of necessity be small; still it would have the inestimable advantage of having introduced the author to, and familiarized him with, the larger and complete repertory of the Cyclopædia now being issued. Without such preparatory work the new repertory to the Cyclopædia would be difficult to use.

The arrangement of the new repertory is simple, but will require time and patience in its use. It is a complete reference to Hahnemann's "Pure Materia Medica," to "Chronic Diseases," to the "*Fragmenta de Viribus*," and lastly to the four volumes of the Cyclopædia itself. A desired symptom can readily be found in most or even in all of these works by following the reference. But that means work, and on that account many may not care to use it much; for this same reason the Cyclopædia has not been respected as it should have been. Yet, if the general practitioner would prove his right to exist by the side of the mechanical specialist he can do it in no other way. Again, as long as the field of general therapeutics is but just beginning to be opened by better sources of original work and better books, constant mental application is a necessity; and mainly, if we are convinced that medicine can best be given according to the law of similars, there is no other way to demonstrate it except through faithful application, study, and above all by the cultivation of a certain degree of talent for the acquisition of

such knowledge.—From *New England Medical Gazette*, December, 1897.

[We understand that Part II. of the index to the *Cyclopædia* is to be ready, if possible, for presentation to the Congress of British homœopathic practitioners in London on June 8rd. Eds. *M.H.R.*]

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### THE HOMŒOPATHIC MEDICAL SCHOOL OF CALCUTTA.

WE have received the report of the above medical school for the session 1897-8, and are glad to see its continued progress and prosperity, under the rule of the Principal, Dr. M. M. Bose. The school is now entering its seventeenth year, a very fair time of trial, and to find that in each year continued and increasing prosperity and success are recorded, is very gratifying. It is to be noted that this year, as in last, the number of students who come from long distances for instruction is increasing, and this year Dr. Bose has to record that students have come from other medical schools, and one is an M.A. of the Calcutta University, and the majority are from the upper and middle classes. Applications have been made for the admission of female students, but this has been refused, owing to the want of proper arrangements for such a move. Still, the fact is interesting, and shows the growing popularity of the school. Among the Licentiates, there were four Mohammedans, which, Dr. Bose states, is a unique event in its history. Besides the ordinary curriculum, arrangements are being made for lectures on special subjects, as insanity and nervous diseases, hygiene, skin, throat and larynx. Popular lectures on subjects of interest are given in connection with the school, as on plants, electricity, chemistry of bone, atmospheric air, and the human voice and its mechanical reproduction. These seem to be appreciated and attractive. We congratulate Dr. M. M. Bose on his energy and success, and he and the school have our very best wishes in their excellently conducted propaganda of the truth of homœopathy.

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### AN INTERESTING UNION.

A MARRIAGE is at all times an event of interest, usually however the interest it gives rise to is limited to the family circles and more intimate friends of the parties to the solemn contract. The position of those directly concerned, however, at times extends the interest excited over a wider area: of such a marriage we saw a notice in the *Leeds Mercury* of the 12th ult., of the grand-children of two members of the medical profession who, each in his own way, did in their

lifetime as much to extend a knowledge of homœopathy among the profession and the public as any men of their day—the late Dr. Sharp of Rugby, and the late Dr. Ramsbotham of Leeds.

On the 12th ult., a grandson of the former, A. J. Sharp, Esq., M.D., B.S. Lond., F.R.C.S. Eng., of Whitby, son of the Rev. John Sharp, was married at St. George's Church, Leeds, to the grand-daughter of the latter, Miss Mary Ramsbotham, eldest daughter of Dr. S. H. Ramsbotham, of Leeds.

Most heartily do we wish that they may enjoy many years of happiness, usefulness and prosperity.

#### PERIPHERAL NEURITIS FROM ARSENIC.

Dr. COLMAN relates the case of a girl, aged 12, who was admitted to the Queen Square Hospital in December, 1897, with the following history: From September 27th to October 28th, at another hospital (with the exception of six days, when the treatment was discontinued on account of gastric disturbance) she was given 15 minims of liquor arsenicalis three times a day for the cure of chorea. She left that hospital cured of the chorea and apparently quite well. On November 10th she complained that her legs were weak and tingled; in another week there was distinct ankle drop. When admitted to Queen Square there was almost complete paralysis of all muscles of the extensors below the knees, with well marked reaction of degeneration. There was also some weakness of the extensor muscles in the forearm, with diminished faradic reaction but no reaction of degeneration. There was no alteration of cutaneous sensibility, but there was great tenderness of the leg muscles. There was well-marked arsenical pigmentation in the neck and groins. She had been kept in bed and treated by massage and electricity, and she was rapidly recovering. The case was of interest by reason of the delay that occurred between the cessation of the arsenical treatment and the onset of the symptoms. It also showed that these somewhat heroic doses of arsenic which were so highly vaunted in the treatment of chorea were not unattended by serious risk. Several instances of similar paralyzes had come under his notice, and in one, at any rate, recovery did not take place.—*Brit. Med. Journ.* Jan. 1898.

#### HERPES ZOSTER FOLLOWING THE ADMINISTRATION OF ARSENIC.

Dr. PIERCE writes as follows in *Medical Reprints* for January 15th, 1898:—"It is interesting to ascertain whether the administration of arsenic for the bromic acne attending large

doses of bromide in epilepsy has a direct causative influence upon herpes zoster. Some writers have declared that the association of herpes zoster and the administration of arsenic is not one of direct etiological relationship. I myself have seen some three hundred cases of epilepsy in which the bromic acne was partially controlled and removed by the administration of ordinary-sized doses of arsenic, but in no case did herpes zoster make its appearance. Hutchinson (Prince A. Morrow's *Drug Eruptions*, page 78) has reported some fifteen cases, in which he suggests that arsenic was the sole cause found for the skin lesion, yet he draws a very modest conclusion as to its direct causative effect.

"I desire to place upon record an additional case of herpes zoster in which the ordinary medical dose of Fowler's solution of arsenic had been administered in a case of epilepsy which presented a profuse bromic acne.

"P. W., a man, aged twenty-four years; nativity, United States; occupation, piano-maker; duration of epilepsy, seven years. He had taken forty grains of bromide three times a day, and in consequence, a very profuse bromic acne made its appearance upon the chest, face and back, which ran rapidly on to the pustular stage. After the administration of arsenic (two drops of the solution given three times a day for four days), in connection with the bromide (seven grains three times a day), he complained of a 'painful rash' on the chest and back. His bowels moved two or three times during the day, and he had a general ill-defined feeling of lassitude. The rash had made its appearance in the axilla, which was 'painfully itching and burning.' Upon examination, a red papulovesicular rash was found just above the nipple on the left side of the thorax, in the axilla, and between the superior internal angle of the scapula and the vertebral column. In places the vesicles had ruptured, leaving a moist, scaly condition, often seen in this skin affection. There was a temperature of 101°, pulse 98, dryness of the mouth, and some slight headache.

"He was placed in bed, the arsenic was withdrawn, and a powder of opium and prepared chalk was applied. Great care was exercised lest the vesicles still remaining unruptured should be broken. As is ordinarily the case, the greater part of the eruption ran its regular course of rupture, desiccation and cicatrization, and the patient was entirely well in ten days.

"I report this case in order that additional data may thus be collected, and determine, if possible, the etiological relationship that exists between the administration of arsenic and



herpes zoster. If such relationship exists, I think it is quite rare. Indeed, this case might point more clearly to the concomitance of this patient's skin lesion with the administration of arsenic than a sequent; but the rapid onset of the herpes zoster after the administration of arsenic, and the rapid recovery of the skin affection after the withdrawal of arsenic, leads me to think that it exists less as a coincidence than as a causative factor."

### THE TOAD AND THE SALAMANDER AS DRUGS.

HEWLETT (*Science Progress*, July; *Lancet*, July 31st) shows that the old practice of prescribing preparations of the toad as remedies for dropsy was not so absurd as might at first appear, for, as he has shown, a substance is secreted by the toad's skin that is very like digitalin, and hence may have a favourable effect in cases of cardiac dropsy. It would appear that the active principles of the venoms of the toad and salamander are totally different substances from those of snake venom, the former being alkaloidal, while the latter are proteid in nature. Curiously enough, the venom of the toad and salamander is fatal to the animal which secretes it only in comparatively large amounts. The salamander appears to be remarkably refractory to certain poisons; it is only completely "curarized" by 48 milligrammes of curare, while morphine is apparently quite inactive. It has been demonstrated by actual experiment that the salamander's blood and blood serum act as an anti-toxine toward curare. The article seems to show that the belief of the ancients in the venomous nature of the toad and salamander was not altogether devoid of foundation.

### THE DEPARTMENT FOR DISEASES OF CHILDREN AT THE LONDON HOMŒOPATHIC HOSPITAL.

In this recently founded department during the first four months of this year, there have been 128 new patients, and a total of 558 attendances. There has been a steady increase in the numbers of the patients since its establishment, soon after the New Hospital was opened. There will be a vacancy for a clinical assistant on the first of July. The post is for six months and the clinic is held on Monday and Thursday mornings at 9 o'clock. This post offers a unique opportunity to those who desire a special acquaintance with children's diseases.

The Hon. Secretary to the hospital staff at the London Homœopathic Hospital, W.C., will be glad to receive the names of those who may wish to apply or give any information on the subject.

## BIRTHDAY HONOURS.

WE have noticed with much pleasure, that among the distinguished men who have been chosen for Royal Honours is Mr. Henry Tate, the ever-generous philanthropist, who presented Liverpool with the Hahnemann Hospital, and is, now that he resides in the neighbourhood of London—occupying, we believe, the residence of the late Mr. Leaf, himself a generous benefactor of medical institutions connected with homœopathy—a member of the Board of the London Homœopathic Hospital. We heartily congratulate Mr. Tate on Her Majesty's recognition of his generosity to his native city, and this country at large, and trust that he may long live, as Sir Henry Tate, to enjoy not only the distinction Her Majesty has conferred upon him, but the "love, honour and troops of friends" among the people of the country he has, in such various ways, so largely benefited.

MAGNESIUM SULPHATE IN TROPICAL  
DYSENTERY.

WITH reference to the article on this subject by Dr. Wyatt-Smith in the *Brit. Med. Journ.* of January 29th, Dr. C. A. Johnston writes: "I should like to point out my experience in the treatment of dysentery with magnesium sulphate for the last six years. Since 1891 I came to the same conclusion as Dr. Wyatt-Smith, that the treatment of tropical dysentery (or acute dysentery of any kind) with ipecacuanha is not the radix dysenterica that it is said to be, so I tried at first Glauber's salt in small doses; this I shortly rejected as the results were not encouraging, and at the end of 1891 I began treatment with magnesium sulphate in small doses, since which time I have had excellent results. Patients may come in passing fifteen stools a day containing blood and slime, but with the following treatment the average duration of the dysentery is about two or three days, and this includes treatment of dysentery on field service, a disease formerly the scourge of armies in the field.

"*Treatment.*—The patient is at once put on purely milk diet, and is given ʒ ij. of magnesium sulphate every four hours combined with aromatic sulphuric acid  $\eta$  v. (to counteract any severe griping the magnesium sulphate may produce) till the flow of bile is well established, as seen in the stools; then the mixture is stopped, and a quarter to a half of a pure gall nut triturated well with water is given every four hours. By the second or third day the dysentery has gone, and the patient starts his duties again on soft food for a day or so.

"About three or four years ago I recollect seeing an article in the *Brit. Med. Journ.* on a very similar line of treatment

by a medical officer of the Army Medical Service, I think, and concluded this treatment was more used now than it appears to be. The magnesium sulphate in this form appears to me from its physiological action to be the drug *par excellence* for counteracting the pathology of dysentery, given even that the *origo mali* be the amoeba of dysentery, as the free flow of bile is the best intestinal disinfectant, and this, aided by the other mild purgative and depletive action on the intestines and portal system (which these small doses have), gives the necessary antiseptic and antiputrefactive flushing for the polluted track. If necessary, local applications in the form of counter-irritants or fomentations over the large bowel can be also given, but I have never yet had cause to use this plan. This treatment does not apply to cases of chronic dysentery."

## OBITUARY.

C. B. KER, M.D. Edin.

It is with deep regret that we announce the death of one of the oldest and most esteemed of those members of the profession who have practised homœopathically in this country—Dr. Ker, of Cheltenham—who departed this life on the 7th ult. in the 78th year of his age.

CLAUDIUS BUCHANAN KER was the second son of R. D. Ker, Esq., of Finnart, Greenock, where he was born on the 7th of February, 1821. He received his early education at the Greenock Academy and afterwards in Glasgow. Having selected medicine as the profession of his life, he matriculated at the University of Edinburgh in 1841, graduating M.D. in 1844. During his undergraduate days he was intimate with the family of the late Dr. Francis Black, who had graduated in 1840 and had spent the following year in Paris, where he studied homœopathy under Hahnemann's directions. Returning to Edinburgh, he lost no time in enlisting the sympathies of young Ker in the new therapeutic method, and succeeded in making a thorough convert of him. Three months after his graduation Dr. Ker commenced practice in Cheltenham, settling there in October, 1844—fifty three years and a half ago. There he has, throughout that long period, sustained a high character as a successful physician, devoted to the interests of all who consulted him, a gentleman of unblemished honour, and a well known and universally respected personage in the society of this fashionable watering place.

The work of Dr. Ker's life was essentially that of the practising physician. Beyond contributing clinical papers to the *British Journal of Homœopathy* during his earlier years, and one on the *Evidences of the Truth of Homœopathy*—to

which we shall refer presently—his literary efforts were, it is much to be regretted, all too few. Neither did he often appear at medical gatherings, or take any active part—except on one occasion—in the public work of the profession; his dislike to polemical discussions and to speaking in public were, we believe, the chief causes of this abstention. At the same time, few men amongst us have been more widely known amongst those who are the seniors of our section of the profession, and no one was more beloved than was the kind and gentle Dr. Ker. In Cheltenham, too, he was equally retiring, taking no public part in the business of the town beyond serving on the Council of the Public Library in Royal Crescent, of which, in 1868, he was one of the founders, and at the same time became also a member of its Council, a position he retained until his death.

The one public work, in connection with homœopathy, which he took an active share in originating is, with the prospect of our gathering at the Hospital on Friday next, of especial interest to remember. It is to Dr. Ker and the late Dr. Francis Black that we are indebted for having set our Annual Congresses agoing. The circular convening the first meeting was signed by them and addressed to each member of the profession known to be practising homœopathically in the United Kingdom. It was held at the Queen's Hotel, Cheltenham, on the 12th and 13th of September, 1850; twenty-nine gentlemen responded to the summons of Drs. Black and Ker. Alas! of those twenty-nine Dr. Dudgeon and Dr. Clifton are the only survivors; while of thirty-four who sent letters of apology for unavoidable absence, or expressing hearty concurrence in the objects of the Congress, Dr. Hamilton, Dr. Scriven and Dr. Kidd alone remain.

The late Dr. Willis, of Cheltenham, occupied the chair at the meeting on the first day, when Dr. Ker read a report of the propositions for the formation of an Annual Congress of Homœopathic Practitioners in Great Britain and Ireland, a majority of whom had expressed their entire concurrence in the holding of such a meeting, and agreed to further its objects by every means in their power. The address at the opening of the Congress was delivered by Dr. Francis Black; it was subsequently published in the *British Journal of Homœopathy*, vol. viii., p. 584. It was at this Congress that Dr. Drysdale first brought forward his splendid proving of the bichromate of potash, and that the late Dr. Madden read an elaborate paper on the treatment of uterine disease.

On this occasion, also, the movement was inaugurated which resulted in Hahnemann's statue being erected in Leipsic instead of, as had been previously determined, in Coethen.

At the dinner, with which the proceedings closed, the late Dr. Chapman presided.

Our Annual Congress has since that day proved one of the most useful and interesting institutions, and it is pleasing to be able to associate its inauguration with the memory of two of our most esteemed colleagues, Dr. Black and Dr. Ker.

That Dr. Ker was a physician of high character, one determined to do the best for those who consulted him—however unpopular with the profession that “best” might be—which experience and study had convinced him was the most conducive to the speedy, safe, and pleasant restoration of the health of his patients—is made very clear by his admirable and convincing paper, entitled *Evidences of the Truth of Homœopathy*, in the *British Journal of Homœopathy*, vol. viii. In the introduction to the kind of evidence he brings forward, Dr. Ker describes the mental attitude assumed by many in the presence of a doctrine entirely new to them, a description which is as applicable to a very large number of the profession to-day as it was in 1850. “There are some minds,” he writes, “so constituted as to reject any amount of evidence brought forward to establish the truth of a new doctrine, if prejudice is enlisted against it. There are others who refuse assent to a proposition unless the proof recommends itself to their reason with all the cogency of a mathematical demonstration. The one applies himself to the perusal with his mind already made up on the question, determined not to be convinced, and so he remains unconvinced. The other is equally unsatisfied after his study, as he requires an amount of proof which cannot be given to him, and which, when it is a point of medicine we are endeavouring to establish, it is impossible to bring forward. To establish a fact in medicine is not an easy matter. It is well said by Cullen, that, in medicine, there are more false facts than false theories. We have therefore to exercise much judgment and discrimination in our investigation of a question in medicine which professes to be founded on facts. We have, in the first place, as far as may be, to satisfy our minds that the so-called facts are *bonâ fide* facts, and afterwards we have to proceed to examine into the conclusions from these facts to ascertain whether they are properly deducible from them. Medicine is not a demonstrative science, and we are therefore obliged, when we examine a question belonging to it, to rest satisfied with an amount of evidence or proof short of what would content a mathematician. It is that which renders the study of new doctrines in medicine so difficult, and necessitates very great judgment and caution in our investigations; for if we too readily give credence and our adherence

to the discoveries so-called, which are every day being given to the world, we would justly lay ourselves under the imputation of a too great credulity, and of too readily leaving the beaten path to follow new things. And again, if we wilfully shut our eyes and our ears against such discoveries, we close them against truth as well as error, and so deny ourselves the chance or possibility of progress. It would be no easy task to define the limits which separate credulity from scepticism. Like all extremes these two meet, and we are generally apt to fall into the one when we make too great endeavours to avoid the other. Each one for himself must guide his own investigations, and give or withhold belief as his judgment dictates—no general rule can be laid down for his guidance. To the liberal-minded and reasonable man, I cannot help thinking that the evidence in favour of the homœopathic law here brought forward will have some weight, and I would beg to remind him that evidence may have very great weight without being conclusive. I shall have gained my object if he is induced by anything written in these pages to examine carefully, and in a philosophic spirit, into the doctrine of medicine founded on the law *similia similibus curentur*. As to the result of such examination I have no misgivings." Dr. Ker's confidence in homœopathy as the basis of scientific therapeutics, appears in the following passage of the same article:—"Our doctrine has been introduced with an overwhelming mass of evidence in its support, and till that evidence has been proved of no weight we cannot allow ourselves to attach much importance to the minor objections against some of the details of homœopathic practice. It rests with them to controvert our arguments. We have done all that is necessary to be done in establishing a new doctrine in medicine. Were it not for the periodical medical press, which exerts so pernicious an influence over a large portion of the profession, many who would willingly follow the dictates of a liberal and philosophical spirit, and examine into and prove questions which are advanced by their medical brethren, however strange and contrary to all former experience they may appear, are deterred from doing so by the fear of drawing on themselves the imputation of favouring quackery and of receiving castigation in consequence."

The successful practice of medicine for more than half a century, in a town well known for the educated, cultured, and refined character of its population, enjoying during the whole of that period the respect and esteem of all its inhabitants, and the confidence and affection of a large proportion of them, prove in the completest manner that Dr. Ker's confidence in homœopathy was abundantly warranted by the results that he

achieved, that in urging an earnest and impartial enquiry into the homœopathic doctrine on the part of his professional brethren, he was but enforcing upon them a duty of the highest ethical importance, and that in pouring contempt upon all who are deterred by the sneers and threats of an ignorant, prejudiced, and intolerant professional press from carrying out, to the fullest extent, the obligations they have assumed—to do the *best* they can for all who may consult them—he was amply justified.

For some years Dr. Ker's heart had given evidence that it was unsound, but he never on this account slackened his exertions in professional work, seeing his last patient on the 6th May, his death taking place on the day following. Early in April he had an attack of influenza, but even then only desisted from his professional duty for a single day. This neglected illness weakened him very much, and was followed by frequent breathlessness after exertion. On the Friday evening this increased considerably, and he wrote a note requesting Dr. Stanley Wilde to come and see him on the following morning. He went, but only to find his patient with a degree of pulmonary engorgement so considerable as to preclude all hope of his rallying from it, and he died during the evening of the same day. He was a man of remarkable energy, and died "in harness," as doubtless he would have desired to do.

Dr. Ker married, in 1856, the youngest daughter of General Sir David Leighton, K.C.B., of Charlton Kings, Gloucestershire, who died in 1880, and by whom he had two sons and three daughters, who survive him.

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#### ARTHUR JOHN OCKENDEN, M.R.C.S.

We regret also to record the death, at the age of 48, from cardiac sequelæ of influenza, of Mr. Arthur Ockenden, of Brighton. Mr. Ockenden, besides being a sound prescriber on homœopathic principles, was a good surgeon, accoucheur, and electrician, and will be much missed in these capacities by his local colleagues.

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#### CORRESPONDENCE.

##### THE TRAINING OF MASSEUSES.

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

GENTLEMEN,—While the training of nurses has been making rapid strides of late years, the technical training of masseuses has remained very much at a standstill, and is not, on the whole, what it ought to be in this country.

One of the causes of this state of things is, that the public are hardly yet aware that a high standard of knowledge is necessary for this useful branch of treatment; and another, the delusion that anyone can become a skilled masseuse in a very short space of time, which idea induced numbers of women wanting employment to rush to massage as the quickest and easiest way of fitting themselves for earning a livelihood. Thus the market was flooded with incompetent workers, and disfavour and ridicule were brought on the system.

Massage has now taken a recognised and definite position in the treatment of many diseases and surgical cases, and we are brought face to face with a serious question.

Will the practice fall entirely into the hands of the Swedes, or will a more complete and thorough system of training be adopted in this country, enabling English women to compete with the Swedes?

The defects of our training are as follows: It is much too short for the attainment of a thorough knowledge of elementary anatomy and physiology, and of good practical work.

The manipulations are taught on a healthy subject; the pupils have no opportunity of seeing and handling patients.

At the Royal Central Institute in Sweden, the course of instruction lasts two years for pupil masseuses, for masseurs three years, as they have to learn military exercises.

The curriculum includes anatomy, physiology, hygiene, pathology, added to which the students must understand dissections and attending in the operating theatre.

There is a large clinique where patients are sent from nervous hospitals, etc., and are treated by the pupils under the directions of a medical man.

The vast difference that exists between the systems of training is easily seen, and also how improvement is needed, if we are to enter the lists with a fair chance of success.

I am, yours truly,

H. B.

### FEVER IN NEW GUINEA.

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

GENTLEMEN,—The following letter from a missionary in New Guinea has been put into my hands, with a request for suggestions as to appropriate treatment for the very malignant form of fever therein described. Thinking it may interest the readers of the *Monthly Homoeopathic Review*, and possibly call forth a response as to the therapeutical question, I send



it on to you. Should any information bearing on the subject appear in your pages, or be sent to me direct, I will see that it reaches the writer of the subjoined letter.

I am, gentlemen,

Yours faithfully,

A. SPEIRS ALEXANDER.

Plymouth, May, 1898.

" February 22nd, 1898.

" My Dear Friend,

\* \* \* \* \*

" In February of last year, I arrived at one of my stations in time to witness the last combat with a fever that seemed strange to me. I did all in my power to save the woman's life (a South Sea Islander's wife), but all the regular methods of treatment for fevers failed utterly, and, after a most painful struggle, she succumbed.

" This being the first case I had seen of this particular fever, I concluded that she died from some female complications, and there the matter ended.

" In July or August, I was called to see a teacher here at my headquarters early one morning, and on putting my hand on his forehead, I immediately had the conviction that he had on him the same fever as the above, but I did not then think it would be a hopeless case. I again tried everything to procure perspiration, but in a few days (six in all) he too succumbed.

" I then realised that in this particular form of fever, I had a monster to deal with that needed stronger measures than any other form of fever I had hitherto had to encounter, either personally, or in any patients. I read and re-read all I could find on fevers, spoke to one and another who have had much experience of fevers in the tropics, but no one could name it, neither suggest a remedy.

" Sunday, 18th inst., I was at an adjoining village, whither I had gone to attend two cases of fever on the Saturday, when one of my lads arrived to say I must return at once, as one of the women (South Sea) had gone down with fever. I left my two patients, returned, and again recognised that I was face to face with the old monster, and there and then began the old struggle, but only to be baffled as formerly.

\* \* \* \* \*

" On Tuesday last, I was called to go to two teachers who had just gone down with fever (both men). One I recognised to be merely our ordinary malarial fever, the other I knew at once as the one that has always baffled me. This time I entered upon my duty feeling I must do my best in a hopeless task, but as I had the impression that he must die as the

others had done, I decided to follow only one course of treatment, and to study the case as closely as my knowledge could take me. Here are the results of my observations. Temperature when fever came on, 104.2° F.; three hours later, 105° (noon); and at sundown, 108°, with delirium. At 8 p.m. temperature had fallen to 105.6°, and at 4 a.m. to 104°.

"The whole of the following day it moved up and down between 108° and 105°; the next day it fell to 102°, and continued to fall during the following night to normal.

"In all forms of malarial fever there is to be noticed a disagreeable smell, arising, I think, chiefly from the skin; but in this fever, the body remains quite wholesome, whereas the breath during the first twelve hours is unbearably foul, after which period, however, there is not a trace of foulness left, or I am unable to notice it. This has been true without exception in all the above cases. Likewise in the case of motions, in neither case have they exceeded, on an average, over two in 24 hours, all of which have been more or less formed, and of a dull yellow colour. The desire to micturate, however, seems to be constant, and almost every hour the patient seeks relief in that way.

"The pulse varies from 60 to 70 beats per minute, and, in the case of present patient, he being the only one that has not succumbed so far, there has not been any profuse sweat. In fact, with our ordinary fever of temperature at 108° or 104°, we get far more in one bout than he has had all the week.

"To refer to the urine again—in every form of fever we get here the urine is one of the surest signs of how we stand as regards fever or the contrary. Sometimes two or three days before fever asserts itself the urine will become as dark as strong tea, and remain so to the end or entire recovery of health. In these cases of which I now write the urine keeps its natural clear colour, the present case being no exception until after the first 48 hours, when the medicine began to make an appearance.

"The whole treatment internally for this so far successful case has been Henry's Fever Remedy, Jyara Hari, in 120 m. doses every two hours, night and day, when the patient is not asleep. Externally, a pile of blankets and massage, with frequent drinks of hot tea. The only difference in all these symptoms with the foregoing is that the former all vomited their medicine more or less, whilst the latter has not vomited once since the fever set in.

"March 4th. My patient died on the 2nd inst. But let me detail his case up to the end, seeing I have written the foregoing.

“ He continued to mend until the 24th, when twice in 24 hours he passed large quantities of blood and mucus, and what looked much like the lining of the intestines, viz., long flakes or shreds of a white shreddy substance. There was no pain, no smell, but a marked decrease in the pulse, which fell to 55 per minute, and very weak, but regular. There was very little pain on application of pressure to the abdomen; but I at once changed his medicine, put him on ipecacuanha and sodæ bicarb., stopped all solid food, and put a thick flannel bandage over the abdomen, and fed him on fowl broth, arrowroot, and the yolk of eggs in tea. On the 27th he had a relapse of fever, temperature 103°, but the blood and mucus had ceased to be followed with diarrhœa. I now began with starch enemas, and these relieved him very much.

“ February 28th. Blood and mucus, pulse very quick and irregular; as well as I could count, I concluded it was at 90 per minute. Temperature down at 101.6°.

March 1st. Here came the climax as regards the perplexity of treatment. To put him on fever medicines meant a return of the blood and mucus stools; to fall back on ipecac. and sodæ bicarb. was to give the fever a free hand.

“ March 2nd. Death stepped in to settle the struggle. Temperature rose, from 8 a.m. at 102.2° to 104° at noon. He then became violently delirious, and three people had all their work to keep him on his back. I have seen many a case of delirium, have had some bad times myself, but never have I seen anyone so desperate as this poor fellow. He seemed to have one idea, viz., to bite me, and it was only with the greatest effort that I could keep clear of him. He was afraid of me, and thus tried to shake me off. During the afternoon, we had the greatest difficulty to keep his extremities warm; the head remained up to his death intensely hot, but the legs and hands were deathly cold. In this respect only, plus the blood and mucus motions, did his symptoms differ from those of the others who have succumbed to the same fever.

“ Can you follow the above? I trust you may, and if you can make any suggestions that will be of service to me in future, I shall be immensely helped and pleased.

\* \* \* \* \*

(Signed) \_\_\_\_\_”

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### COLLECTIVE INVESTIGATION.

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

GENTLEMEN.—The month of June will soon be here, and with it comes the time for returning the schedules for the collective investigation of disease.

Will the gentlemen who have undertaken to fill up these schedules kindly return them on or before June 30. I shall be happy to send more schedules to any who may apply.

It will be remembered the diseases under consideration are:—

Scarlatina.

Enteric Fever.

Acute Rheumatism.

Acute Pneumonia.

Diphtheria.

Yours faithfully

J. ROBERSON DAY.

May 6th, 1898.

### HAHNEMANN'S GRAVE.

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

GENTLEMEN,—You informed your readers in your May number that it was proposed, before erecting a new tomb over the remains of Hahnemann, to transport these remains themselves from their hitherto obscure resting-place to a suitable spot in Père Lachaise. As a member of the International Commission, I have just attended the ceremony of exhumation, and I think you will like to have an account of it.

I crossed the Channel last night, accompanied by the grandson of the master—Dr. Süß Hahnemann—who was present as a youth at his progenitor's funeral, and most appropriately assisted at the present action. Our worthy colleague's fears\* as to the genuineness of the body we were dealing with had been removed by the evidence we had brought before him; and had any doubts remained, they would have been wholly dissipated by what transpired during the day. Dr. Cartier met us at the station, and after breakfast at his house, drove us to Montmartre, where we found Drs. Jousset, Léon Simon, Tessier, Boyer, Herrmann, Parenteau, and other noted Parisian homœopathists. Proceeding to the grave, Dr. Cartier commenced the proceedings by reading a statement of what had been done towards the exhumation and translation of Hahnemann's body, and the ascertainment of its identity. Dr. V. Léon Simon followed, as President of the Société Française d'Homœopathie, with a eulogy of the deceased; and, by desire, I added a few words on behalf of his British disciples, expressing their sympathy with the work in hand. The coffin, which had been identified as Hahnemann's, was now brought to light and opened, and as it was known to have been embalmed, we indulged a sanguine hope that we might—though only in death—gaze on the Master's face. To our

\* See *Hom. Recorder* for April, and *Hahn. Monthly* for May.

disappointment, however, we found that this part of the corpse, being uncovered, had mouldered away, while the body, enshrouded in silk, was in fair preservation. We found, nevertheless, on searching the coffin, unmistakable proofs of the body being Hahnemann's, in the shape of a paper bearing his name, of a medal shewing his bust, and of the wedding ring of his second marriage—which I am informed it is the German custom to bury in the husband's grave.

Our researches now being ended, the leaden coffin was again shut down, and, enclosed in a new wooden one, was conveyed to Père Lachaise, where, in a beautiful and frequented spot, it was finally laid to rest, in the presence of the few of us who had leisure to proceed to the famous cemetery. We and others were then entertained at déjeuner by Dr. Léon Simon, and parted from our Parisian colleagues with renewed feelings of respect and affection, these to be still further cemented, we trust, at the International Congress of 1900, and the unveiling of the monument to the Master in connection therewith.

And now, gentlemen, let me once more appeal, through your pages, for contributions towards erecting the contemplated tomb. I have received but few, as the subjoined list will shew. The Continent has been beforehand with us—the last reports showing the receipt of 6,762 francs, of which less than 500 are from English-speaking countries. America must not be expected to do much here, as she has her own monument already in hand; but England, with her colonies and dependencies, ought not to shew a meagre front in the catalogue of subscribers. I trust I shall soon have to report a large addition to the names already inscribed in my receipt-book.

I am, Gentlemen,

Yours very faithfully,

RICHARD HUGHES.

(Written at) Paris, May 24th, 1898.

	Subscriptions received.				£	s.	d.
Dr. George Clifton ... ..	...	...	...	...	1	1	0
Dr. Arthur Clifton ... ..	...	...	...	...	1	1	0
Dr. Hayward ... ..	...	...	...	...	1	1	0
Hahnemann Epps, Esq. ... ..	...	...	...	...	1	1	0
Dr. Mahendra Lal Sircar ... ..	...	...	...	...	0	10	0
Dr. Dudgeon ... ..	...	...	...	...	1	0	0
Lady Caird ... ..	...	...	...	...	1	1	0
Dr. T. G. Stonham ... ..	...	...	...	...	1	1	0
Dr. Hughes ... ..	...	...	...	...	1	1	0
Dr. Edwin A. Neatby ... ..	...	...	...	...	1	1	0

## 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. EDWIN A. NEATBY.

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

Dr. CROUCHER, of St. Leonards-on-Sea, will visit Bexhill-on-Sea, Ingleside, 16, Albert Road, on Mondays and Thursdays, from 3 to 6 p.m. during the summer months.

**ERRATA.**—P. 258 (May number), line 15 from the top, for "is homœopathy" read "is, that homœopathy is a fallacy." P. 258, line 13 from the bottom, for "The refusal of" read "A request for."

Communications, &c., have been received from Dr. STANLEY WILDE (Cheltenham).

## BOOKS RECEIVED.

*The Medical Treatment of the Drink Habit.* By A. Stoddard Kennedy, L.R.C.P., &c. London: Simpkin & Marshall.—*The Journal of the British Homœopathic Society.* April. London: Bale & Sons, Great Titahfield Street.—*The Homœopathic World.* May. London.—*The Chemist and Druggist.* May. London.—*The Calcutta Journal of Medicine.* March.—*The North American Journal of Homœopathy.* April. New York.—*The Homœopathic Eye, Ear, and Throat Journal.* May. New York.—*The Medical Times.* May. New York.—*The New England Medical Gazette.* May. Boston.—*The Homœopathic Recorder.* April. Philadelphia.—*The Homœopathic Envoy.* May. Lancaster, Pa.—*The Medical Era.* May. Chicago.—*The Hahnemannian Advocate.* April. Chicago.—*The Minneapolis Homœopathic Magazine.* April.—*Pacific Coast Journal of Homœopathy.* March and April. San Francisco.—*The Clinique.* April. Chicago.—*The Medical Brief.* May. St. Louis.—*The Medical Century.* April. New York.—*Revue Homœopathique Française.* April. Paris.—*Revue Homœopathique Française.* March. Brussels.—*Homœopathische Zeitung.* April and May. Leipzig.—*Revue Mensuelle de Bibliographie Médicale.* April. Paris.—*Homœopathische Maasblad.* May. The Hague.—*Populäre Beitschrift für Homœopathie.* May. Leipzig.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. FORZ, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 66, Moorgate Street, E.C.

THE MONTHLY  
HOMŒOPATHIC REVIEW.

—:o:—

OFFICIAL ACCOUNT OF THE EXHUMATION OF  
THE BODY OF HAHNEMANN AT THE CEME-  
TERY MONTMARTRE AND OF ITS REMOVAL  
TO PÈRE-LACHAISE.

Furnished by the French Homœopathic Society and the Representatives  
of the International Tomb Committee, present at the ceremony on  
May 24th, 1898.

[THE hearts of all homœopathists, whose eyes rest on these pages, whether patients or physicians, will throb in sympathy with the pathos and enthusiasm which they portray. The glowing words of Dr. CARTIER and Dr. LÉON-SIMON paint before our minds a vivid picture of the solemn but simple and touching ceremony around the grave of him whom we are proud still to call our Master. We are proud—for great as is the truth of homœopathy, Hahnemann taught us even more than this. He taught us to observe, to experiment, to judge for ourselves.

The new spring life described by our article carries a lesson with it—a type of youthfulness and of resurrection. We think of HAHNEMANN in his young days—a scholar, for at twenty we are told he was acquainted with Hebrew, Greek, Latin, French, Italian, English, and

perhaps Arabic; a scientist, witness his varied writings on chemistry, hygiene, &c., in the best medical journals of the day; and a physician. In these, his pre-homœopathic days, he was successful, sought after and honoured, at Dresden, Leipsic and Mayence. Good had it been for HAHNEMANN had he never been a physician—but bad for his posterity. We think of him paying dearly for his grand discovery—persecuted and driven from Königsutter, from Hamburg, from Leipsic, and, skipping over his period of rest and success in Coethen and Paris, we follow him to his obscure and unnamed grave in Montmartre Cemetery. Is it too much to say that he spent his long life for others—for humanity rather than for himself; that he lived and died a martyr to the convictions and teachings to which we owe so much? But as time removes the prejudice against which he struggled, history begins to record the verdict of posterity. If he died unhonoured, he lives again in tens of thousands of his followers all over the world, and millions of sufferers have arisen to bless his name. Untold numbers will rejoice that his grave has not been allowed to pass into oblivion, but that with the growth of his fame and the spread of his doctrines the age demands that justice be done to him. No longer unhonoured, he takes his place amongst the departed heroes of that great nation which gave shelter to him in his later years. The spring time has arrived for him once more.

In the name of our *confrères* in this country and of their many patients—HAHNEMANN'S debtors and admirers—we congratulate our colleagues in Paris on the energy and loyalty they have shown in the work entrusted to them by their brethren the world over. We are thankful for the completeness of their success, and in particular our gratitude is due to Dr. CARTIER, on whose unwearied devotion so much has devolved. We look forward to the great gathering which shall take place in Paris in 1900, when representatives from all parts of the globe will pay the grateful homage of all nations to the genius, the labours and the altruism of SAMUEL HAHNEMANN. Perhaps it is too much to hope that even those who fail to understand and follow him will have the liberality, good taste and judgment to join in honouring him so soon. But this will come—and more also.



The subjoined report is translated from the official account published in the *Revue Hom. Française*.—  
Eds. M.H.R.]

ON TUESDAY, May 24th, 1898, in the presence of the civil authority and of thirty-five other persons, the solemn exhumation of the body of SAMUEL HAHNEMANN, founder of homœopathy, took place. The ceremony began at half-past 8 o'clock in the morning by the arrival of the Commissioner of Police representing the civil authorities, who permitted the exhumation of the body of Hahnemann and that of his wife, in accordance with the arrangement made with the Baroness BÖNNINGHAUSEN, the adopted daughter and heir of HAHNEMANN'S widow. There were present:—

Dr. SÜSS HAHNEMANN, grandson of SAMUEL HAHNEMANN, who came from England.

Mr. CLOQUEMIN, Vice-President of the Transatlantic Company, representing the BARONESS of BÖNNINGHAUSEN.

The International Committee was represented by Dr. RICHARD HUGHES of Brighton, and by Dr. FRANÇOIS CARTIER, Secretary of the Paris Committee.

There were present also the following doctors and chemists: LÉON SIMON, President of the French Homœopathic Society, PARENTEAU, CONAN, JOUSSET SENIOR, JOUSSET JUNIOR, NIMIER, FAURE (J.B.), GUINARD, FAURE (Elie), TISSOT, DEZON, NUGUAY, BOYER, LOVE, CHANCEREL SENIOR, CHANCEREL JUNIOR, GEORGES TESSIER, TRICHON, PEUVRIER, HEHRMANN, VAUTIER, KOENICK, GIRARDEAU, ECALLE, and BERNARD ARNULPHY of Chicago.

Dr. GANNAL, who was present at the embalming of the body of HAHNEMANN as an assistant to his father, 55 years ago, was also at the ceremony. Thirty-five persons in all gathered for the occasion, including five who were not medical men.

A telegram from Dr. DE BRASOL, President of the Committee, addressed to the Secretary of the Committee was read at the beginning of the ceremony.

“Am not able to come, am with you in spirit at Paris, taking a deep interest in this solemn occasion. It is comforting that due honour is at last being rendered to our Master. Wish success to the work you have so energetically

undertaken, and that in two years the tomb may be adorned by the beautiful monument.—Dr. BRASOL.”

Dr. CARTIER was the first to speak.

“Gentlemen—In face of this open grave and before this coffin containing the body of SAMUEL HAHNEMANN, our illustrious Master, my duty is not to retrace the work of this man of genius, who has moved the world by his ideas and his doctrines. As Secretary of the International Committee of this monument and French delegate, the only one able to act on the spot, I must give to you who are present here and to all those who over the whole world are anxiously awaiting the result of to-day’s ceremony, clear and decisive proof that we are in the presence of the precious remains of SAMUEL HAHNEMANN, and that the monument that we are to erect at Père-Lachaise will undoubtedly cover the body of the founder of homœopathy. This is necessary, because of recent polemics which have appeared on this subject in different homœopathic journals; and which it is very important to correct by giving authentic proofs.

“The evidence may be summed up in two groups.

“1st. The information furnished by the register of the civil authority, and by the statements of the family and of homœopaths coinciding with the marks on the vault and on the coffin :

“2nd. And finally the opening of HAHNEMANN’S coffin, whose features ought still to be recognisable. We have to demonstrate that HAHNEMANN was buried in the grave of LETHIÈRE, and that it is HAHNEMANN’S body which is found on the opening of the first coffin. On the one hand, the books of the cemetery and of the registrar; on the other, the information furnished by the grandson of SAMUEL HAHNEMANN, Dr. SÜSS HAHNEMANN, who is here present; by Madame BÖNNINGHAUSEN, the adopted daughter of the late Madame HAHNEMANN, *née* D’HERVILLY, by HAHNEMANN’S contemporaries, by those who have written on his life; all these testify that CHRISTIAN SAMUEL HAHNEMANN died in Paris in 1843, and was buried in LETHIÈRE’S sepulchre, indicated by a perpetual grant, bearing the No. 924, of 1892, and 414 of 1884. On the left is the HAHNEMANN sepulchre, bearing the No. 231, in the year 1847.

"This sepulchre contains only the body of HAHNEMANN'S widow, née MÉLANIE D'HERVILLY, who died in 1878.

"Certain homœopaths have erroneously supposed that the body of HAHNEMANN was put into this sepulchre.

"Gentlemen, it is now open before you, it contains only one coffin whose description answers to the registered account of Madame HAHNEMANN, née D'HERVILLY.

"The sepulchre Lethière, where the body of HAHNEMANN reposes, has been reproduced in a print, in the Journal of Dr. SCHWABE, the *Homœopathischer Kalender*, in 1892, more recently in the *Hahnemannian Monthly* of October, 1896.

"Since the drawing was made of the sepulchre, the zinc roof has been taken away, but you can see its identity with the drawing that I show you, by the iron railing and the shape of the tombstone. Finally, you see, as a convincing proof, in the corner of the tombstone, this inscription: 'C. P. 324.' (Perpetual contract 324). We knew also, through the cemetery authorities and through the account of the family and homœopathic physicians, that HAHNEMANN'S coffin was the last interred. The body of GOHIER was the first buried, the cemetery authorities possess no longer the date of his death; the body of LETHIÈRE, who died in 1832, is in the middle, then the last one, that is to say the first beneath the stone, is the body of Hahnemann, buried in 1843. The number of HAHNEMANN'S coffin inscribed in the register of Montmartre Cemetery is No. 1252, 1st ward (*arrondissement*), 1843.

"Now, gentlemen, you are here to-day to verify these facts. We read distinctly on the first lead coffin which presents itself, separated from the others by a layer of cement, immediately below the stone of the LETHIÈRE sepulchre, the following inscription, which has not been at all altered by the weather: 'No. 1252, 1st ward (*arrondissement*) 1843.' Higher up, on the coffin, you can see a lead stamp (mark) as follows:—

'BREVET D'INVENTION.

*Embaumement Gannal.*

"Now we know that HAHNEMANN'S body was embalmed by one of the first specialists of the day.

"The firm of GANNAL still exists, 6, Rue de Seine. I had the opportunity of seeing Dr. GANNAL, the son and successor, who was his father's assistant at the embalming of HAHNEMANN, and who still remembers the operation. The embalming was done, according to him, with sulphate of alumina (GANNAL'S process), although Dr. SÜSS HAHNEMANN, equally an eye-witness, asserts that arsenic was the agent employed.

"On GANNAL'S books these words are still found: 3rd July, 1848: 'Embalming of Dr. HAHNEMANN, 2,000 francs.'

"To-day Dr. GANNAL is with us and desires to be present at the exhumation. I will now sum up in order the proofs of the identity of SAMUEL HAHNEMANN'S body,

"1st. HAHNEMANN was buried in the sepulchre LETHIÈRE, and not in the HAHNEMANN'S sepulchre, in accordance with the statement of an eye witness, Dr. SÜSS HAHNEMANN, grandson of HAHNEMANN, with the attestation of Madame de BÖNNINGHAUSEN, adopted daughter of Madame HAHNEMANN, the widow, with the writings of all those who have related HAHNEMANN'S life.

"2nd. HAHNEMANN'S coffin, in the LETHIÈRE sepulchre, is certainly the one bearing the No. 1252, 1st ward (*arrondissement*), 1848.

"For, firstly, the No. 1252, visible on the coffin; corresponds with the number in the cemetery register; secondly, the Rue de Milan, where HAHNEMANN died, at the present time in the 9th ward (*arrondissement*), belonged to the 1st ward of Paris in 1848.

"3rd. HAHNEMANN alone died in 1848, and was buried in the LETHIÈRE sepulchre, where two other bodies already lay buried, one in 1832, and the other at a still earlier date.

"4th. The stamp bearing the mark of GANNAL'S embalming is still another proof.

"Finally, gentlemen, in order to dispel any remaining doubts, I obtained from the police authority consent to open the lead coffin. We are going to be present at a touching and unique spectacle; we shall look upon the remains of him who is our everyday guide—our common Master. The features of the illustrious HAHNEMANN, who

has slept for these 55 years, will see the light for the last time."

After the address of Dr. CARTIER, M. CLOQUEMIN spoke. On behalf of Madame de BÖNNINGHAUSEN, whom he represented at the ceremony, he thanked the Homœopathic Society, and in particular Dr. CARTIER, for the work of the homœopathic physicians, in which, he said, Madame la Baronne de BÖNNINGHAUSEN takes the greatest interest. She rejoices to know that the remains of her mother, of whom she entertains a most affectionate remembrance, will be placed with those of Doctor HAHNEMANN in the same grave in Père-Lachaise.

Dr. SIMON, President of the French Homœopathic Society then gave the following address:—

"Gentlemen,—Thanks to the goodwill of Madame la Baronne de BÖNNINGHAUSEN, to the kindness of M. CLOQUEMIN, and to the zeal of Dr. CARTIER, we are able to honour the memory of SAMUEL HAHNEMANN according to our dearest wish; the French Homœopathic Society offers them its sincere gratitude. It is ready to receive the two coffins from the committee represented by Dr. HUGHES and Dr. CARTIER. You may rest assured that we shall carefully watch over this precious charge. Two generations have already passed, gentlemen, since our Master left this world, and to the grandchildren of his contemporaries the unexpected task falls of providing him a tomb less modest than the one in which he has rested until now. Strange turn of events, which proves once more that man proposes and God disposes; which also demonstrates again that HAHNEMANN'S glory is proof against time!

"For firstly he lives again in his grandson, who follows faithfully in his footsteps; and next his name is not likely to be forgotten, because instead of working for his own time and for himself, he has worked for all ages and for humanity.

"Therefore, it is of little importance that the present age, blind and ungrateful, has disowned and disdained him, posterity of which we are the vanguard, is ready to do him justice.

"Hail, HAHNEMANN! We bow before thy venerated remains, to which, more fortunate than our predecessors,

we can render the honours due. Full of faith in the future, we give our brethren rendezvous at thy mausoleum at the Congress of 1900. Thy tomb will appear to them more glorious, enlightened by the dawn of the next century, which will certainly see the triumph of thy teaching."

After the earnest speech of Dr. SIMON, who deeply moved the audience, Dr. RICHARD HUGHES, of Brighton, came forward and gave the following address in French:—

"Gentlemen,—In obedience to the wish of my colleagues, I say a few words in the name of the English homœopaths, and you will forgive me if I do not express myself as well as I should desire in your language.

"England cannot boast of being either the birthplace or the burial place of SAMUEL HAHNEMANN; she is not, however, wanting in her devotedness to his memory, any more than Germany or France. Her institutions show it. In the year when he died, she had already started the *British Journal of Homœopathy*, and in the following year the British Homœopathic Society was founded. Five years later the London Homœopathic Hospital was opened, lately rebuilt at a cost of £48,000, and containing now a hundred beds. The *Journal* bore up the flag of homœopathy for 42 years: the Society and the Hospital continue their work to this day. As a representative of them, and also of our present journals, I come amongst you to-day, bringing their fraternal salutations to *l'Art Médical*, to the French Homœopathic Society, and to the Hahnemann and Saint Jacques Hospitals.

"You have heard from Dr. CARTIER what we have to do and what has already been accomplished. Our warmest thanks are due to him, as well as to the Society for which he acts, for having so well cleared away all obstacles from our path. To-day the disciples of our master can reclaim his precious body, look upon his features—so calm in the profound rest of death, and take him out from his obscure surroundings in order to deposit him among the

'kings of thought

*Who wage contention with their time's decay,  
And of the past are all that cannot pass away.'*

"This is our task for to-day. To-morrow we shall make ready to erect over these remains a monument worthy of his merits and of our veneration for him, at the sight of which the world can ask, What was this man, to whom after more than 50 years, his disciples have shown so much honour? It will ask; and those who know his worth already will make pilgrimage from all the countries of Europe, from North and South America, from India, from Australia, and will rejoice to see the master thus honoured. They will return home, armed with a new courage to follow in the path which he opened up for the advancement of their art and for the benefit of their patients.

"French colleagues! England joins with you in your desires and in your work."

#### Speech of Dr. SÜSS HAHNEMANN in French.

"As a representative of Germany and of Hahnemann's family, I am very happy that I am allowed to take part in this interesting ceremony. Fifty-five years ago I was present at the funeral of my grandfather, who was left here without a name and without a monument for more than half a century.

"Thanks to the International Committee, and specially to Dr. CARTIER, SAMUEL HAHNEMANN has found a resting place worthy of his name."

#### OPENING OF THE COFFIN.

After the speeches were concluded the workmen proceeded to the exhumation of Hahnemann's coffin. In the presence of the Commissioner of Police the workmen raised the coffin to the surface by means of ropes; it was placed on the boards which covered up the hole made by the previous exhumation of Madame HAHNEMANN. Dr. GANNAL, who superintended the operations, discovered that the lead coffin of HAHNEMANN had been screwed down and not soldered, and he told the physicians that he feared the body might not be well preserved. The workmen removed the screws which were not too rusty, and forced out those which were worn out by age. The lead cover gaped at the end, and those who were present perceived Hahnemann's

feet, wrapped up in cloths, resting against the sides of the coffin; they appeared well preserved, but as they continued pulling out the screws, and as the lid opened wider, it was noticed that there was water in the coffin, and the fears that the body would not be well preserved increased.

At last the lid opened wide, and HAHNEMANN'S body was seen, covered and wrapped up with silk bandages. The conformation of the body, outlined under the embalming bandages, was preserved; the body was slightly shrunken, but what most struck the onlookers was the short stature of HAHNEMANN. On asking those who knew him, we got the reply that the founder of homœopathy was, in fact, very short. The body was lying in water, the fluid not being produced by the embalming, but coming from the outside. The soil of Montmartre Cemetery was continually infiltrated, according to competent authorities, the water flowing along from the clay bottom; but if the coffin, in 1843, had been soldered and not screwed, it would not have penetrated. Water in the coffin necessarily brought about the decomposition of the body.

The embalmer took great care, besides applying the silk bandages, to cover the head and the hands with pieces of wool soaked in "essence." At the end of the half-century, these pieces of wool appeared like large sponges enveloping HAHNEMANN'S head, and his hands which were crossed over his body.

Dr. GANNAL removed from the face and hands the remains of the wool and silk bandages, which were better kept than the rest.

The head was found to be a mere mass of decomposed tissue and bones. He searched for the glass eyes which had had to be placed in the orbits.

HAHNEMANN'S body was completely decomposed. There only was found a long tress of woman's hair twisted round the neck, probably Madame HAHNEMANN'S hair.

In view of its being an impossibility to recognise HAHNEMANN'S features, Dr. GANNAL fortunately was able to produce for us several tokens from the coffin, which assured the identity of the body, and which we give in detail.



1st.—THE WEDDING RING.

Dr. GANNAL examined the separated bones of the hand, and finished by discovering on one of the metacarpals Hahnemann's wedding ring. This gold ring was shown to the spectators; it was made of two small ones, which could be separated by a penknife, and on one of them was engraved these words:—

*“ Samuel Hahnemann. Mélanie d'Hervilly.  
Verbunden Coethen, 18 Janvier, 1835.”*

The ring was replaced on one of the bones of Hahnemann's hand by order of the Commissioner of Police.

2nd.—THE GOLD MEDAL FROM THE FRENCH HOMŒOPATHS.

At Hahnemann's feet was found a bottle corked with emery and sealed up. The police officer gave permission to break it; it contained papers respecting GANNAL'S process of embalming, the gold medal from the French homœopaths to their master, together with an autograph letter from the late Madame HAHNEMANN, which formed the final link in the chain of evidence of identity furnished by the coffin. The gold medal, in an excellent state of preservation, represents on one side HAHNEMANN'S profile, by DAVID of Angers, the sculptor of HAHNEMANN'S famous bust, which is used as a model for his portraits. On the other side is the following inscription:—

*“ À leur maitre, les homœopathistes Français.  
Similia Similibus Curantur.”*

This medal was struck in bronze. Dr. BOYER had brought with him an exactly similar specimen to that found in the coffin. After having been examined by the company the gold medal was replaced therein.

3rd.—THE AUTOGRAPH OF THE LATE MADAME HAHNEMANN.

Among the papers concerning the embalming, found stored in the bottle, was an autograph letter from Madame HAHNEMANN, which the Commissioner of the Police permitted to be reproduced by photography. The authenticity of the handwriting of Madame HAHNEMANN was attested by witnesses who had known the widow of the discoverer of homœopathy. Monsieur

CLOQUEMIN, representing the BÖNNINGHAUSEN family, and Dr. HEERMANN (of Paris), recognised the handwriting without the least hesitation.

The facsimile of the letter is here reproduced.

*Cherrien, Frederic, Samuel.*

*Hahnemann*

*ni à Missen, en Saax*

*le 10 avril 1755. mort à*

*Paris le 2 Juillet 1843 =*

*La femme*

*Mme Melanie D Hervey*

*Je rejoindra dans ce tombeau*

*ainsi qu'il t'a désiré -*

*et l'on y inscriera ces mots*

*trous par lui =*

*Hanc nostris cineribus ossibus ossa sepulchro*

*Mediantur viros ut sociavit amor*

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#### END OF THE CEREMONY AT MONTMARTRE.

By 10 o'clock the ceremony at the Cemetery Montmartre was over, having lasted an hour and a half. The workmen replaced the lead cover; the leaden shell was then put into a new wooden coffin on which they nailed the old plate (No. 1,252, 1st ward, 1848), also a very large new copper plate on which the name

"SAMUEL HAHNEMANN" was engraved. At this time the company withdrew, convinced of the identity of the body, but regretting the unsuccessfulness of the embalming.

HAHNEMANN's coffin, and that of his wife, were placed in a hearse, and ten persons accompanied it to the Cemetery of Père-Lachaise, amongst whom were DOCTORS SÜSS-HAHNEMANN, RICHARD HUGHES, SIMON, HERRMANN and CARTIER, and Monsieur CLOQUEMIN.

#### AT PÈRE-LACHAISE.

By contrast with the retired spot in Montmartre, so small and mean, the new resting place of HAHNEMANN appears a veritable rehabilitation. The *Chemin du Dragon* at Père-Lachaise, where the founder of homeopathy is now buried, is one of the most picturesque of roads, planted with a variety of trees, and having about it something at once grand and mysterious. Perhaps this name was given to it on account of a likeness to the places which this mysterious and incomprehensible creature was supposed to frequent. At every turn in this renowned corner of Père-Lachaise the mind lives again with all the grand and celebrated men that France has sheltered in science, the fine arts and war. Here music is represented by ROSSINI, AUBER, DONIZETTI; there the poets and celebrated writers. RACINE lies almost beside HAHNEMANN; a little further on are MOLIÈRE and LAFONTAINE. Science is represented by GAY-LUSSAC and ARAGO. The celebrated physician and neurologist, GALL, is a few steps lower down than HAHNEMANN. Lastly, on the same side are the tombs of the marshals of the First Empire—NEY, DAVOUT, etc. The *Chemin du Dragon* is the route usually taken by tourists who visit this renowned cemetery—the chief in Paris—by thousands.

"What good fortune!" exclaimed one of the company, on arriving at this place. In fact, HAHNEMANN's tomb is just on the border of the *Chemin du Dragon* where two roads cross. In this way the site of the future monument can be reached by three different routes.

Whilst the spectators admired this part of the cemetery and its adornment of spring verdure, the gravediggers put HAHNEMANN's coffin into the grave. They placed the body parallel with the road, in such a manner that the head of the great man will be found at the right

hand side of the monument, the feet at the left; finally, the little coffin enclosing the remains of Madame HAHNEMANN was placed at HAHNEMANN'S feet. The workmen immediately proceeded to cement the vault after putting down the two coffins, and covered them with concrete in the presence of the on-lookers, who only left the place after the grave had been perfectly closed and filled up.

A temporary railing and a crown will be the simple ornaments over the precious remains of HAHNEMANN, until the day when, deeply moved, the homeopaths from all parts of the world will complete the work of restoration in honour of their venerated master—a work the more brilliant because so long deferred.

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### THE PRESIDENTIAL ADDRESS, BRITISH HOMŒOPATHIC CONGRESS, 1898.

By EUBULUS WILLIAMS, M.D.

LADIES AND GENTLEMEN,—When you did me the honour of electing me to the dignity of President of this Congress in September last, I scarcely realised the responsibilities which necessarily accompany such an honour, and I can only hope to satisfy your expectations with the assistance of your cordial help and support.

Difficulty assails one at the start, in selecting a subject for this address. Every path seems to have been trodden by my predecessors; from every field of knowledge so much has already been gathered and so wisely arranged that one can only hope to follow as a gleaner, and gather up here and there what others have dropped. We, like our forefathers, are ever seeking after some new thing; progress is our aim, forward is our watchword.

To-day, the longing to alleviate the pains of suffering humanity, and the desire to know that which will prevent much of this suffering, is keener than ever before; and yet, when we look back over the pages of history, and find that the Ancients, whom we be-little in our ignorance, were not so very far behind us, we are tempted to exclaim "there is nothing new under the sun," and, that after all the thousands of years during which knowledge has been courted, her latest suitors have not won from her many more favours than her younger and earlier lovers in the world's history.

: This is the day of studying growth and development. Evolution has become a common word in our language, and though I cannot hope adequately to trace the evolution of the science of medicine, I hope by here and there pointing to the page of history, to indicate some of the phases through which it has passed since it first emerged from the darkness of ignorance and superstition to the light of the scientific knowledge of to-day—light, which we flatter ourselves is very bright, but which, no doubt, our successors will find dim and dull—still clouded with much ignorance, and possibly darkened by some superstition.

: To the savage, the man who can heal is a god. In his mind disease is a demoniacal visitation, and the physician who can exorcise the devil is stronger than the evil one, and therefore to be revered as a divine being; also, it is considered well to propitiate his favour by gifts. This sentiment is still found among savage races, and is probably a survival of the feeling which all men had in the infancy of the human race, and was the cause, as civilization grew up, of that union of medicine with priestcraft; the one having power over life and death in this life, the other possessing power over life and destruction in the world to come; and this accounts for the intimate connection between religion and medicine from the earliest till comparatively recent times.

. Probably, in pre-historic times, accident discovered to a few individuals, who had the wit to put two and two together, even before they could count, that certain vegetable productions had the power of alleviating pain or curing an illness, especially if accompanied by prayers and incantations to the demons or gods who were supposed to be punishing the victim. The prayer or charm was held to be the potent factor, though the medicine, when easily obtainable, was considered a useful, if not a necessary, adjunct. Charms were worn as a preventive against disease and evil of all kinds till comparatively recent times, and, indeed, to this day among individuals of the most advanced and civilized races; and long after people had learnt the art of writing, it was thought sufficient to swallow the written prescription, if the drugs mentioned in it could not be obtained; and considering the composition of some of the prescriptions that come down to us, it was probably far better for the

patient that he should swallow a little papyrus and ink and much good advice, rather than the baneful concoctions with which these tyros in the gentle art of healing would have hurried their patients out of the world.

Apart from conjecture and guesses at the remote past, the authenticated history of medicine is a long one. If we look at one of the ancient civilizations, and that not the most ancient, at Egypt, for instance, we find that as early as 4966 B.C., Teta, a king, wrote a book on anatomy, so that anterior to that time there must have been some knowledge of the human body, and possibly there were some men who made a practice of dissecting; but the badly set limbs among some of the mummies which have been brought to light show that the knowledge of anatomy was very elementary, though for the purpose of preserving the body very ingenious devices must have been known to them for removing the brains through the nostrils. The heart, lungs, liver and intestines were also removed from the body before it was laid in the solution for preservation, the spaces made by the removal of these parts being filled with aromatic spices and disinfectants; also frequently charms against evil and destruction were laid in as well as on the body. Though the processes of preservation of the mummy varied in different periods, we have every reason to believe that the art of embalming was known at least 4000 years B.C., and probably still earlier. Besides the book of anatomy already mentioned, we also know that during the reign of King Sent (4000 B.C.) "the redaction of a medical papyrus was carried out."\*

We learn from Ebers that in Egypt in the 18th century B.C., there was a school of physicians attached to the college of priests.† It would seem to have been the custom at that time for the medical students to receive a preliminary training at one of the four great universities in that country. Only a few remained to the end of their course at Thebes; after passing the examination of a scribe the most gifted were sent to Heliopolis, the most celebrated medical faculty of the world, whence they returned to Thebes—at that time

\* "The Nile," E. A. Wallis Budge, p. 213.

† "Uarda" vol. i, p. 82. Ebers.

the capital city—to practise their profession. (Legend points to this same university of Heliopolis as the seat of learning where “Moses became learned in all the wisdom of the Egyptians.”)

They were made physicians to the king and were consulted in all serious cases. Being attached to some priestly college, whoever needed a doctor sent to the Temple, and a statement was made of the complaint for which the doctor was required.

It was left to the principal of the medical staff to select and send the man he thought best suited for the case, and the physician was paid out of the funds of the Temple. The patient paid or not, as he liked, to the Temple treasury.

Diodorus, writing in the time of Julius Cæsar, says: “The physicians have a public stipend and make use of receipts prescribed by the law, made up by ancient physicians, and if they cannot cure the patient by them they are never blamed; but if they use other medicines they are to suffer death, inasmuch as the law maker appointed such receipts for cure as were approved by the most learned doctors, such as by long experience had been found effectual, though Aristotle says ‘the Egyptian physicians were allowed after the third day to alter the treatment prescribed by authority and even before, taking upon themselves the responsibility.’”\*

From Diodorus also we learn that there was a rule that doctors should not demand fees on a foreign journey or a military service, when patients were treated free of expense.†

The physician then was an officer of the State and state paid, as were the priests of that time; both also were holders of and derived the greater part of their incomes from private property, and were often members of princely houses. The theological and the medical orders of the priesthood were the aristocracy of the nation. The Egyptians regarded the human body as so sacred that even when the necessary act of cutting it before it was embalmed was performed, the man who gave the first cut with his sharp flint instrument was looked upon as an outcast and a pariah, who could not even live and associate with respectable men,

\* Polit : iii. 11.

† Diodorus i. 82.

but was forced to live apart; and though he duly performed the indispensable duty, he was execrated and obliged to flee directly he had performed the operation. As early as the 13th century B.C., not only do we get mention of the practice of surgery as distinguished from medicine, but we learn that there were specialists for the different parts of the body; "each physician treats a single disorder and no more;" some devoting themselves to the eye (the Egyptian oculists being very famous), "others undertaking to cure diseases of the head, others again of the teeth, others of the intestines, and some those which are not local,"\* and the embalmers, who in Genesis† were spoken of as physicians, were a distinct order apart from those who ministered to the living. The artificial teeth found in the jaws of some of the mummies testify to the skill of the dentists, and some have even gone so far as to assert there are traces of gold stopping to be found.‡ Midwives assisted at the birth of children,§ though it was customary to call in the physician in difficult cases.||

Though at this time it was the custom to employ magic and religious formulæ to cure the sick, as well as the remedies suggested by scientific skill, the physicians themselves being at the same time priests and the utterers of these magical formulæ, there are evidences that some among them had a distinct aversion to the employment of the magical art in conjunction with medicine, but to avow it openly and to practise it was to run the risk of incurring the indignation of the orthodox, and probable expulsion from the College of Physicians, if not actually to incur heavy punishment besides.

Vivisection was carried on, and comparative anatomy studied by a few devotees of the science, and there are also indications that parts of the bodies of criminals were sometimes secretly dissected in the desire to know the structure of the human frame; but the sacredness with which the human body was regarded by the Egyptians, and the necessity for preserving it as much like life as was possible, effectually prevented any systematic and adequate study of the human anatomy, and probably has much to say to the very slow growth of surgery on the soil of Egypt.

\* Herodotus ii., 84. † Gen. I., 2. ‡ Ebers' "Egyptian Princess, i., 184.  
§ Exodus i., 15 v. || Ebers, op. cit., ii., note 42.



Though weak in surgery, in medicine they were more proficient, and it is curious to find in the Berlin museum a travelling medicine chest from Egypt "prettily and compendiously fitted up."\*

It is also interesting to note that in a papyrus of the 14th century B.C., "Isis is to be called upon to destroy the germs of disease;"† again, in Plutarch's "Isis and Osiris," the "fumigations" mentioned as disinfectants are very reasonable.‡

From Herodotus we learn that not only was the study of medicine of very early date in Egypt, but the medical men there were held in much repute, and were so widely famed that they were sent for from other countries. Cyrus, King of Persia, and his successor, Darius, both sent to Egypt for physicians.§ Their knowledge of medicine was also celebrated by Homer in his Odyssey.||

Pliny tells us that in later times *post-mortem* examinations began to be made in order to discover the nature of maladies.¶ It would seem that the Egyptians considered that the majority of disorders proceeded from indigestion and excess in eating, and so, as Herodotus tells us, "For three successive days in each month they purge the body by means of emetics and clysters, which is done out of regard for their health, for they have a persuasion that every disease to which men are liable is occasioned by the substances whereon they feed."\*\*\*

Among the Persians, too, a high value was set on the medical art in a very early age. Pliny, indeed, maintains "that the whole of Zoroaster's religion was founded on the science of medicine," and it is true there are a great many medical directions in the Avesta. Among the detailed list of medical fees we find that "the physician shall treat a priest for a pious blessing or spell, the master of a house for a small draught animal, and the lord of a district for a team of oxen;" so that among the Persians the physician's fee depended, *not* on his skill or the time or care devoted to his patient, but on the wealth and social standing of the sick man. Even in those days it was necessary for the physician to pass a

\* Ebers' "Egyptian Princess" vol. ii., note 31.

† Ibid., vol. i., note 289.

‡ Ebers' "Egyptian Princess," vol. i., note 289.

§ Herodotus, ii., 77. ¶ Rawlinson's Herodotus, ii., note 84.

¶ Odyssey iv., 229.

\*\* Pliny xix., b.

kind of examination. "If he had operated thrice successfully on bad men, on whose bodies he had been permitted to try his skill, he was pronounced 'capable for ever,' if on the other hand three worshippers of the Divs died under his hands, he was pronounced 'incapable of healing for evermore.' " \*

It is to the Arabs, who derived it from Egypt and India, that Europe is indebted for its first acquaintance with the science of medicine, which grew up in the school of Salerno; and a slight memento of it is still retained in the Arab symbols used by our chemists. †

The next step takes us across the Mediterranean to Greece, and there B.C. 450 we find the celebrated physician Hippocrates. He was supposed to be descended from the divine Æsculapius, who, if we may believe that Homer treated historical fact largely decorated with myth in his Iliad, probably *really* existed in an early period in Greece, and after his death was revered and worshipped as a god, temples being erected to him; one of the most famous of which was at Epidaurus, where, among the ruins, may still be seen the marble couches on which the patients waited in the precincts of the sacred building, till the priests of the temple could minister to their healing.

If, too, we can trust Homer for the fact, there were in his time and earlier, military surgeons; they ranked with the officers as leaders, and their profession of healing by no means prevented them taking their place at the head of their troops in battle.

We are not in a position to know whether Hippocrates was the lineal descendant of Æsculapius, or whether it was mere repute on account of his following the same profession, as it was usual in those days for the sons to succeed their father, and for professional callings to be hereditary; but his is a personality so prominent in the history of medicine that it cannot be overlooked.

In his day physical and metaphysical sciences were combined. As in Egypt the sciences of theology and medicine were closely connected, so in Greece we find that some theory of the universe and man's relation to

\* Ebers' "Egyptian Princess" vol. 2, note 18.

† Rawlinson's Herodotus, p. 187, note.

it was an indispensable part of a physician's mental outfit.

As it was held that the universe was made up of the four elements—fire, earth, air, water, so it was supposed that there were four humours in the living body—black bile, yellow bile, blood and phlegm; “out of the excess, or deficiency, or misproportion of these four humours there arise diseases; by restoring the exact proportion of which diseases are cured.”\* And as he observed that nature generally restored the balance of health by the expulsion of her ill humours, he was led to assist her by somewhat drastic treatment, if one may judge from his use of hellebore and other irritant poisons.

Hippocrates took a long step forward when he rejected supernatural causes of disease, and attributed it not to the ill-will of some god or goddess but to insanitary conditions.

Until quite recent times epilepsy was regarded as an evidence of demoniacal possession, and in the present day among the Dervishes it is looked upon as a particularly holy state when induced by their extraordinary devotions; but of epilepsy the Greek physician said, “men regard its nature and cause as divine from ignorance. No one disease is either more divine or more human than another, but all are alike divine, for each has its own nature, and no one arises without a natural cause.”†

That in thus speaking he was far in advance of his times is shown by the fact that Origen, one of the early Christian Fathers, is far behind him in knowledge when he says, “It is demons which produce famine, unfruitfulness, corruptions of the air, and pestilence,”‡ and to this day there are many who attribute great plagues and pestilence to a punishment for wickedness rather than to a neglect of sanitation and proper precautions against the spread of infectious disease.

Hippocrates also appreciated the fact that reticence was a very desirable, if not actually a necessary qualification for the wise physician. He says, “Whatever in my professional practice or not in connection with it I see or hear in the life of man which ought not

\* Russell. “History and Heroes of the Art of Medicine,” p. 30.

† Quoted by Russell, op. cit.

‡ Quoted by Russell, op. cit.

to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret."\*

There was a time before Hippocrates, when it was held that disease was only to be removed by the application of its contrary, *e.g.*, "if the skin is too dry, apply moisture, if too hot, apply cold;" but it was left to Galen, the renowned physician of the 2nd century A.D., to enunciate the famous principle "contraria, contrariis curantur," though perhaps his greatest innovation in the practice of medicine was the importance he attached to the indications afforded by the pulse, of which he tapped 27 varieties.

This Galen, born at Pergamos in A.D. 131 obtained honours in the schools of philosophy and then went to Alexandria, where he studied for some time in the great school of anatomy in that city.

At 20 years of age he became physician to the Temple in his native town, and when 84 years old he went to Rome and soon acquired great renown, as was evidenced by the illustriousness of his patients and the largeness of his fees, which even for those days was enormous. One of his most famous cures was that of a philosopher who was suffering from the effects of an overdose of theriacum, and was cured by Galen by the administration of the same medicine in proper measure.

This homoeopathic treatment would seem to have been accidental however, for besides being opposed to his famous principle, this learned physician was sometimes as indiscriminate in his use of nostrums as the veriest quack, if we may judge from some of his prescriptions. For the cure of dysentery he offers no less than nine recipes of compound drugs † with disinterested impartiality.

There is, however, a much earlier recognition of the homoeopathic law, as indicating a rule for the selection of a remedy, in the lines of Antiphanes, about B.C. 404, beginning—

"Take the hair, it is well written,  
Of the dog by which you're bitten," etc. ‡

At the beginning of our era, the physicians in Rome were mostly of the slave class, and although useful to

\* Quoted by Russell, *op. cit.* † Russell, *op. cit.* 88.

‡ Quoted by Russell, p. 81.

their masters, were domineered over by the powerful magnates of the State; the position of a medical man in the Great Roman Empire being very different from that high standing of an earlier civilization, of which we have previously spoken.

The status of the physician is not dependent on, neither does it necessarily advance with the increase of scientific knowledge; in the early stages of history, as we have seen, it is rather the reverse, except for favoured individuals here and there like Galen, who, however, found his position in Rome so intolerable, on the one hand, because his profession was looked down upon by the powerful, and on the other, because he was execrated by his professional *confrères* for his popularity and success, that he would only remain for a few years at a time in the capital of the Empire.

The Romans in the period of their greatness, as is well known, made considerable use of various kinds of baths, and utilised the mineral and thermal springs known to them for bathing purposes, but it is not so well known that a medical friend of Cicero\* was the first to employ the shower bath; he also trusted much to diet and the proper use of friction and exercise.

To the Arabians we owe the earliest treatise on small-pox, by Rhazes, who wrote twelve books on chemistry, about the 10th century A.D. and, what perhaps was even more beneficial to the race, the introduction of mild aperients, such as senna and rhubarb, in place of the more drastic treatment of earlier physicians.

The spread of Christianity marked the period of medical eclipse.

The sun of science was once more darkened by dense clouds of superstition and its accompanying ignorance, and it is not until in comparatively modern times, some time after 1162, when medicine was formally divorced from theology, that scientific knowledge again began to grow.

This enforced separation was to the credit rather of the theology than of medicine, because it was owing to the mistreatment of the "therapeutiæ," as the medical priests were then called, that the religious orders fell into disgrace with the people, and it became necessary

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\* *Asclepiades*. See Russell, p. 80-1.

to rescue the reputation of theology by finally and definitely separating the two sciences, and "the practice of the healing art was from that time forbidden to a priest."\*

Though the rank superstition which accompanied much of the early Christianity, its wonder-working relics of saints and innumerable miracles (most of which in the present day can only be regarded as the children of ignorance) was a foe to medical science and for centuries a great hindrance to its practice, yet it is to the Christian doctrine of charity that we owe the introduction of hospitals for the sick poor, which in early times were instituted by the monks, and this same spirit of charity has shown still more and richer fruit in the well-appointed hospitals and infirmaries of the present day.

It is due to heathen Rome to mention that, before the introduction of Christianity, it was regarded as the duty of the State to relieve and care for the sick poor.

To the same religious orders thanks are due for the preservation of medical as well as other literature, and for the culture which was unobtainable outside the monasteries in England in that age.

The common-place saying, the day is darkest before the dawn, finds its fulfilment in the history of medical science in England in the 14th century, when at the time of the Black Death the unavailing efforts of the physicians to arrest the spread or cure the victims of the plague led to utter distrust of the doctors by the people, and the medical men themselves lost all confidence in their remedies. But the keen desire of the human race to live rose in revolt against this rest in fatality, and men began to search diligently for means to avert the evil and for remedies to cure the disease. The old orthodoxy was powerless, and none were so conservative in their practices or so faithful to tradition as the medical men; but when the people's faith in them and their faith in tradition were shaken, then the stone was set rolling, slowly it is true, for the acquisition of more knowledge and the discovery of new things, and it has gone on rolling ever since in spite of clinging to time-honoured custom and an almost instinctive horror of innovation.

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\* Russell, *op. cit.*, p. 99.

Perhaps the most advanced thinker in the medical world in the 17th century was the celebrated German physician, Paracelsus, who struck the first note of his emancipation from medical tradition at the very beginning of his career by publicly burning the works of Galen and Rhazes. Though as a man one cannot admire him, nor can one uphold the mercenary spirit which invaded the domain of his professional life, yet in his bold seeking for truth by investigation and in experience, in a time when such were rare, he is worthy of honourable mention, and his advice to the physician may be quoted. He says: "If a man wishes to learn much of disease let him travel far; if he do so he will acquire great experience. Countries are the leaves of nature's code of law, patients the only books of the true physician. Reading never made a physician—only practice."\*

In Paracelsus, however, we are reminded of the Ancients, who tried to simplify everything in nature by reducing it to a numerical system. He maintained a threefold order in nature. As theologians held the doctrine of the Trinity, so he taught that everything in nature conformed to this principle, and that medicine consists of philosophy, astronomy, alchemy. A man is made up of three parts, body, soul and spirit; the world of three elements, water, air, earth, to which there correspond mercury, sulphur and salt.†

In the next century Harvey's name is conspicuous. Unlike Paracelsus he was imbued with a profound respect for his teachers; yet to him belongs the great merit of devotion to truth, and determination to follow it at all hazards. Though under the patronage of Charles I. we learn from Aubrey's life of the discoverer that "after his book on the circulation of the blood came out, he fell mightily in his practice. It was believed by the vulgar that he was crack-brained and all the physicians were against him."

Lord Bacon, early in the 17th century, advocated the collection and publication of authentic remedies, and moreover indicated the weak spot in the medical science of his day. He complains that the medical faculty

\* Quoted by Russell, p. 161. † Ibid.

"have no particular medicines which, by a specific property, are adapted to peculiar diseases."

The necessity for specifics as a reliable and scientific method of curing disease is brought out still more strongly a few years later by Robert Boyle, who at the same time advocates small doses and deprecates the mixing of drugs; he held that the system of prescribing many ingredients in one recipe, though it might cure the patient, hindered the advancement of medicine, as the physician was then unable to judge of the effects of each separate ingredient, and so could not learn from experience as much as he otherwise might. It was reserved to Sydenham to accidentally discover the first specific toward the close of the 17th century.

Though still clinging in practice to the evacuant treatment taught by Hippocrates, he was dissatisfied with it, and regarding it only as provisional, he felt after new truths, and sought "to arrest the natural course of disease by the administration of specifics," so that when introduced from America by the Jesuits, Peruvian bark was shown to be the specific for ague, he was prepared to accept it as the first of his expected discoveries in a new field.

He was a follower of Hippocrates in that he held that nature must be studied by considering how nature, let alone, would work, so that by treading in her footsteps the symptoms of disease might be subdued. He evidently departed somewhat from the common practice of his time in advocating less interference with nature under the plea of assisting her. He said "I often think we forget the good rule "festina lente," that we move more quickly than we ought to do, and that more could be left to nature than we are at present in the habit of leaving her. To imagine that she always wants the aid of art is an error, and an unlearned error too."

But he took a further step in advance of his predecessors by indicating as an alternative to watching and following nature's methods, that specifics *must* be discovered and used, and pointed out that by the method of treating diseases by specific remedies "we attack the malady directly."

He was regarded by the College of Physicians of his day as half a lunatic; they frowned on him, and did



what they could to hinder his success, and even endeavoured to expel him from that illustrious society. If to be abused when alive and worshipped when dead is one of the orders of merit, then Sydenham must be placed among the honoured ones of the earth.

A century later the profession again shook its head over Jenner, when in 1798, after 25 years of patient investigation in the meadows of his native valleys, he came to London full of his discovery of the potency of cow-pox inoculation to give immunity to man from small-pox, the terrible scourge of that time, which annually claimed some 40,000 victims.

Though his discovery was quite in accord with the speculations of his master, John Hunter, who himself had bidden his pupil not "think but try," and if true was to be the means of saving the lives of thousands of men, he failed to enlist the sympathy or help of his professional brethren, and after three months of ineffectual work he retired again to the country, there to prepare and in the same year to publish his treatise.

Shortly after, however, as is well known, the worth of his discovery was acknowledged, and to this day men and women all over the world are reaping the benefit of his toil in discovering and making known the beneficial effects of vaccination.

In his case it was not left to posterity to bestow well-earned fame, for during his lifetime he received from the British nation a gift of £10,000 which was not so very generous, considering his discovery had cost him £6,000; and though the nation gratefully acknowledged that his labours had resulted in the saving 40,000 lives annually, it showed by its action that it paid better to kill the king's enemies than to save lives to fight for him.

To the work of the late Dr. Russell, entitled *History and Heroes of the Art of Medicine*, I am indebted for much of the information made use of in this paper, and enough has been said to show that what the talented author has written is true when he says, "If we accept progress we must say farewell to orthodoxy,"\* and that farewell to orthodoxy means persecution from contemporaries for all pioneers of truth, and it is often reserved to subsequent generations to revere and bless.

the social martyr for his precious gifts to suffering humanity, of the results of thought and study, and his courage in proclaiming honest conviction in the face of scorn and ridicule, if not, as in earlier times, at the risk of social ostracism or actual imprisonment.

In such an assembly as this I need only mention Hahnemann as one such pioneer, who, by his discovery in therapeutics of the law "*similia similibus curantur*," and for the revolution in the practice of medicine brought about by him, is not unworthy to take his place by the side of those illustrious men already named.

But his life and work are too recent and too revolutionary to have won the world's praise as yet. His departure from the traditional paths was too great for orthodoxy to have caught him up so soon. For, to us followers in his footsteps, who also are somewhat in the shade with him, it is encouraging to remember that the heterodoxy of one age frequently becomes the orthodoxy of the next, and to reflect that posterity may reward the man who is not only independent enough to embark on original research, and has the boldness to depart from the beaten track in following the results of his studies, but who has the still greater courage to avow his departure from *traditional opinions*.

Such a man may earn for himself the derisive smile, if not the openly expressed opposition of those who, lulled in the arms of orthodoxy, calmly drift through life, secure in the good opinion of their contemporaries; but to whom posterity raises no monument to tell of some new scientific height achieved by laborious effort, and the overcoming, not only the inherent difficulties of an upward path, but the surmounting of the obstacles traditional bigotry plants in the way to arrest the progress of all who would forsake the beaten track, and would fain try to discover for themselves a new road to truth.

Far be it from me to despise tradition; where should we be without our valuable past? Tradition is good—excellent—as a point of departure, *not* as a resting place. This is an age of toleration. As civilization advances, so does a more tolerant spirit prevail; and this more genial atmosphere is even penetrating that most conservative of corporations the medical profession; and the honours bestowed in this century upon Simpson, Lister, and a host of other well-known names testify to the fact

that now, in this age, it is not *always* left to posterity to discover and reward a scientific benefactor.

In such serious matters as the spread of disease, and questions of life and death, it is well, nay, imperative that we should pause before departing from traditions marked with the approval of time; but a backward glance at the history of medical science warns us against too profound a trust in tradition, if, as we profess, progress is our aim.

One prophet has even ventured to foretell the status of the physician in the 20th century, and though we may not be able to follow the late Mr. Bellamy\* in his methods of attaining his ideal commonwealth, he has indicated "a consummation devoutly to be wished," which we all would welcome, and to the attainment of which every true lover of humanity would lend his aid, even though, as he says, it should lead to the extinction of the present genus of medical men, only, however, "to open new and finer fields of work" to their successors in the profession.

He prophesies that the advance of the science of sanitation will tend to "the disappearance of conditions inimical to health;" that the economic independence of women advocated by him, and her "physical rehabilitation will result in untold benefits to the race;" and that "the people generally" will be "no longer in the state of ignorance as to their own bodies that they seem formerly to have been," so that in the future the doctors may look forward to being "merely specialists and experts on subjects that everybody is supposed to be well grounded in."

He goes on to state that with which we must all agree, that sectarianism has been a great hindrance in the advance of medical science, and only too truly he says, in a backward glance at the present century, "You will scarcely need to be reminded that in your day medicine, next to theology, suffered most of all branches of knowledge from the benumbing influence of dogmatic schools." The influence of such bigotry being to discourage original thought and retard progress.

The 20th century curriculum indicated by him leaves little to be desired.

\* "Equality," pp. 252 *et seq.*

"There are really no conditions to *limit* the course of physicians. The medical education is the fullest possible, but the methods of practice are left to the doctor and patient."

And may not *we* also look forward, in the 20th century, to the tardy recognition by the world of the great work done by the discoverer of a scientific law in therapeutics, and hope for an adequate appreciation by succeeding generations of the benefits conferred on the human race by SAMUEL HAHNEMANN.

### NOTES ON THE TREATMENT OF SENILE HYPERTROPHY OF THE PROSTATE, WITH SPECIAL REFERENCE TO THE USE OF PICRATE OF IRON.

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Some time ago I communicated to the British Homoeopathic Society\* a paper on the treatment of senile hypertrophy of the prostate, and laid special stress upon the value of ferrum picratum in relieving many of the symptoms produced by this disease. Further experience has served to confirm in large measure the statements I made therein.

The use of this drug was first suggested to me some years ago by Dr. Robert Cooper, and since that time I have used it largely, and have reason to be very satisfied with the result.

I have found it especially suitable in the early stage of prostatic enlargement, that is to say, within the first 12 months or so of the commencement of symptoms. In fact, I believe that if used during this period we may be able, in a large number of cases, to prevent, or at any rate retard, the further progress of the disease. The symptoms which I have found to be more especially relieved by it are, in the first place, increased frequency of micturition during the night. Patients often complain that they must get up several times to relieve

\* *Journal of the British Homoeopathic Society*, vol. iv., p. 434, in which an abstract of my paper will be found, the original communication having been lost.

their bladder, and thus their night's rest is disturbed. This symptom is almost immediately ameliorated. Again, rectal symptoms are very markedly relieved.

My experience shows that this drug does not produce constipation, as do most of the iron compounds. Its action is rather the reverse, and in early prostatic cases with considerable straining to micturate, with secondary prolapse of the rectum, it gives great relief. Hemorrhoids, also, as a complication of enlarged prostate, brought about in the same way as, and usually accompanying the prolapse, are likewise benefited by its use.

A certain amount of residual urine is not a contra-indication. In one case, ten ounces remained after the patient had passed water, and under the administration of this drug, without any accessory treatment, this amount was reduced within two months to two ounces. In another case, in which two ounces of residual urine were present, after four weeks' treatment the bladder was completely emptied at each act.

I have never been able to satisfy myself that the prostate has become smaller under the treatment. This, however, may, I think, be considered a minor point, so long as the symptoms produced, especially the amount of residual urine, are relieved. It is not possible in any given case to accurately gauge the amount of enlargement present, and rectal examination, though giving considerable knowledge of the size of the lateral lobes of the gland, gives no indication of the degree of enlargement of the so-called middle lobe, which oftentimes is the impediment to completely emptying the bladder.

Another symptom which this drug relieves, and which often accompanies the nocturnal frequency of micturition, is the smarting and burning felt at the neck of the bladder. I do not allude to the acute pain and burning which is present in cystitis, for I have not found this relieved by it, nor to the milder attacks which characterise the sub-acute or chronic prostatitis of younger subjects which, like the last, are scarcely ever benefited, but only to the soreness and burning which elderly "prostatics" complain of. In such a condition the use of buchu lx in alternation with the picrate is a distinct advantage. I should add that Dr. Cooper believes the latter is most useful in dark-haired people. This may be so, but I am equally certain that it relieves

fair-haired ones also. The dose I have usually employed is the 2x dilution. Lately I have tried the 8x with almost as much success, and Mr. James Johnstone, who has used it in his clinic at the hospital, tells me that he has seen aggravation after the administration of the 2x dilution.

I would refer for a moment to the pathology of the senile prostate, particularly to its bearings on treatment. It must be remembered that the enlargement may be due to increase of any of the elements of the gland. In the majority, an increase of the connective tissue is the most marked, but fibro-myomatous masses may be present, or the glandular element may preponderate. Were we able to differentiate these various forms during life, treatment would probably be more likely to be effectual. The analogy of the fibro-myomatous masses to similar tumours of the uterus is suggestive, and it is possible that these would yield to such a drug as calc. iodid. which, as Dr. Neatby has shown, exerts a beneficial action on uterine myomata.

There is a form of prostatic hypertrophy which is limited to a great extent to the posterior part of the gland, the urethral portion being free. Here, as would be expected, obstruction is not a marked symptom, the bladder being always completely emptied; but patients suffering from this form, complain much of increased frequency of micturition, dragging and aching in the perinæum, and rectal tenesmus and hæmorrhoids. In such cases, catheterism will give little or no relief, and it is here, I believe, that as in the other cases mentioned, the picrate of iron will be of signal service.

It is obvious that all cases cannot be fitting ones for the use of this drug, and amongst the unsuitable ones will be those where enormous hypertrophy of the prostate with great dilatation of the bladder are present. In the same category may be placed patients who have much cystitis, with offensive alkaline urine, though I have seen much benefit accrue from its use after the bladder has been put into a more healthy condition by long-continued daily washing out of the decomposing urine. In two such cases I have drained the bladder for a fortnight or so by inserting a perinæal tube (Harrison's) through the prostate into the bladder, and by this means have been

able to wash out thoroughly every part of the viscus and also give it complete rest.

I would say a few words concerning other methods of treating hypertrophied prostates. Of castration for this condition I have had no experience, but I have removed a portion of the vas deferens in three cases.

In one, an elderly clergyman, who had symptoms of stone in the bladder, but in whom examination by sound and cystoscope failed to reveal any calculus, there was enlargement of both lateral lobes, but especially the right, which was tender. There had been some bleeding from the prostate. Ferrum pic. relieved, but did not get rid of all the symptoms, and as there was a considerable rectal prolapse and hæmorrhoids I operated upon these, and at the same time removed an inch of the right vas, Drs. Madden and Thomas assisting. Six months later, by rectal examination, the right lobe was found to be the same size as the left, which was also smaller than before, and was no longer tender, and he had lost all his bladder symptoms. The right testicle was softer, but not smaller than its fellow.

In the second and third cases I operated upon patients of long standing hypertrophy. In one of them I removed an enormous calculus from the bladder by the supra pubic operation, and found a large post-prostatic pouch, the prostate itself standing up above this like a tangerine orange. Section of the vas on both sides made no difference to his power in expelling urine, and he was forced to continue to live a catheter life. In the other case, within 24 hours of the removal of an inch of the vas on both sides the urine could be passed naturally, but unfortunately this good result did not last over a fortnight, the flow becoming more and more obstructed, until finally the catheter was in constant demand. As a matter of fact, I did not look for very much improvement in either of these last two cases, but in earlier ones I think removal of a portion of the vas will prove a useful form of treatment.

## REVIEWS.

*A Repertory to the Cyclopadia of Drug Pathogenesis.* By Dr. RICHARD HUGHES. Part II. London: E. Gould & Son. 1896. We welcome the publication of the second fasciculus of Dr. Hughes's *Repertory*. It contains the index to the symp-

toms of Eyes, Ears, Face and Stomach, and we are sure it will be gratefully received by all who desire to make a full and satisfactory use of the four volumes of the *Cyclopadia*. Considering the labour needed, and the other occupations of the learned author, we cannot expect a very rapid succession of the future parts of this work; but we must have patience till Dr. Hughes can find time to complete what is an enormous task, and one burdened with more than ordinary responsibility, as this is not, like most other repertoires, a mere mechanical arrangement of the symptoms of the *Materia Medica*, but also a critical sifting of the pathogeneses of Hahnemann and his disciples. It would be premature to attempt a detailed review of the work. That must be reserved till its completion.

## MEETINGS.

### ANNUAL HOMŒOPATHIC CONGRESS.

THE Annual Congress of Homœopathic practitioners was held on Friday, June 3rd, at the London Homœopathic Hospital, Great Ormond Street, W.C. The proceedings opened at ten o'clock, a.m., when there was a good attendance, including a few ladies. The President, Dr. EUBULUS WILLIAMS, occupied the chair.

There were present:—Drs. Black-Noble, Geo. Black, E. Williams, Dyce-Brown, Arthur Clifton, Burwood, Storrar, J. W. Hayward, Pope, H. Nankivell, W. Wolston, Newbery, Powell, Stonham, Lough, MacNish, Hamilton, E. Capper, Geo. Clifton, Hawkes (Ramsgate), A. H. Croucher, J.P., Bennett, E. B. Roche, Stopford, Dudgeon, A. Kennedy, Renner, Pullar, Galley Blackley, Mr. Jas. Johnstone, Drs. Carfrae, Proctor, Madden, Murray Moore, Mr. Knox Shaw, Drs. Hughes, Pincott, Frank Shaw, P. Wilde, Purdom, Gilbert, Neatby, Ramsbotham, V. Green, J. H. Clarke, Cooper, Hayle, Jagielski, Norman, Pritchard, W. Epps, A. S. Alexander, A. H. Croucher, Wilkinson, Goldsbrough, Nicholson, B. Moir, H. Bodman, W. Roche, Finlay, Mr. D. Wright, Drs. Gould, Mason, Murray, Cash Reed, Searson, Burford, Shirliff, Day, Scott, Hawkes (Liverpool), Young, J. Jones, Sanders, Lambert.

The President read his address on the *Evolution of the Science of Medicine*, and at its close

Dr. DUDGEON rose and said: I ask your permission, Mr. President, to propose a hearty vote of thanks to yourself for the beautiful discourse you have given to the Congress. I am sure the running current of applause which attended it showed how highly it was appreciated by the Congress. (Hear, hear.)



We are all, as members of the Congress, very much indebted to Dr. Eubulus Williams for having come all the way from Bristol to enlighten us and to give us such words of wisdom, which I have no doubt have created a great impression. In ancient times wise men came out of the East, but now we see the West can produce men who speak words of wisdom. (Laughter and applause.) I need not say any more, but I am sure I speak the feeling of this Congress when I say we are very much indebted to Dr. Eubulus Williams for his very learned, and interesting, and instructive discourse. (Applause.)

Dr. CLIFTON: I must also ask permission to second the vote of thanks. Sir Walter Besant has said that London is the home of poets, philosophers, scientists, men of letters of every kind, members of the legal profession, and medical practitioners. Another gentleman present, the editor of one of our monthly periodicals, who never argues with anyone (laughter), tells us that London is the centre of civilization to which all the light and greatness of this country trend. Now, I think we have had an illustration of it largely this morning, and I have been delighted to listen to the paper by Dr. Eubulus Williams. It takes my thoughts back so many years—to the time when Dr. Rutherford Russell dealt with the same, or with a similar subject, and well I remember his rasping voice and his hard-sounding "R's." But this morning we have had a similar discourse, in a very much more harmonious voice. I remember also how much we enjoyed it—being taken back out of the every-day matter of fact in which we are continually going on, and what is sometimes called the more practical. And it is well to be taken back, and see what man has done in the past, and how step by step progress has been made. With great pleasure I thank you, Mr. President, for your admirable address. (Applause.)

The Vice-President called on the company to express their thanks by acclamation, and said how delighted he had been to hear the address.

After the applause had ceased,

The PRESIDENT said: I am very much obliged to you, ladies and gentlemen, and I am very glad it is over. (Laughter and applause.)

The next business was to receive the subscriptions, and the ladies of the company departed, the President saying he was very sorry to have to lose their presence. After the subscriptions had all been paid,

The PRESIDENT said he had pleasure in calling on Dr. CLARKE to read his paper on *The Doctrine of Signatures*.

The discussion was opened by

Dr. DUDGEON, who said they had all listened with great interest

to the admirable paper read by Dr. Clarke, and the instances he had given of the signatures as guides to the curative remedies in certain diseases. But he thought in the past the doctrine of signatures had been a very great failure. In old works a great many remedies had been prescribed in consequence of their signatures. The orchid plant—the name of which is Greek for testicle, was so called because of some fancied resemblance the root bore to that organ of the human body, and it had often been employed for diseases of the testicle, and as an aphrodisiac, but he did not think with any great success, in fact, rather with invariable failure. Another plant, the phallus impudicus, whose likeness to the male sexual organ led to its employment as an aphrodisiac, was equally a failure and had long been abandoned. With regard to euphrasia, or eyebright, he thought it required a vivid imagination to perceive in it any resemblance to the eye unless perhaps the marking on the petals might be considered to have some faint likeness to the markings on the iris of some eyes. The names it had received in different countries indicate medicinal qualities which he feared they did not find in practice. In English the name is eyebright. He did not think it had much effect in brightening the eye, that is to say, improving the sight, although they knew from experience that it had a good effect in catarrhal conditions of the eye, and he had found it useful in a severe and obstinate case of rheumatic scleritis. Its name in French was *cases lunettes*, which seemed to indicate that it has the power to improve the vision, and Milton makes the angel Michael apply to Adam's eye euphrasia and rue for the purpose of enabling him to see better. But he (Dr. DUDGON) did not think it possessed that property of improving the sight in cases of amblyopia or amaurosis. In German the name is perhaps more appropriate, it is *Augentrost*, meaning "comfort for the eye," and certainly it gives comfort in some cases of catarrhal ophthalmic and conjunctivitis. Other remedies which had been employed in consequence of their signatures were, for instance rubia tinctoria, and rhatania for hæmorrhage on account of their red juice resembling blood. Rhatania might be considered a good remedy for some cases of hæmorrhage, but he supposed the allopaths would say that was in consequence of its styptic properties and not on account of its red juice. There was another remedy recommended, but they had not found it successful for stone of the bladder or the kidneys, namely, saxifrage on account of its supposed power of breaking up the stones among which it grows, hence its name. Certainly it grows amongst stones and displaces them, but whether it breaks them up or not he did not know. Then there was the pulmonaria, whose name is derived from

a fancied resemblance of the markings on its leaves to those observed on the surface of the healthy lung, hence it was held to be good for pulmonary diseases. Aristotochia was and is still held to be an antidote to snake bites. There are two species, the names of both of which indicate its supposed power over snake bites. One is the *a. anguicida*, the other *a. serpentaria*. The latter is considered useful in cases of snake bite in so many different countries that it is probable some sort of signature has led to its employment, but what that signature was he could not tell. On the whole, then, he thought the doctrine of signatures formed no basis for them to judge of the action of remedies. Provings according to Hahnemann's method and clinical experience are the only certain and reliable sources of their *Materia Medica*, and guides to the selection of the remedy.

Dr. PROCTOR remarked that in common with the rest of the members he was bound to say that he listened with pleasure to Dr. Clarke's paper. (Hear, hear.) However, he did not suppose they could fairly consider it advanced medicine. (Laughter). As Dr. Dudgeon had pointed out they had a criterion for the determination of the actual remedial properties of medicine by the provings, a process which was as much in advance of the doctrine of signatures as the sinking of an artesian well was over the divining rod. (Hear, hear.) The doctrine of signatures had, no doubt, presented itself to all their minds at one time or another as being a matter of great interest. It has a certain poetic quality about it, and what scientific value there might be it was attempted to determine in the paper by Dr. Clarke and by other writers. There was a small literature on the subject. He remembered reading a French book on it which developed the doctrine of signatures very largely and it was very good reading—it extended the subject very much more fully than Dr. Clarke had done that morning. After all, the impression left on one's mind is this, they had had the doctrine of signatures for hundreds of years. But even Dr. Clarke would not pin his faith on any strict indication presented by any plant from that doctrine until it was verified by provings on the healthy body, and finally they were obliged to fall back on the Hahnemann method. (Applause.) At the same time there was a speculative, poetic, and perhaps philosophical interest in regarding the subject from Dr. Clarke's point of view. They must admit that the whole world, and the universe as a universe, has a unity of structure and constitution, and there are principles of analogy running through all nature, which sometimes throw unexpected light in dark places. His impression was—and he threw it out for consideration—that where the lower animals, which are wonderfully gifted in detecting the qualities of food and drugs, and

seem to have a special knowledge of medicine of their own, whether they are not led by the appearance of plants, and by their smell and taste, to determine from their deep instinctive perceptions what the properties of the drug or food may be—in point of fact he would take it that the doctrine of signatures was really a guide to the lower animals for them to determine the properties of a thing, and he would limit the doctrine of signatures to their use. (Laughter and applause.) There is a Welsh proverb that a goat on the mountain side knows more botany than a professor, and he supposed he might explain the fact in the way here suggested. He remembered reading some time ago an interesting article bearing on that point. The negroes, in travelling through the forests in Africa, sometimes come across new plants, bearing fruits of the properties of which they know nothing. To test the quality of the fruit they give it to a monkey, and they mark its effect. If the monkey lives, all right; if it dies, then they know what to expect. (Laughter.) He took it there were two systems of drug selection here applied. The monkey applies the doctrine of signatures as far as he knows how to, and sometimes makes a mistake; the negro applies the Hahnemann method and experiments on a healthy body—in his case the body of a monkey, which is near enough to ours for practical purposes. (Laughter.) You will remember that on one occasion, when Darwin's doctrine of the descent of man was being discussed, Lord Beaconsfield said he was on the side of the angels. He (Dr. Proctor) in like manner would ask them in this question of drug selection were they on the side of the man or of the monkey? (Laughter and applause.)

Dr. DYOX BROWN said he must acknowledge that he had been extremely interested in Dr. Clarke's paper. He did not think Dr. Clarke intended them to understand that he would use this doctrine of signatures as a method of choosing medicines, but really intended to point out the curious resemblance between certain plants and the diseases on which they act—as throwing an interesting light upon a doctrine which at one time had great vogue in the medical profession. Their profession had its gloomy and grim side, and they were all better for having a veil of poetry and romance thrown over it—especially during such a meeting as that—they were glad to get out of the more serious and sober rut of many of the papers. It was sometimes an interesting thing, after having discovered the uses of remedies by Hahnemann's provings on the healthy individual, that they should find that many of those provings do correspond with the old idea of the doctrine of signatures. It was an interesting, romantic, and poetic way of looking at the matter, and he considered it delightful

to have it so brought before them, and it threw a curious side-light on homoeopathy. (Applause.)

Dr. PERCY WILDE said he confessed he did not know whether he was on the side of the man or the monkey (laughter), but his experience of the doctrine of signatures had been in trying to discover the reason why drugs which were regarded as valuable in former times, fell out of use. In reading he generally came to such a statement as, "this drug was said to be good for so and so, but it has no sensible qualities to justify this opinion, and it is now properly discarded."\* Again and again they would find the statement in the pharmacopœias of the latter end of the last century. The one published about 1775 contained this statement frequently and in connection with one drug mentioned by Dr. Clarke, the "Shepherd's Purse"—he believed, speaking from memory, that it was one of the remedies thrown out. The Homoeopathic school had restored many of these drugs into practice, their method of discovering the virtues of drugs, preventing them from following the mistakes of the allopathic school. He looked at this doctrine as an evil one, and as being one which misled men to use drugs wrongly, and to discard good remedies, and therefore he would be very sorry if any pressure was brought to associate the doctrine of signatures with the doctrine of similars. He was, none the less, much interested in Dr. Clarke's paper. (Applause).

Dr. GOLDSBROUGH said he never knew exactly whether to take Dr. Clarke seriously in such a paper as he had read. Dr. Clarke had suggested they should maintain a child-like spirit. He agreed they should, in keeping their minds open to the appreciation of the new facts, but he doubted if it was a good thing to enter into an appreciation of a child-like doctrine. It seemed to him that the doctrine of signatures was a relic of their mental childhood which, as the President had said that morning, had been manifested by some great men in the past. He (Dr. Goldsbrough) supposed that originally the doctrine arose as an after-thought. The ancients had no rule or guiding principle in the selection of drugs; they tried every drug they could to find out its properties. They found out many valuable properties, and afterwards they discovered that a particular drug manifested

\* The work referred to is the *New Dispensatory*, published in 1753. This work, after describing the virtues ascribed to Shepherd's Purse, as a remedy for diarrhoea and hæmorrhage, says: "The sensible qualities of Shepherd's purse, discover little foundation for either of these opinions. It has no perceptible heat, acrimony, pungency or astringency; the taste is merely herbaceous, so as to sufficiently warrant the epithet given this plant by Mr. Ray, *Fatuum*." Very similar conclusions were reached by modern pharmacologists respecting *hamamelis* when it was first introduced into allopathic practice.

almost the appearance of the disease for which it happened to be good, and so an adumbration of doctrine was suggested as the result of this observation. If that is not an evidence of a child-like doctrine he did not know what was! Still, there was something in it—(hear, hear)—but it seemed to him that any possible value of the doctrine rested on a different basis altogether. It was a psychological value, and suggested questions as to how far colour sensations and sensations of shape are related to other biological facts—for example, the symptoms of disease. Dr. Clarke had put them on a wrong mental track in bringing the doctrine forward as he had done, and if he thought they would gain anything practical from such a consideration of it he was grievously mistaken. The whole doctrine, as presented by him, was simply a relic of mental childhood. (Applause.)

Dr. MURRAY MOORE thanked Dr. Clarke for enlarging on the scope of our knowledge of drugs by a paper on drug signature. Instead of treating it contemptuously, they ought to welcome practical hints and suggestions. Dr. Clarke had done good service for homœopathy; for he had added to our knowledge of provings by making provings himself. But as to a "doctrine" of signatures, he (Dr. Moore) did not consider it worthy of the name of a "doctrine"—it was rather a bundle of old traditions—and now by their clever and ingenious friend it had been revived for the purpose of discussion only. He was glad the scope of the Congress could enlarge to that extent. He was glad to see that Dr. Cooper was present, they had carefully considered his communication, and there were some ingenious hints in it. They were invited by Dr. Cooper to use *hydrangea*, a drug of which he knew nothing; and was particularly glad to learn something in diabetes, and why? because, according to the doctrine of signatures it is one of the thirstiest plants in the world. (Laughter.) The *ledum palustre*, we find, according to the rule of signatures is an excellent traumatic, because it has *spear-shaped* leaves! So they were landed into various strange and almost superstitious notions, which they could not possibly use as the basis of drug selection. But any practical hint ascertained of actual plants not at present in our Pharmacopœia, they all, as progressive homœopaths, would welcome. They could not despise information which was true, and therefore he welcomed it as a sort of experimental subject; but if they took it as a basis to prescribe, they would be led to treat cases of paralysis agitans with the aspen, (laughter) by the tincture of the aspen willow, and neurasthenia by that of the sensitive plant.

Dr. COOPER said, as his name had been mentioned in connection with the matter, he hoped they would allow him a few

minutes to enter into the subject. There was a fear that the matter under discussion was likely to lead to a great deal of strong feeling, and it was one which was not calculated to be argued out so well at a meeting like that as in the pages of the journals, and by articles over which they would be able to ponder for a longer time and to which they could give more attention. But as Dr. Clarke had brought it forward, he was glad to be present, and to say anything he could in connection with the matter. In the first place, in considering a subject of the kind, they had to some extent to define their real position in medicine, and then they had not simply to go back to the old doctrine of signatures, but they had to consider in what way they could bring the doctrine into a condition of utility, so that it would harmonise with their position. So far as their position in medicine was concerned, they would find, if they looked at the matter calmly and dispassionately, that there still remained a lot to be done. They had arrived at this conclusion: that symptoms constituted not only the indication for the prescription of remedies, but afforded them an actual knowledge of the action of a drug. By good provings they know the qualities of a drug, and they had definite indications for the prescription of remedies. On that platform homoeopathy was built up. Therefore, when they had got a knowledge of the action of drugs—a knowledge derived from provings upon the healthy body—when they could prescribe for disease in consequence of the indications thereby evolved they were on a platform from which no one could dislodge them. And here comes a great point; notwithstanding their scientific basis there were difficulties in the way. They had now accumulated such an enormous number of symptoms, it was difficult to collect these symptoms and apply them in diseases. In the next place, they found it extremely difficult to make such experiments on the healthy body as are required, and as modern science demands. The mere definition of the word *Health* was obstructing them. They must look out for every means of facilitating prescription for disease, and the question was could they get help from signatures? He contended they had great grounds for utilising what may be termed signatures—utilising knowledge gained in other branches of science, in botany, in biology, in vegetable physiology, in regard to plant life, and he thought by utilising such knowledge they could more readily prescribe for disease. The matter could be easily ridiculed and set aside, but when they came to deal with it practically they found many phases in connection with plant-life helping them to valuable indications in relation with disease. Dr. Cooper went on to speak of the properties of *calendula officinalis*. He had been in the habit of using *calendula* internally for several years, and had

worked out many phases of its action. He spoke of the splendid curative effect of calendula in a case of spinal irritation, and in which he was led to use the drug through watching the habits of the plant itself. He stated that he had gained a great deal of knowledge from the matter of signatures. Dr. Cooper said he wanted to point out that this matter was not confined to medicine alone. In Professor Nowack's work on *Meteorological and Telluric Forecasts*, the whole thing is worked out in regard to the weather ("Chair"), and by watching the special features of one particular shrub (*abrus precatorius*), Nowack was enabled to foretell the coming on of a storm and other irregularities of the atmosphere. ("Chair, chair.")

Dr. MADDEN said he was sure they were all indebted to Dr. Clarke for having thrown a little playful light on to a serious meeting. Like Dr. Goldsbrough he did not feel quite certain whether Dr. Clarke intended them to take the paper altogether seriously, and he thought and hoped not. (Laughter.) For surely it was coming down two or three steps to adopt a method of choosing drugs so manifestly uncertain, and only right in a few cases, instead of relying on the absolute certainty of provings. To be of any real use to them a method of selection should be universal, but neither Dr. Clarke nor any one else could contend that the resemblances to discharges or to organs were in any way reliable as indication of the means to use them as a remedy. It would lead them to use a cauliflower to cure warts or epitheliomatous tumours! Such a basis of choosing drugs he did not think Dr. Clarke or any one else would wish them to adopt. In some cases he could imagine it might be a very useful *memoria technica* to enable them to remember that a drug has a certain resemblance to a particular organ or discharge, and it would be useful in this way, but he could not imagine it being seriously considered. (Applause.)

Dr. PRITCHARD said it was interesting to know what the members thought of the subject, and while he was listening to the paper and thinking of the extremely interesting subject, and some of the drugs having to do with medicine, he thought of a few others. They were millefolium and hamamelis, both used as styptics, and being of a deep red colour; and gamboge, which has a colour extremely like the discharge in diarrhoea. (Laughter.) A few others also flashed across his mind. He thought, instead of using the doctrine of signatures for the choosing of remedies it would be more useful if applied to the choosing of material for provings. It was provings they wanted. (Hear, hear.) They could not get on with the present provings only. (Applause.) He never saw any provings coming from this hospital—the only person who



gave them provings was Dr. Clarke. We want provings of new drugs, and old provings pushed on to a greater extent. He did not mean to detract from old provings, nor depart from the totality of the symptoms, but thought the experiment ought to be pushed further—for instance, a swollen joint produced as well as pains; albumin and casts in the urine as well as pain in the back; a rise of temperature as well as headache, &c.; sugar as well as thirstiness, &c. He did not in the least undervalue the surgery of the hospital, which, he said, he was proud of; but thought that we look to the medical side to lead the world and ultimately to give surgery the second place, and it will only do this by closely following the doctrines of our great master; and if it does this, it need not be afraid that any fads of the old school will produce better results. And this is more apparent in that any good results that the old school may boast of are produced by approximation to our methods. Modern research only makes the truth of our guiding law more and more manifest.

Dr. ROCHE had one word in suggestion, that was, the greater includes the less.

Dr. NANKIVELL thought Dr. Clarke had given them an interesting paper and one which had certainly given rise to the most interesting and amusing discussion he ever heard at a Congress. The doctrine of signatures was a relic of mediæval medicine, and as such, was interesting, but he failed to see what possible assistance it could be to them in practice. It struck him, indeed, that this special doctrine had never produced a single curative remedy. He believed the doctrine of signatures had arisen in some such manner as this: euphrasia was called "eye bright" because it was known to be useful for eye disease and trouble, and not because it was a little blue flower. According to the signature doctrine it should only be useful in diseases of blue eyes!

Dr. CLARKE: I thought someone would ask that!

Dr. NANKIVELL: I do ask it, and perhaps you have an answer ready. If there was anything in the doctrine of signatures, he said, was it not a very curious thing indeed, that there should not be more than half a dozen instances of it? As a Congress he thought they should say that this interesting question should be relegated to the background and left there. (Applause.) He was rather glad it had been brought forward; it had given them a pleasant morning, but he thought they would not be very desirous of having it up again. (Laughter and applause.)

Dr. HAYWARD said he was very fond of amusement sometimes, but he did not think that Congress was the place for it, and if in the future they did without such amusement

it would be much to the credit of the Congress. He joined with the others in thanking Dr. Clarke for the amusement and the pleasant morning, and so far as a little amusement was concerned he was glad to occasionally have it, but he did think they should have something really serious at Congress. It might do very well at the monthly meetings, but not at Congress. (Applause.)

The CHAIRMAN asked if anyone else wished to speak. With regard to the doctrine of signatures, he would like to suggest that if any one thing was taken into that room, and all the members were asked to give an idea of what it resembled, no two would say the same unless it was by previous collusion. (Applause.)

Dr. CLARKE was then called upon for his reply. He expressed himself as greatly obliged to the members for the kind way in which they had received his paper (applause), and he assured Drs. Goldsbrough and Madden that when he wrote it he was never more serious in his life. When Dr. Dyce Brown asked him to write the paper several months ago he just thought for half a minute to see if there was any subject he could take, that would "make their flesh creep," and within thirty seconds he thought he had one and gave the promise. At the same time he never wrote a paper unless he had something to say and believed it too; and he adhered to all he had said that morning. In the first place, the whole doctrine of signatures was of course a very crude affair, and he was not prepared to prove whether the doctrine was evolved as an after-thought, or whether it arrived first hand; but he did not see, because they had now more advanced methods of dealing with things, that there was any reason to suppose that there was not some truth in it, and why they should not bring to bear their advanced methods in exploiting the doctrine for what it is worth. He did not want to exploit it for more than it is worth, but they ought to get out of it all the good there was in it. There was one reason why the doctrine did not come to a more successful development in olden times, and that was, that before Hahnemann appeared no one knew how to give drugs. It was Hahnemann, finding out how medicinal action might be brought about by intangible quantities of substances, that a number of old medicines had been brought back into the *Materia Medica*,—brought back by homœopathy, and he (Dr. Clarke) thought homœopathy would be the means of rehabilitating the old doctrine. It would be found that there were a number of indications which might be traced to signatures. He could name hundreds, but he only indicated what he thought were sufficient. (Applause.)

At 12.35 the Congress adjourned to the Holborn Restaurant, where they were entertained at luncheon in the Piscatorial Chamber by the members residing in London and the suburbs. At the conclusion of the repast, the CHAIRMAN proposed hearty thanks to the London members for the very kind and liberal entertainment they had provided.

Dr. POPE said he had great pleasure in seconding, and he was sure they were all greatly indebted to them for the sumptuous luncheon. (Applause.)

Dr. DYCE BROWN, on behalf of his colleagues of London and district, said it gave them much pleasure to see the Congress in London, and to entertain them there. (Applause.)

The members re-assembled at two o'clock, and the minutes of the last Congress were read by Dr. Dyce Brown and confirmed by unanimous consent.

Dr. DYCE BROWN then stated that they had amongst them a gentleman from the United States. They generally had the pleasure of the company of several members of the profession from the States, and they were always delighted to see them. The more frequently they came the more hearty a welcome they would receive. (Applause.) That day Dr. Goldsmith, of Cincinnati, Ohio, was with them, and would be their guest at the dinner in the evening. (Applause.)

Letters of apology had been received from Dr. Arthur Roberts, who wrote, "Deeply sorry I cannot be with you." Dr. Gibbs Blake wrote regretting that he was unable to attend, and Dr. Douglas Moir, of Manchester, regretted that he was unable to leave that city.

THE PRESIDENT: The next business is to choose the place for next year's Congress. Has any one any proposal to make as to our destination?

Dr. CLIFTON: I would like to propose Leicester. (Applause.) It is a very convenient centre, easily reached from east, west, north and south. You will have a very hearty reception, and I think it likely that you will meet with some of the more orthodox members of the profession. (Laughter.) We like to get them if we can. (Hear, hear.)

Dr. POWELL seconded.

Dr. GEORGE CLIFTON said, as one of the representatives of the homœopathic profession in Leicester, he strongly recommended them to go to that town. His colleagues would only be too delighted to assist him in giving the Congress a hearty welcome. By next year they would have four lines of railway running into the town from all parts of the united world, he might say—(a voice: Universe). Yes, Universe! (Laughter.) If they went to Leicester the homœopaths there would be very pleased to see them. If possible, he would like that the Congress should be somewhat like it was at Bristol. Un-

fortunately, he did not get there last year; but if they could make it a two days' Congress, by going on the Thursday and extending it over the Friday, the friends at Leicester would be delighted to show them some of the lovely scenery of the Midland counties—Charnwood Forest, etc. It is very interesting country, and people fond of geology would find plenty to interest them. There is also a great deal of architectural beauty, and many of his friends connected with architectural societies would be only too delighted to show them round.

Dr. MASON: I can only second the invitation. We shall be exceedingly pleased to see you.

Dr. CLIFTON remarked that last time the Congress went to Leicester some of the members could hardly get accommodation, but during the last three or four years several new hotels had been built—(Dr. BURWOOD: Small-pox, I suppose)—and they would be easily accommodated now.

The PRESIDENT: As there is no other place proposed it is, of course, carried unanimously. (Applause.) The next business is the election of President.

Dr. CLIFTON: Before we elect the President, would it not be wise to decide the date, or do we decide it afterwards?

Dr. DYCE BROWN: It is regularly fixed to be the Thursday of the third week in September, except when in London, as to-day.

Dr. CLIFTON: I believe June or July would suit.

Dr. DYCE BROWN said the date, according to the rule, would be the 15th September, as the 1st of September was a Thursday. They could not alter the rule except by vote in Congress.

Dr. CLIFTON: I think it would be wise to alter the rule, if we have power, now. If gentlemen have all been for their holidays and got back into full swing, they feel they cannot leave home, but after a hard winter's work, at the latter end of May or the beginning of June, we feel that a couple of days in the country would do us good (hear, hear), and I think it would be much wiser, and would suit the members better.

Dr. DYCE BROWN: As secretary, I should like to inform you that the matter was amply discussed for a long time, and some members spoke for the middle of the year, as you do now, but others expressed their opinion, and it was almost an unanimous opinion, and considering the interests of all from the north and the south, and it was decided that the best time of the year, and the one which suited the holidays, was the third week in September. It was fully discussed, and it seems a pity to re-open the question. I may say, for myself, it would not be convenient in June—quite the contrary. But the third week in September is about the slackest time in the whole year. In certain places it may be a busy time, but we cannot arrange just to suit a single place; we must look to

the general convenience. We found September was the time of the year which should be fixed, except when Congress meets in London. For myself, I shall oppose the re-opening of the question.

Dr. GOLDSBROUGH pointed out that the third Thursday in September next year is the 21st.

Dr. DYCE BROWN: Oh yes, I beg your pardon, I was looking at the wrong calendar.

Dr. CLIFTON proposed that Congress meet next year in the first or second week in June.

Dr. HAYWARD seconded. I think, he said, it is a good opportunity to express our opinion and take exception to the rule. We come to London in June, and seeing we have such a hearty and unanimous invitation we should take into consideration the wishes of our prospective hosts. There is no necessity to discuss the question if the President would put it to the vote to see if the majority would like June or September.

Dr. MADDEN: Is it worth while? June is the middle of the London season, and the majority of the London members could not come away.

The PRESIDENT: Will anyone make a proposition that the rule be altered.

Dr. CLIFTON: I must make that proposition, taking all things into consideration. In the third week in September the nights are cold and the days short, and coming into the country will not benefit you so much. For the good of all I move that the rule be amended, and that June be this year the date of the Congress.

Dr. HAYWARD: And I have pleasure in seconding that.

Dr. DYCE BROWN: I move that the rule remain as it is.

Dr. PROCTOR: I venture to suggest that as we are indebted to the London contingent we ought to consider their feelings in this matter. I think it is a serious thing to do—to re-open a question well considered and already decided upon. The Congress can always take its own power into its own hands, but I venture to suggest on behalf of our London members that we bow to them and let that rule remain.

Dr. MOIR said he was willing to support the resolution before the meeting.

Dr. DYCE BROWN: I find my amendment was the direct negative, and it is not necessary to put it—just simply the proposition and the alteration of the rule.

The voting was in favour of the alteration by 80 to 6.

It was then decided that the Congress be held in the second week in June next year.

The election of President was carried out by ballot.

The President said he was glad to announce the result of

the ballot. Dr. Byres Moir had been elected by a large majority.

Dr. BYRES MOIR: I can only thank you for the honour you have done me, and express the hope that the next Congress will be a great success, which, as Dr. Clifton has put it forward, is sure to be the case. (Applause.)

Dr. DYCE BROWN: I beg to propose as Vice-President Dr. Clifton, of Leicester. (Hear, hear.) It is our usual custom, having chosen the President, to select as Vice-President the leading gentleman in the town in which Congress will next meet, and it goes without saying who that is. (Applause.)

Dr. BURFORD: I have the greatest pleasure in seconding that. It would be impossible to have a better Vice-President than Dr. Clifton, and when I further reveal a secret—(cries of "No,")—you don't know what I am going to say (Dr. Burwood: Yes we do,)—well, I will keep it a secret, but we could not make a better choice. (Applause.)

Dr. GEO. CLIFTON: I am very much obliged to the company. (Laughter, and a voice, "It's not been put yet!")

The vote was unanimous.

Dr. MOIR proposed Dr. Mason as local secretary. Dr. Dyce Brown seconded, and the motion was carried *nem. con.*

The PRESIDENT moved that the Secretary and Treasurer be continued as at present.

Dr. HUGHES seconded, and asked the meeting to carry it by acclamation.

Dr. DYCE BROWN promised to do his best in the future as in the past.

Dr. MADDEN (Treasurer) hoped his "doctrine of signatures" would be equal to all requirements, and pointed significantly to the cheque book, amid laughter.

The next business was the appointment of the Council.

The President moved that the Council be the same—officially and in this case personally—as at present.

This was agreed to.

Dr. DYCE BROWN said it only remained to take "any other business" which members had to bring forward.

#### FEDERATION OF HOSPITALS.

Dr. BURFORD said it would be interesting to the members of the Congress to know what had been done with regard to the scheme for the federation of homœopathic hospitals. He was glad to say considerable headway had been made. Recently they held a well-attended meeting, at which were many representatives of homœopathic hospitals, and an executive committee was appointed to present an interim report at a specially called meeting. The first thing it is proposed to do is to make a preliminary visitation to every British homœo-

pathic hospital, so that it may be known how they can be best helped, and each hospital would be able to suggest how to help to carry out the scheme. Afterwards a meeting will be called, and a well-planned scheme drawn up. To the officers and committee it had been a matter of pleasure to observe the unity and enthusiasm with which the suggestions had been received, and they hoped the most unbounded good would result as the final issue of their labours. (Applause.)

After the conclusion of the foregoing business, the President called upon Dr. BURWOOD to read his paper entitled *Barometrical Pressure as a Factor in Medicine*. We hope to present this paper to our readers, together with the discussion which followed, in the next issue.

Dr. WILKINSON then read his paper entitled *Associated Symptoms*, which was followed by a discussion, which will appear in our August number.

The meeting then closed.

#### THE CONGRESS DINNER.

At seven o'clock the members of the Congress, with their friends, dined in the Venetian chamber of the Holborn Restaurant. Grace having been said by the Rev. H. W. Hall, of St. Anne's Church, Grantham, and at the conclusion of dinner sung by the Celia Quartette—

The PRESIDENT proposed the health of the "Queen and the Royal Family," and remarked that all knew how ready the members of that family are at any time to sacrifice themselves for the benefit of any national cause. (Applause.)

The toast was received with musical honours.

The PRESIDENT: The next toast is that of "The Memory of Hahnemann." It is usual for the Chairman, it seems, to propose this, but I cannot make a speech, therefore I simply ask you to drink to the "Memory of Hahnemann."

The toast was drunk in silence.

Dr. POPE was next called upon, and said that having rendered honour to the memory of the greatest therapist of the century, one whose name, as Sir John Forbes said, "would be recognised by posterity as the exclusive excogitator and founder of an original system of medicine—destined probably in the remote if not immediate future to have a greater influence upon the Art of Healing than any promulgated since the days of Galen"—having done this, it was most proper that they should drink heartily the toast he was called upon to propose, "The Progress of Homœopathy," the progress of that therapeutic doctrine which is the basis of that original system. The appreciation of the value and importance of homœopathy has been in progress ever since the time when Hahnemann

first wrote the paper in Hufeland's *Journal*, in 1796, in which he defined it. To them, as members of that Congress who have daily experience of its value in the selection of remedies for the treatment of disease, to them the progress might seem to have been slow. But he would have them reflect (1) on the great difficulties which necessarily surrounded the introduction of a new therapeutic doctrine into the practice of medicine, (2) the enormous hindrances which Hahnemann's doctrine had had to encounter. There had been no true discussion of homœopathy from the first. When the question was introduced, it was not the doctrine which was assailed. Hufeland—at once Hahnemann's admirer, friend, and bitter opponent—having admitted that the principles enumerated by Hahnemann might doubtless serve to guide us to the discovery of useful remedies, protested against his methods, because of what he termed the neglect of venesection, which he said nothing could replace, and for the neglect of which nothing could atone. And again, when it was discussed at the meeting of the London Medical Society in 1836, the first time it ever was discussed by a London Medical Society, and again two or three days later at Westminster—the last time that a paper was read before a non-Homœopathic Medical Society—and discussed by Dr. Uwins and two or three more who had had real experience of the doctrine, and when it was stated at that meeting that aconite would be found sufficient to meet all the conditions under which blood letting was supposed to be required, Dr. CLUTTERBUCK said it was something shocking to hear of an old and respected member of the society looking forward to the time when lancets would rust in their cases, and aconite be used instead. He moved a resolution that homœopathy was unworthy of the consideration of that Society, and that it should never be mooted again, and that was the last time it was ever discussed in such a society by a person competent to lay the subject before the assembly. Again, in the journals discussion had been burked, and no opportunity had been given for anyone to bring the subject forward; then the progress of Homœopathy had been handicapped by a professional and social ostracism, which had rendered it essential that those who having had their attention accidentally drawn to it, and had adopted it, should be animated by that virile virtue—manhood, which Lord Rosebery, in his eloquent speech in the House of Lords that day fortnight, described as comprehending "courage, righteous daring, and disdain of the odds we may have against us." There were very few men anywhere who could be said to disdain the odds against them, more especially when those odds resolved themselves into a risk of the means of livelihood. This had been another of



the great hindrances which homœopathists had had to encounter. Then again, all men, or at any rate a great many men were ready to give a good deal for a quiet life, and there are plenty of people whose motto is "anything for a quiet life." In illustration of this, I would repeat what I said in the course of an address I had the honour of delivering before the American Institute of Homœopathy in 1879. On that occasion I said: "The majority of the medical profession are simply and solely practitioners of an art, they go through their daily round, prescribe for and treat their patients as they have been taught to do; they have little time for study, and so long as their patients get well, or are relieved, in about the same proportion as those of their neighbours they are perfectly satisfied, and accept without question all that their favourite periodical teaches them. It is because they have done so, that they have long since come to the conclusion that Homœopathy is a failure, or worse! They have made no enquiry into homœopathic therapeutics, and being fully occupied, they have accepted the assurance, made by their favourite periodicals, that homœopathy is no good." Under these conditions, was it much to be wondered at that progress was not rapid? On the other hand, was it not to be wondered at that the progress had been so rapid as it had been. Again, much as had been done honestly and honourably to promote the progress of homœopathy, was it not, alas! too true that their efforts had to some extent been frustrated by some whose names had been associated with it—men who are known in the United States as "cranks." Dr. Gatchell, on one occasion in the *Medical Era* of Chicago, wrote: "In our profession there is no more pestiferous crank than the man who tries to load down homœopathy with a lot of rubbish which belongs to it about as much as a barnacle belongs to a ship." He illustrated this with a reference to a man whom he had seen, and who had a delicate little vial nicely fitted with a wax cork, and labelled *sol*. And what did they think, he adds, was in it? why, a lot of globules supposed to have been medicated with potentised sunshine. (Laughter). It seemed difficult to understand how any man could regard such obvious nonsense as that as justifying him in refusing to enquire into a therapeutic doctrine which is supported by many thousands of medical men in all parts of the world, and has been so for a century. And yet the fact remains that it has that effect, and that it prevents an enquiry which is essential to the progress of homœopathy. Dr. Lauder Brunton, in his book on the *Action of Medicines*, published last year, states that when he was a student, and that must be between thirty or forty years ago—thinking that homœopaths were badly

treated, he proposed to read a paper at a Students' Medical Society in defence of Hahnemann's doctrine. In order to prepare himself for this work he read up what he called a homœopathic text book. He does not give the title of the book or mention anything more about it, and what he states he states from memory. He goes on to say that in the course of his reading he came across a section dealing with the treatment of still-born children, and quotes the following passage:—"Take a small vial of some tincture—he forgot the name, and put four drops into a glass of water, then put four drops of this mixture on the child's tongue every five minutes until it recovers." (Laughter). "Well," he says, "I thought one might go on *ad infinitum* with this, so I stopped writing my defence of homœopathy." Whatever he intended, the conclusion Dr. Brunton evidently came to, was that homœopaths in general supposed that they could raise the dead! (Laughter). What the book was, Dr. Pope could not say, but he would like the opportunity of seeing it for the sake of verifying the quotation. Notwithstanding that it prevented Dr. Brunton from writing a defence of homœopathy, it did not, fortunately for his patients, prevent him from adopting homœopathy into his practice, for three or four pages before the still-born business he gives an illustration of how disease should be treated. He speaks of a particular form of diarrhoea, one to which arsenic is peculiarly and notoriously homœopathic, and he says—"The best remedy you could use under these conditions is half-a-drop or a drop of *liq. arsenicalis*." This is a teaching of homœopathy, and thus practically defends it. (Hear, hear.) Notwithstanding the closing of the doors of medical societies and medical journals to all discussion of homœopathy, the closing of their advertising columns to all books regarding it and all appointments in homœopathic hospitals and dispensaries, notwithstanding the barricading of all avenues of professional advancement, homœopathy has progressed in professional appreciation and popular esteem. This progress had not been in the way they would have wished to see it, but it had been in the way that he for many years had believed that the first steps would be taken—in an empirical rather than a scientific way. Medicines have been adopted as the outcome of some one's personal experience—some one whose experience was directed by homœopathy, and they have been found to be useful in such and such cases without any reason being assigned why they could be expected to be so. This year the *British Medical Journal*, had given evidence in its correspondence columns of the value which some of the more intelligent general practitioners of the country attach to the practical results of homœopathy as set

forth in Dr. Hughes' *Pharmacodynamics*. (Applause.) This is evidence of the progress homœopathy has made among members of the profession. It was, he believed, the first occasion on which letters of the type of the three signed "An Open-Minded General Practitioner," "A Member," and "M.D.," which appeared in the *British Medical Journal* for January and February last, have ever appeared in the journal of the British Medical Association. But they all knew that supply follows demand, and the fact that these letters appeared convinced him that the editor had abundant reason to know that there was a demand for therapeutic information of the homœopathic type, and consequently he felt bound to insert them. (Applause.) Then another indication of the progress of homœopathy is to be found in the fact of Mr. Jessop's letter, inserted in the *British Medical Journal* for December, in which he asks for the opinion of some of the leading members of the profession as to the question whether it was right that non-homœopathic practitioners should meet with homœopaths in consultation; to which there was not one single response from a leading member. The only replies asserting that no such consultation should take place were from men of small consideration. The fact was there was no demand for the idea Mr. Jessop assumed to exist, and therefore, as a consequence, no supply was forthcoming. (Hear, hear.) This was the way that homœopathy would progress—there would be no sudden revulsion, no great reaction in accepting the therapeutic principles they entertained. For the position to which homœopathy had already been brought in this country they were indebted to no one man, but to many minds, to many means. (Applause.) But if there were one man more than another or one book more than another that had tended towards this result, he had no hesitation in saying that the man was Dr. Hughes, and the book his *Pharmacodynamics*. (Applause.) It was in no spirit of depreciation, but with a true conception of their position and that of the profession at large, that Constantine Hering described Dr. Hughes' valuable book as "milk for allopathic babes" and uncommonly good milk it is! (Hear hear.) He had no hesitation in saying that it was by the aid of such works that homœopathy would advance amongst the general body of the profession. (Hear hear.) They were all anxious that homœopathy should progress. Let them, then, strenuously exert themselves to support the various means to that end which they already possessed—their journals, their societies, their hospitals—let them strive to practise homœopathy with that degree of scientific accuracy which would enable them to cure disease more frequently and better than formerly, and by so

doing to influence the minds of their professional brethren in their immediate neighbourhood, and so impress the value of homœopathy upon those gentlemen at present known to them as "Our friends the enemy." (Loud applause.)

Dr. PERCY WILDE, whose name was coupled with the toast, said there was one thing upon which those interested in the progress of homœopathy could congratulate themselves, and that was that Dr. Pope was present on that occasion—(applause)—and that they had been able to listen to his masterly address upon the past history of homœopathy. At the last Congress they were all disappointed because Dr. Pope could not attend—they learned he was prevented through illness, and there was no one whose sympathies did not go out and hope that he would soon recover. (Hear, hear.) In speaking of the progress of homœopathy, Dr. Pope had spoken with that lucidity which they might expect from one who had always been in the front rank of homœopathy, who had fought for it, and never at any moment shrank from sacrificing time and energy to the cause. (Applause.) And then as to the progress of homœopathy. So far as he knew the homœopathic school, at the present time it is the only body of practitioners who recognise that there is a science of medicine, and therefore homœopathy is for progress in medicine. It is left to that school to place medicine on a scientific basis. (Hear hear.) By a peculiar irony of fate it was left to them as homœopaths to sustain the honour of the medical profession. The homœopaths had retained the old-fashioned principles, and they had never drawn the line between the duty of a gentleman, and that of a doctor. That line had been drawn by the members of the British Medical Association, and the result had turned upon them, because when they have brought a system of ethics before the public, and when they have had discussion it has only brought disrepute on the members of the profession. The work before them in connection with the progress of homœopathy is one which they have taken very seriously in hand. In the first place they thought they might so remodel their hospitals as to meet entirely the needs of the public. Now, it was much more difficult to found a hospital than a dispensary. The hospital question was a big one with the profession and public, and many efforts had been made to solve it. He thought the question arose in this way. Their hospitals were originally founded to meet the needs of the destitute poor, and were practically on the same lines as the poor law infirmaries. But owing to the success of the hospital treatment and nursing, a large proportion of the people would rather, in times of sickness, go into the hospital than remain at home. The hospital question had arisen from the fact that,

there were people who wanted to enter the hospital, but not as recipients of charity, and the proper solution of the question was to consider them as public institutions, and adapt them to the needs and requirements of the public. This could be done by erecting hospitals in small towns to include any real poor, and the intermediate classes who stand more in need of hospital treatment than any other classes. If that were done the hospital could be made practically self-supporting, and that would save the medical staff and others a great deal of worry and anxiety. Having established a hospital he believed they could carry out the policy of their therapeutic school and throw the paying wards open to all medical men. This had been adopted at the hospital at St. Leonards and at Bath, and had been found to work well. In that way they could show they were not a sectarian body, as they never had been. They simply claimed that the therapeutic school has a place in medicine, and that there should be liberty in opinion for the practitioners and for the public. By adopting the policy he had sketched out they would be settling a knotty point and making the public understand the difference between their position and that of the narrow-minded policy of the rest of the profession. He had had a good deal to do in different ways with members of the "orthodox" profession, and he believed the ranks are not so solid or that the opposition to homœopathy is not so great as many supposed. If they could only convince them that their interests would not suffer by adopting homœopathy, he believed the difficulty would soon disappear. (Hear, hear.) In speaking of the progress of homœopathy they should bear in mind the names of Pope, Dudgeon, Hughes, Dyce Brown, and many others he need not mention at that assembly. (Applause.)

Dr. Burwood said though that was an assembly of homœopathic doctors he thought for once in a way they should desert their their colours and give an allopathic dose of welcome to their guests. (Applause.) It would be more in accordance with their feelings than a homœopathic or infinitesimal one. He was exceedingly pleased to see so many visitors, and in sympathy with them they surely were, being at that gathering. They must have been patients, and if not already their patients, he was sure he hoped they might be, and if they were not but might be, he hoped when they were, they would do their very best to say as much as they could in praise of homœopathy. For it is by homœopathic patients that homœopathy is to be pushed, not so much by the doctors themselves, but by the patients, who publish abroad all they know about it. (Applause.) He saw some before him whose names were as household words among homœopaths, and who were taking a lively and intelligent interest in it. He hoped

they would live long to be homœopaths. (Applause.) Among them he saw Mr. Stilwell (applause), who had had their hospital in Great Ormond Street under his care for many years. He was sure they would all drink Mr. Stilwell's health, and he proposed that they do so. (Applause).

Mr. STILWELL returned thanks to the doctors for the manner in which they had drunk the health of the visitors. The hospital had been mentioned by a previous speaker, and he could assure them that they were all striving for progress in that hospital. (Hear, hear.) He was not there that evening to defend the hospital, but he must express his thanks for the kindly mention and for expression of his feeling that it should be borne in mind by all homœopaths, and, as Dr. Burwood had said, by the patients. There was no doubt the hospital was the centre of interest for every medical man who is a homœopath, and perhaps he might say for those who were not homœopaths, but who sometimes stole their clothes. (Laughter.) "We do not grudge them what they steal," he said, "for it does us no harm and it might do their patients good, if they do not poison them with an allopathic dose of remedies we know so well how to employ." (Laughter.) Proceeding, Mr. Stilwell said he was asked by his neighbour, Dr. Goldsmith, of Cincinnati, to thank the company in his name, as the only representative of America in that room. From what Dr. Goldsmith had told him he was sure homœopathy was making steady and real progress on the other side of the Atlantic, not only among the populace, but also among members of the profession. Men's minds were being opened to the study of the principles of homœopathy, and to the benefit which those who use it receive. He was very glad to hear that. He believed he had mentioned before that where there is one homœopathic hospital in England there may be a hundred in America, and he understood that there were 11,000 practitioners in that vast country. That did not, he considered, put us to shame, because they all knew the difficulties under which we laboured here. They had no regular school as had the allopaths, and their teaching was conducted at hospitals by lecturers who kindly give their services and energy for the dissemination of the doctrines. It was a very hopeful sign for the future of the art of healing according to Hahnemann. (Applause.) Before he left the subject of America he would say that from the conversation he had had with Dr. Goldsmith he had gleaned that there was a very strong feeling of sympathy between the two English speaking races. (Applause.) He had always thought that to be the case—now he was sure of it. (Renewed applause.) There was nothing gave him more pleasure than to think that in the great hereafter England and America

would join hands across the ocean and contend together with difficulties at home and abroad. (Applause.) Very much did he again thank them for the honour they had done him, as the representative of the hospital, and for the kind way in which they had drunk the health of the ladies and gentlemen who were the visitors. (Applause.)

There were loud cries for "Goldsmith" and a "speech."

Dr. GOLDSMITH, rising amid acclamation, said he had not expected to have to do anything more than sit in silence at that banquet. When a man had nothing to say, it was always best for him to stick to his text and say it. (Laughter.) He was in that fix now, except for one thing. Certainly he wished to express his gratitude for the kind hospitality which they had offered him. Coming such a long distance across the water, and being alone, it was pleasant to be so hospitably received and so cordially welcomed. The reference Mr. Stilwell had made to the feeling across the water was quite true. (Applause.) The step Great Britain took at the outburst of the war between the United States and Spain in declaring coal a contraband of war, and showing practical sympathy, gave America hope and settled the question, and did more to increase the brotherly feeling amongst the people than anything else since the War of Independence. He knew the feeling would grow, and that the people would feel they are not two separate nations, but two branches of one great nation. (Applause.) Speaking with reference to the homœopathic school of medicine, Dr. Goldsmith said they had privileges in America which were not enjoyed in England. He did not realise until that evening one difficulty they had always laboured under, and that was they had only one place, one way, in which they could learn or teach the theory of homœopathy as the science of therapeutics. In America they had their medical colleges, and it was a great advantage to have lectures on the philosophy of homœopathy, and this supplemented the work of teaching the homœopathic *Materia Medica*. They endeavoured to teach so that the students should go out thorough homœopaths, and know why they are homœopaths, and could readily give a reason for their faith, and who are ready to study homœopathy and *materia medica* in such a way that homœopathy could be honourable and properly carried on. (Applause.) Homœopathy was permeating the allopathic schools. Recently he bought a book by Dr. Samuel Potter and he could turn to page after page all through that book in suggestive therapeutics which would prove this statement. All this made their work the lighter. In conclusion he merely repeated what he said before and thanked them very much, and in the name of those who

wished they were present he would express the hope that some day they would be able to reciprocate. (Applause.)

Dr. RAMSBOTHAM rose to propose the next toast, that of the President. He said:—Ladies and Gentlemen,—I feel some difficulty in following the speakers who have gone before, inasmuch as they have been able to shield themselves from criticism behind the personality of your president. This I am unable to do, and therefore I crave your indulgence in addressing you directly. But in using that fiction of courtesy and addressing you through the chairman the speakers placed themselves under his direct authority and control, from which I am glad to be emancipated, for in what I have to say I must unavoidably make remarks personal to our president, and I am therefore glad that he should be unable to stop me. The toast I have to propose to you is the health of our president (applause), a toast which is sure of your acceptance whether I can commend it to you or not. We listened with great interest to the president's address this morning, an address covering a very large field of survey and thought, expressed with a brief directness. He described to us what is evidently the evolution of medicine, and as he did so, it was impossible for us not to connect it with the evolution of our own particular department of medical science—the evolution of homœopathy. Dr. Eubulus Wilson is directly associated with the earlier traditions of homœopathy, traditions from which it would be well for us not to retract or to derogate, still less to desert. (Applause.) The esteem in which he is held by what I may call outsiders is evidenced by the appointment that he has so long held, as physician to Müller's Orphanages, a position which gives him great advantages in dealing with one department of our work—the study of epidemics—and in enabling him thus to add to our store of knowledge in such matters. As to the esteem in which he is held by the members of our own profession, we have ample evidence in the fact that he was elected first President of the West of England Therapeutical Society thirteen years ago, an office he has held ever since. To many of us the office of President of this, our only Congress, comes almost as the sole professional dignity of a lifetime. It is in truth the greatest honour we have to offer, but to Dr. Eubulus Wilson it comes not as the sole but as the crown of other honours professionally won. Let us drink to the health of our President. (Applause.)

The toast was received most enthusiastically, the company singing heartily "For he's a jolly good fellow."

The PRESIDENT rose, amid applause, and said: Ladies and gentlemen,—I have to thank Dr. Ramsbotham for the kind and very cordial manner in which he proposed my health. I



also have to thank you all for the way in which you received it. I am quite sure no president will ever vacate the chair with more pleasure or more gratitude than I do. (Loud applause.)

During the evening a well selected programme of music was rendered by the Celia Quartette, an excellent combination of male voices. Mr. Philip Pope was also to have favoured the company with humorous songs, but his directors had that day called him to the north, and he was therefore unable to be present.

### BRITISH HOMŒOPATHIC SOCIETY.

The eighth meeting of the Session was held at the London Homœopathic Hospital on Thursday, May 5th, 1898, Dr. Edwin A. Neatby, President, in the chair.

#### SECTION OF MEDICINE AND PATHOLOGY.

Dr. GALLEY BLACKLEY read a paper *On the Action of Some of the Principal Hamatics*. The author first discussed the action of iron, quoting the results obtained by Bernhard and Löffler fifty years ago, and showing that their observations were confirmed by more recent workers in the field of hæmatology. He mentioned Bland's pill and the saccharated carbonate of iron as being the most frequently used form of iron, but gave his preference to the protoxalate first introduced by Professor Hayem, and referred to the results published by him (Dr. Blackley) in this *Review*.

Arsenic was next passed in review—a drug which lowers the number of red corpuscles. He considered the drug had undoubtedly great power in the pernicious form of anæmia. The striking anæmia of lead poisoning was remarked, and in a case lately under his care he noted but little abnormality in the per centage of red corpuscles and hæmoglobin, but poikilocytosis and variations in size were pronounced, and a few megalocytes were present.

The author considered the effect of phosphorus upon the blood to be rather of a hæmolytic than a dynamic stimulant, and that in addition to changes in shape the number of red cells is much increased.

The anæmia caused by mercury was a prominent and constant symptom.

Dr. Blackley finally discussed a class of hæmolytics *par excellence*, organic in origin, and mostly containing nitrogen, such as nitro-glycerine, nitrite of amyl and nitro-benzol. These, with naphthol, etc., cause a breaking up of the red corpuscles and diminish the power of combining with oxygen in the hæmoglobin. He considered the exact therapeutic future of these agents to be as yet undetermined.

Dr. Hughes, Dr. H. Nankivell, Dr. Goldsbrough, Dr. Byres

Moir, Dr. Neild, Dr. Carfrae, Mr. L. Reed, Dr. V. Green, Dr. Purdom, Dr. Dyce Brown and the President took part in the discussion that followed.

Dr. BYRES MOIR then opened an interesting discussion on *Medicines of Use in Septic Conditions*, with especial reference to ulcerative endo-carditis. The discussion was taken part in by Dr. Epps, Dr. Goldsbrough, Dr. Nankivell, Dr. Carfrae, Dr. Blackley, Mr. Dudley Wright, Dr. Day and the President.

The ninth meeting of the session was held at the London Homœopathic Hospital on Thursday, June 2nd, 1898, Dr. Edwin A. Neatby, President, in the chair.

#### SECTION OF SURGERY AND GYNECOLOGY.

Mr. James Johnstone, the Secretary, arranged a most interesting clinical evening, consisting of the exhibition of cases, specimens, and microscopic and X-ray demonstrations.

The following cases were shown :

By Dr. BURFORD: (1). Uterine fibroid, with cancer of breast and also floating kidney. (2). Vaginal hysterectomy for uterine cancer (with specimen). (3). Ovariectomy (with specimen). (4). Cystic enlargement of gall bladder, continuous improvement under berberis.

By Dr. DAY: (5). Intracranial tumour; boy, age 4. (6). Friedrich's disease. Boy, age 5. (7). Pseudo-hypertrophic muscular paralysis; girl. (8). Intra-uterine amputation of forearm in a child. (9). Lymphangioma of axilla; girl, age 7.

By Dr. GOLDSBROUGH: (10). Lower level or Jacksonian epilepsy, with paresis of left upper extremity; woman, age 20.

By Mr. JOHNSTONE: (11). Tumour of breast (disappearance under phytolacca after diagnosis of cancer and advice of immediate removal).

By Dr. NEATBY: (12). Abdominal tumour (malignant?). (13). Uterine fibroid, with cirroid aneurism of uterine artery and commencing cardiac failure.

The following specimens were exhibited in the lecture room of the Hospital:—

By Dr. BURFORD: (1). Uterus removed by vaginal hysterectomy for cancer. (2). Ovarian tumour removed by operation.

By Mr. JOHNSTONE: (3). Hydrocephalus, spina bifida and talipes valgus in a full time fœtus, delivered without craniotomy (breech presentation).

By Dr. MOIR: (4). Aneurism of first part of aorta, within the pericardium, from a man of 48. Heart weight, 2 lbs. (5). Advanced calcareous changes in the mitral valve in a man of 80 years, with history of rheumatic fever 15 years before.

By Dr. NEATBY: (6). Double dermoid ovarian cysts with multilocular simple cyst, removed from same patient by operation. (7). Ovarian dermoid and papillomatous cysts

removed from same patient *post mortem*. (8). Uterine fibroid, showing hard and soft tumours, removed by operation. (9). Uterine appendages and appendix vermiformis removed at one operation.

By Mr. KNOX SHAW: (10). Gallstones removed by cholelithotomy.

By Mr. WRIGHT: (11). Epithelioma of rectum removed by the trans-sacral route. (12). Papillomata of bladder removed by suprapubic cystotomy. (13). Vesical calculus, removed by suprapubic cystotomy. (14). Renal calculus, removed by nephro-lithotomy. (15). Salivary calculus, removed from sublingual gland.

Among the microscopic exhibits were:—

(1.) Series of permanent microscopical preparations of the blood.—Dr. Galley Blackley. (2). Radiograph of a foot with supernumerary toe.—Mr. Knox Shaw. (3). Some new hæmatological apparatus.—Dr. Galley Blackley. (4). Microscopical slides showing (a) Paget's disease of nipple, (b) Scirrhus carcinoma axillary gland from the same patient.—Mr. Knox Shaw. (5). Microscopical preparations of streptococci, gonococci, etc., illustrating the use of carbol-fuchsin as a differential stain.—Mr. Johnstone. (6). Microscopical sections of diseased appendix vermiformis and slides of blood from patient with malignant abdominal tumour.—Dr. Neatby.

Mr. Gerard Smith gave an exhibition of new X-ray Fluorescent screen (presented to L.H.H. by F. Adair Roberts, Esq.) and an exhibition of the method of producing high vacuum in X-ray tubes, by the mercury fall pump.

#### LIVERPOOL BRANCH.

At the closing meeting of the session held at the Hahnemann Hospital, Liverpool, Dr. John Hayward, Vice-President, in the chair, the following officers were elected for the ensuing session, 1898-1899:—President, Dr. John Hayward; Vice-President, Dr. Douglas Moir; Secretary and Treasurer, Dr. Watson; Representative on the Council of the Society, Dr. A. E. Hawkes.

## NOTABILIA.

### HOMŒOPATHY IN TASMANIA.

THE struggle has spread to Hobart, where it has evinced the same vigorous self-defence as was shown at Launceston—the boycotting there being described as “a dismal failure.” At a meeting held late in April at Hobart, an association of lay and medical members was formed “for the furtherance of the cause of homœopathy in Tasmania, and the spread of the truths of *similia similibus curantur*.” We wish Dr. Gibson and Dr. Benjafield every success.

## HOMŒOPATHY IN WAR TIME.

UNDER this heading, the European edition of *The New York Herald*, published in Paris (June 15) contains the following letter:—

“It is a pity that no one has yet made any suggestion relatively to the benefit which would accrue to the American forces sent to warm climates through the use of homœopathic treatment. The shock from wounds, the healing of these wounds, the biribi of the Philippines, the dread yellow fever, all forms of malarial attacks find in homœopathic treatment superior help.

“If the old school sanitary regulations do not admit of such therapeutic progress in the regular army, some one of the auxiliary societies might, under the protection of the flag, use such practice among the many volunteers, who would with joy hail the innovation. The mortality lists would show fewer losses, and many more cures. Among the 12,000 American homœopathic practitioners many would be found capable and happy to lend their services towards this patriotic end.

“Aldershot furnishes statistics of some value in relation to homœopathic practice. As regards cavalry, Paris had its homœopathic ambulances during the late war, both very honorably noted for the work achieved.

“OLD RESIDENT.”

## CORRESPONDENCE.

## THE SELECTION OF PAPERS FOR CONGRESS.

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

GENTLEMEN,—I cannot forbear writing to you to express my astonishment that such a paper as the one read by Dr. Clarke should have been permitted to be read at such a Congress as our last. How could any one think that a paper of that nature could be anything else but a stigma to the escutcheon of homœopathy? We are taken by the regular practitioners to be cranks, if not fools, and if such a doctrine as that propounded by Dr. Clarke is a doctrine which can go out as having been propounded at a Homœopathic Congress, there is some just cause for their opinion of us.

May I ask you, Gentlemen, who is responsible for arranging for individuals to read papers at our annual Congress? Is there such a thing as a committee appointed, or is there not? Or does the whole lot of the Congress, as it seems to the majority of us provincial men especially, lie in the hands of its permanent secretary? To allow a paper such as that was to be read immediately after the presidential address, says at once that it is the chief paper of the Congress; consequently we can

only look at it that just so far as Dr. Clarke is to blame, equally so far are the persons that allowed him to read it.

We provincials expect from the Homœopathic Congresses to gain some further knowledge of what has been done in the homœopathic world by the leaders, and especially by the readers of papers and the physicians of such hospitals as ours in London. Are we to go to the expense of time, trouble and money to hear nothing more useful to us than the doctrine of signatures? If such be the case, I, for one, shall not attend any more Homœopathic Congresses. I feel very deeply on this question, and at the Congress I stated my opinions to others, and I found that they were shared by the majority of the members of that Congress. Consequently, though you may take this letter in a harsh manner, still it is a question which cannot be burked, and which for the sake of homœopathy should not be burked; we must know on whom the responsibility lies, that such a thing may not occur again.

Southport,  
June 14th, 1898.

Yours truly,  
ROBERT STOPFORD.

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

GENTLEMEN,—In reply to Dr. Stopford's letter in regard to the selection of Congress Papers, I beg to state that the Council met towards the end of last year, and unanimously made a list, in definite order, of gentlemen who were to be asked to contribute papers for the Congress of this year. Dr. Clarke's name was down among the first three. All the Council were present, except Dr. A. C. Clifton, who was unable to come. The Secretary has only one voice out of the seven members of Council. Had the Council resolved to ask for no papers, but to wait for offers, then a supervision of the papers might be carried out, but if a colleague is officially requested to write a paper, and the subject left, necessarily, to his own selection, it is impossible to "sit upon" the paper thus written by request. No one of any position in the profession would submit to the possibility of his paper being rejected under such circumstances. Dr. Stopford will thus see that he is in a great mistake in supposing, as he says, that "the whole lot of the Congress, as it seems to the majority of us provincial men especially, lies in the hands of its permanent secretary." I am, besides, not the permanent secretary, but have had the honour of being annually appointed. When I resigned in 1894, and was honoured by an unanimous request to withdraw my resignation, the Council was appointed for the purpose of relieving me of such responsibility as was thought unfair to rest on the shoulders of one individual. I was grateful for this kind help, and I now accept no further responsibility than devolves on a

secretary who is only one of seven members of Council. Dr. Stopford, and the majority he refers to, have the remedy in their own hands.

I am, &c.,  
D. DYCE BROWN.

### A HOLIDAY RESORT.

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

GENTLEMEN,—In my wanderings last year in Switzerland, I came across a beautiful, but not sufficiently known spot, although now described in "Baedeker." At the time, I said to myself I would let others know of it, and I think the best way is to ask you to place the address before your readers. I refer to the Hotel du Weisshorn, situated high up on the left (east) slope of the Val d'Anniviers, which runs from the south into the great Rhone Valley. The start is most conveniently made from Vissoye, a good path leading up through pine and birch trees. The hotel is about two hours from anywhere else, but is connected by telephone and telegraph with Vissoye; it is 2,800 metres high, *i.e.* over 7,000 feet; the air is clear, dry, fragrant and bracing; shelter is at hand in the woods, and it is needed, for the power of the sun's rays, even late in September, was great. Plenty of easy snow tramps are accessible, the Bella tola, with a commanding view is scarcely three hours away, and the view of the Weisshorn is excellent. Climbs can be made, and descents by two or three passes into the Zermatt Valley are safely practised. Although so high the air does not seem exciting, for I know of a medical man who went there from St. Luc because he could not sleep at the former—a lower level. The hotel seemed well equipped, but was almost shut up when I stayed there, and visitors go year after year.

Yours truly,  
EDWIN A. NEATBY.

### NOTICES TO CORRESPONDENTS.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

The "list of Books received" is unavoidably postponed.

Communications, &c., have been received from ADMIRAL SELWYN, Dr. DYCE BROWN, Dr. NEATBY, Mr. KNOX SHAW, Mr. DUDLEY WRIGHT (London); Dr. STOPFORD (Southport); Dr. HUGHES (Brighton); Dr. MADDEN (Bromley); MANAGER AMRITA BAZAAR (Calcutta).

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 66 Moorgate Street, E.C.

THE MONTHLY  
HOMŒOPATHIC REVIEW.



THERAPEUTIC MYTHOLOGY.

THE paper read at the recent Congress by Dr. J. H. CLARKE, on what he termed *The Doctrine of Signatures*, had, as is evident from the discussion, from the letter of Dr. STOPFORD, of Southport, published in our last number, from others in this, and from all we have heard of it in conversation since the meeting adjourned, precisely the effect that its author designed it to produce. When, said Dr. CLARKE, in closing the discussion, I was asked to write a paper for the Congress, "I just thought for half a minute to see if there was any subject I could take that would 'make your flesh creep,' and, within thirty seconds, I thought I had one, and gave the promise." It certainly has made our "flesh creep," to think that any physician, practising homœopathically, could be found who could so far degrade homœopathy as to pretend to bring to its aid a mediæval superstition, a doctrine to which, as Dr. DUDGEON wrote fifty years ago, "it is impossible to attach any credence." *The British Medical Journal* (July 2), in an article criticising Dr. CLARKE's paper, does us only the barest justice when remarking, "Dr. CLARKE's advanced views appear to have surprised even his brethren in HAHNEMANN, who hardly knew whether or not to take him seriously. Perhaps, like the fat boy in *Pickwick*, he only wanted to

make their flesh creep." This, Dr. CLARKE admitted, was his object in selecting the subject he did. When the Council of the Congress resolved to ask Dr. CLARKE to prepare a paper for reading and discussion at the meeting on the 3rd of June, they did so recognising, as all who knew him would do, his capacity to write a useful and instructive paper, never suspecting for a moment that, though he is well known to entertain views on many subjects with which the great bulk of homœopathic practitioners have not the remotest sympathy, he would so far disregard the confidence they had placed in him as to present an essay of the type that he did.

In the opening sentence of this paper, Dr. CLARKE said, "It would almost seem that it is to be the lot of homœopathy to rehabilitate the ancient doctrine of signatures, developed and glorified by PARACELTUS and possibly utilised by HAHNEMANN himself, and the older homœopaths for suggestions as to the properties of drugs, the outlines of which were filled out by provings and clinical observations."

Having quoted this sentence, the editor of the *British Medical Journal* writes: "That HAHNEMANN in his fine frenzy drew inspiration from the doctrine of signatures is probable enough, for the prophet of homœopathy was, as VOLTAIRE said of another prophet, *capable de tout*. Neither have we any difficulty in believing that the glorious destiny of resuscitating the doctrine of signatures, which was well described by Dr. AYRTON PARIS, as 'the most absurd and preposterous hypothesis that has disgraced the annals of medicine,' is reserved for homœopathy."

On what ground does Dr. CLARKE state that the doctrine of signatures was "possibly utilised by HAHNEMANN himself and the older homœopaths for suggestions as to the properties of drugs, the outlines of which were filled out by provings and clinical observations."? He gives none whatever; and nowhere could he find any in the whole of HAHNEMANN'S writings! But to assert that he did so was necessary to aid in making our "flesh creep"; and further, to qualify the assertion by the word "possibly" was desirable in order to provide himself with a way of escape, in the event of some one contradicting him, or of some opponent of homœopathy, like the editor of the *British Medical*



*Journal*, taking advantage of his assertion to cast ridicule upon homœopathy. We assert, however, that it was *not possible* that HAHNEMANN should have utilised the doctrine of signatures for suggestions as to the properties of drugs. In the first place, HAHNEMANN lays it down as a principle of primary importance, that "in order to ascertain the actions of remedial agents, for the purpose of applying them to the relief of human suffering, we should trust as little as possible to chance, but should go to work as rationally and methodically as possible." Will Dr. CLARKE or any other like-minded physician—if there be one—declare that the fact of the *euphrasia* having an "eye blue flower"—though, as Dr. DUDGEON said, "it required a vivid imagination to perceive in it any resemblance to the eye, unless perhaps the marking on the petals might be considered to have some faint likeness to the markings on the iris of some eyes"—is a rational reason for prescribing it in catarrhal ophthalmia? No, HAHNEMANN insisted on the absolute necessity of drawing therapeutic conclusions from ascertained *facts*, not from imaginary dreamings. We are not left, however, to infer his views on the doctrine of signatures from the general principles he lays down, but on no less than three occasions does he give us his estimate of its value in that very decided and indignant phraseology which he was accustomed to employ when writing on any subject regarding which he had reflected much and felt deeply.

In his essay on *The Three Current Methods of Treatment* (1809) he describes "the rude experiences of domestic practice, the oracles of old herbalist books, or *fantastic speculation (signature)*" as being "the gross sources whence remedies had flowed in abundance." Does Dr. CLARKE suppose it possible that HAHNEMANN should have utilised a "*fantastic speculation*" to supply him with suggestions as to the properties of drugs? (*Lesser Writings of Samuel Hahnemann*, p. 592.)

*Secondly.*—In his essay *On the Value of the Speculative Systems of Medicine* (1808) he writes:—"How uninquiringly our writers of *Materia Medica* have adopted the statements proceeding from these impure sources is evident, among other things, from this, that they enumerate among the virtues of crude medicines, such as were originally derived from the mere supposi-

tions of our superstitious forefathers, who had childishly asserted certain medicinal substances to be the remedies of certain diseases merely on account of some external resemblance of those medicines with something appreciable by the senses in those diseases (*signature*), or whose efficacy rested only on the authority of old women's tales, or was deduced from certain of their properties that had no essential connexion with their fabulous medicinal powers." Op. cit. p. 570.

*Thirdly.* In the essay on the *Examination of the Sources of the Common Materia Medica* (1817), when commencing the consideration of the second source of the virtues of drugs, as ascribed to them in the *Materia Medica*, alleged to have a sure foundation, viz., *their sensible properties*, HAHNEMANN writes: "I shall spare the ordinary medical school the humiliation of reminding it of the folly of those ancient physicians who, determining the medicinal power of crude drugs from their *signature*, that is from their colour and form, ascribed to the yellow turmeric the power of curing jaundice, and considered *hypericum perforatum*, whose yellow flowers on being crushed yield a red juice (*St. John's Blood*) useful in hæmorrhages and wounds, &c.; but I shall refrain from taunting the physicians of the present day with these absurdities, although traces of them are to be met with in the most modern treatises on *Materia Medica*." Op. cit. p. 754.

Thus Dr. CLARKE commenced his paper by a misrepresentation of HAHNEMANN. It was not a studied misrepresentation, but a misrepresentation due to total ignorance of HAHNEMANN'S views on the "*fantastic speculation*" with which Dr. CLARKE tried to make our "flesh creep" in his endeavours to rehabilitate it. To rehabilitate or attempt to rehabilitate the ancient doctrine of signatures, or any other obsolete fantastic speculation, may indeed be the lot of Dr. CLARKE, but it is not a part of the mission of homœopathy to do so. Dr. CLARKE would fain make our "flesh creep" by persuading us that there is a very close connection between homœopathy and "the most absurd and preposterous hypothesis that has disgraced the annals of medicine." There is none whatever; not a jot more than there is between Tenterden Steeple and Goodwin Sands! This was fully demonstrated in the discussion when, with one exception, all

who spoke repudiated the notions Dr. CLARKE had wasted half-an-hour of the time of the Congress in his effort to make our "flesh creep"!

That the paper, as a whole, was regarded as interesting and amusing by several speakers is true enough, but it was the kind of interest attaching to most papers dealing with the curious manners and customs of our forefathers, and the sort of amusement derived from a variety show. But, as Dr. HAYWARD said, while fond of a little amusement, he did not think the Congress was the place for it. Dr. GOLDSBOROUGH and Dr. MADDEN did not know whether to take Dr. CLARKE seriously. Dr. DUDGEON said that in the past the doctrine of signatures had been a great failure, and proceeded to show how great a failure it had been by naming about a dozen instances in which some fancied resemblance had been recorded between the plant and the disease it had been supposed to cure—but didn't. Dr. PROCTOR followed, and in a most striking and very humorous speech, suggested that as the lower animals seemed to be wonderfully gifted in detecting the qualities of food and drugs, and seemed to have a special knowledge of medicines of their own, he would take it that the doctrine of signatures was really a guide to them, and to this use he would limit it. Dr. PERCY WILDE looked at this doctrine as an evil one, and as being one which misled men to use drugs wrongly, and to discard good remedies, and therefore he would be very sorry if any pressure were brought to associate the doctrine of signatures with the doctrine of similars, an expression of opinion which was followed by loud applause from all parts of the room. Dr. GOLDSBOROUGH regarded this so-called doctrine as a relic of their mental childhood, and as being originally an after-thought. If it had any value, that value was of a psychological character, and suggested questions as to how far colour sensations and sensations of shape are related to other biological facts. Dr. CLARKE, he said, had put them on a wrong mental track in bringing the doctrine forward as he had done, and if he thought that they would gain anything from such a consideration of it, he was grievously mistaken. Dr. MURRAY MOORE did not consider the doctrine of signatures worthy of the name of a "doctrine"—it was rather a bundle of old traditions, now, by their clever

and ingenious friend, revived for the purpose of discussion only. Dr. NANKIVELL said that the doctrine of signatures was a relic of mediæval medicine, and, as such, was interesting, but he failed to see of what assistance it could be to them in practice. As a Congress, he thought that they should say that that interesting question should be relegated to the background and left there, a sentiment which was received with great applause.

Notwithstanding these expressions of opinion and the strong current of opposition to the views he had expressed, Dr. CLARKE in his reply stuck to his original prophesy, and "thought that homœopathy would be the means of rehabilitating an old doctrine!"

When Sir CHARLES TREGELLIS, "the king of Bucks," at the beginning of the present century was beginning to train his nephew, RODNEY STONE, to enter the polite society of those days, he said "Have you any eccentricity, nephew? You have a pleasant catching laugh at all events. But an eccentricity is very *bon ton* at present, and if you feel any leaning towards one I should certainly advise you to let it run its course. PETERSHAM would have remained a mere peer all his life had it not come out that he had a snuff box for every day in the year, and that he caught cold through a mistake of his valet, who sent him out on a bitter winter day with a thin Sèvres china box instead of a thick tortoise shell. That brought him out of the ruck, you see, and people remember him." Dr. CLARKE's eccentricity to-day seems to be that he can, through homœopathy, rehabilitate the ancient notion of signatures! This it may be supposed will bring him out of the ruck of mere homœopaths, and people will remember him! The editor of the *British Medical Journal* among others, and indeed he ought to do so gratefully, for he has given him the only legitimate opportunity for ridiculing homœopathy and indulging in a sneer at HAHNEMANN that he has had for many years.

One thing, however, Dr. CLARKE must have learned from this discussion and from the conversation he encountered during the day, viz.: that to pretend to rehabilitate, through homœopathy, the ancient doctrine of signatures at a Homœopathic Congress is not only not *bon ton*, but is to ensure a disastrous failure.

## BAROMETRICAL PRESSURE AS A FACTOR IN MEDICINE.

BEING SOME INTERESTING FACTS NOT STRICTLY MEDICAL,  
BUT HAVING AN IMPORTANT BEARING ON DISEASE AND  
ITS TREATMENT.

By T. WESLEY BURWOOD, L.K.Q.C.P. & L.M. Ireland,  
L.R.C.P. & L.M., Edin.

TOWARDS the end of the month of January, 1882, I was brought face to face with a puzzle which gave me much personal chagrin, though it eventually has proved a source of much satisfaction, as it opened up a line of thought which to me has been very useful.

How frequently in the experience of all of us have our failures been fruitful for good.

I had been in regular attendance on a gentleman whose name is well known. He had been my patient off and on for some years for trivial ailments, and I flattered myself I knew everything it was possible to know about him; he had been a most healthy man, never having had a serious illness since childhood. His habits were those of an English gentleman, and until a few months before his death, he might have been seen on horseback in "the Row" every morning of his life when in London. He, however, towards the end showed signs of œdema in the feet due to heart trouble. There was no valvular lesion, though latterly marked dilatation was evident. There was no albumen in his urine and his present condition might be summed up as due to old age (84).

I had seen him one day about 6 p.m., he was jolly and jocular, with nothing to indicate anything like a sudden collapse, his respiration was normal and his pulse and temperature satisfactory.

To my surprise, when I called about noon the next day I found my patient dead!

On enquiring of the nurse, who was a woman of experience, what had happened, she said; "he went to sleep as usual between 10 p.m. and 11, but woke soon after one complaining of breathlessness, his heart beating very fast and irregularly, this went on until gradually he became pulseless, and he breathed his last at 6 a.m., five or six hours after first awaking."

When I left him the previous afternoon I told the friends I considered his condition highly satisfactory, and yet within 12 hours he was dead!

I felt my position acutely, as I feared lest the friends might consider I had not fully grasped the situation, and that my reputation was endangered, which however did not prove to be the case.

During the rest of the day I turned over in my mind every possibility that could have arisen, but derived no satisfaction from any of my cogitations.

Taking up the evening paper after dinner I saw an account of a "Terrible Gale," which led me to wonder whether *that* had anything to do with my patient's sudden death. And this led me to the outcome of this paper.

Now I was not, nor am I, a meteorologist, but the facts are these, for four or five weeks before my patient died the weather had been what is commonly known now as "Anti-cyclonic," and on referring to the Charts published daily by the Meteorological Society I found the barometer had stood between 30.2 and 30.8 for nearly five weeks. But about midnight there was a sudden fall, the glass dropped to 29.1, and before the gale was over it had fallen to 28.5.

Now what does all this mean? I am not going to give you a lecture on the barometer, we all know what that is, and few look at the instrument as it hangs in their entrance hall, excepting simply to see what the weather for the day is likely to be. To me it is that, but it is also a great deal more.

Now we all know when the barometer stands at 29 inches it means the atmospheric pressure registers 15 lbs. on every square inch at sea level, consequently when the glass indicates 30 inches there must be more than 15 lbs. pressure to the square inch, and more still as the mercury is forced up to nearly 31 inches, which latter point I have only seen once in 16 years' daily watching every morning and night.

Professor Darwin, in an article in the *Fortnightly Review*, says: "The barometer ranges through fully two inches. Hence, when the barometer is very high, every square foot of the earth's surface supports about 140 lbs. more than when it is low, and 140 lbs. to the square foot is 1,800,000 tons to the square mile."

What then happened on this sudden fall taking place? My explanation is—my patient's heart had been beating strenuously for some weeks against all this extra pressure, and when this pressure was suddenly taken off, like a horse going up hill with a heavy load behind him, the traces suddenly breaking the horse gallops away free—the heart's action was increased, the over-loaded heart and lungs became oppressed, a clot was gradually formed in the cardiac cavities, and soon life became extinct.

I have during all these years of observation seen very many cases of one kind or another so affected, and I can assert, without fear of contradiction, that anyone interested in this subject will find notices of sudden death in the obituary of the morning papers after a sudden rapidly falling of the glass accompanied by a gale of wind or a hurricane; and many of these are cases, which, no doubt, have been a puzzle to the medical men in attendance, when their patients have suddenly passed away without any apparent cause.

You may have a powerful heart bounding and thumping away, driving its blood with increased violence into the cerebral vessels, and should there be a weak, atheromatous spot, cerebral apoplexy is the result, and your patient, who goes to bed apparently quite well, is found lifeless in the morning.

This applies also to epistaxis, pulmonary and renal hæmorrhages, angina pectoris, also in pruritus vulvæ, and many other conditions.

This brings me to an interesting point, which has frequently been discussed, though I have never seen it mentioned in connection with my subject; *that is*, why so many deaths take place in the night or early morning? I believe this is due to conditions to which the barometer can testify.

Captain Greenstreet, R.N.R., a man of great intelligence, who made observations extending over many years and in every part of the globe, showed me the automatic readings from his aneroid, and said "that it mattered not in what part of the world he was, there was always a slight and sometimes great falling in the mercury between 3 and 5 a.m.," and my theory is, I think, substantiated thereby.

There is not a medical man of experience present but can call to mind patients so susceptible and sensitive,

that before they get out of bed in the morning they are able to tell that the wind is easterly, while others, who may not be affected by the east wind, will emphatically tell you there is going to be thunder, and you may rely on their prophecy coming true.

That there is in some patients what I call "meteorological susceptibility" I can prove, as numbers of my patients keep an aneroid in their bedrooms, which they watch night and morning, and so regulate their action and mode of living accordingly.

My friend, Dr. Reed Hill, when he was living with me was so aware of this fact, that if he were disturbed in the night by a gale of wind he would say at breakfast, "we shall get a telegram directly from Mrs. So and So," and surely enough before noon that telegram came; or I would say, "we must look after Mr. So and So's heart while this gale continues," and we invariably found it necessary, for the patients had had restless nights, with wakefulness and palpitation which nothing could account for.

Many years ago I was attending an elderly lady suffering from bronchitis and weak heart. During the progress of her illness the barometer ranged very high, and on coming downstairs after visiting her one day, I was met by the patient's son-in-law, a retired judge, who enquired how Mrs. — was? I replied, "She is going on as well as she can, and as long as the barometer stands as high as it does there is no immediate danger, but if there should be a sudden fall we may expect disastrous results." In less than a week the mercury fell one night, a gale sprang up, and on going to the house next morning I enquired of the footman how my patient was, and was told she had had a restless night. On reaching her bedroom, I found the family watching her breathe her last.

That same morning between 5 and 6 o'clock I was called to see an old lady of 84, who had had a bad attack of dyspnoea, palpitation and diarrhoea in the night, and who died shortly before 9 o'clock the same morning.

That same afternoon at or about 8 o'clock the public were shocked with the news of the sudden death of Sir S. Northcote at the Foreign Office.

It may be interesting to the members if I recall to them the sudden death of Archbishop Benson in



Hawarden Church, which took place during a hurricane and a rapidly falling barometer.

In the spring of 1887 there were several letters in the "Lancet" from different medical men, asking if any of their *confrères* could account for so many calls to patients suffering from diarrhœa, the attacks coming on on a certain Saturday. The same enquiry was repeated in the next week's issue. I may say, in passing, I looked carefully, and found no reply was ever sent.

On this same Saturday, when I went into luncheon, I found a telegram from a patient I had recently taken to Brighton, and before the meal was over I had another from a patient in Essex, and a third in Acton, and a fourth in Hanwell, all of them with sudden attacks of diarrhœa. For the next few days I was busy with fresh cases, all of which dated their ailments from about mid-day on Saturday; some were men, some were women, all under different conditions as to health, locality and age. Nothing in the shape of indiscretion in diet could account for it. For three weeks previously the weather had been anti-cyclonic, the barometer standing from 30.2 to 30.6. On the Friday evening the glass showed signs of downward movement, and by mid-day on Saturday a gale of wind had come into activity, and with it quickened action of circulation, more blood was driven through their susceptible livers, more bile thrown out, peristaltic movement increased, and in all these cases merc. corrosivus quieted this internal disturbance and held the trouble in check.

Another instance in connection with this alteration in barometrical pressure occurred during a summer holiday in Switzerland. I was stopping with my wife and one of my daughters at Engleberg (9314 feet above the sea level), and at the same hotel I found a well-known West End physician who arrived 24 hours before we did. We hob-nobbed together and sat at the same table. On the third morning after his arrival he came to me after breakfast, asking me to prescribe for him for an attack of diarrhœa. On enquiry, he said 'they' had given him bad salmon for dinner the day of his arrival, and this was the cause upsetting his sensitive liver. Others who sat at the same table, and who had been in Engleberg some days and partook of the same were not affected. My friend said he had taken rhubarb pills to

no purpose, so he asked me what he should do, I said "leave physic alone, eat as usual, and drink only Cognac until the bowels are quiet."

I asked him how long he had taken to get from Harley Street, and whether he had rested *en route*. He said he had left Charing Cross at 11 a.m., and in the afternoon of the following day reached Engleberg. I suggested he should give the fish the benefit of the doubt, and that the diarrhoea was most likely due to his *rapidly* rising to the elevation in which he now found himself. I explained had he quietly stayed at Lucerne 24 hours, which is only 1487 feet above the sea, and accustomed his heart to the altered pressure, it might have been altogether different.

Many visitors in Switzerland, to whom time is precious, rush away from London to find themselves in Alpine heights before they hardly know where they are, and consequently are frequently attacked by the "malade de montagne," which natives never experience.

Some years ago I had the widow of a clergyman under my care, who suffered from attacks of cardiac irregularity, palpitation and dyspnoea. She had no cardiac lesion. There never seemed to be any cause, as far as she knew, for the attacks, which were very distressing to herself and alarming to her friends. On one occasion I was sent for, and found her with a tumultuous, irregularly throbbing pulse, and much distress. The attack came on in the early morning, and when I arrived about noon she was very exhausted, and looked it. Her temporal arteries were working synchronously with her radial pulse and her heart. During this time we were passing through an equinoctial gale. I at once gave her brandy, on the *similia similibus* principle, and gave strict injunction as soon as the breathing was easier and the heart's action quieter to stop the brandy, and moreover to watch the barometer and give small quantities of stimulants only on a falling glass. Some weeks after this, one tempestuous Sunday morning about 11 o'clock, I happened to be passing the house and casually dropped in to see how the atmospherical disturbance was affecting her. I found a messenger had been already sent for me, but I had left home before his arrival. I was met at the door by one of the daughters, with tears

in her eyes and almost choked with her sobbing, saying, "I was only just in time." I hurried upstairs and found the bed surrounded by members of the family all weeping. The patient was in a state of loquacious delirium, saying she was "so happy," and with clasped hands, saying she was "seeing angels ascending and descending." I enquired how long this had been going on, and was told she had awakened about 5 a.m., very distressed as usual, and had been "rapidly sinking" ever since. Her pulse on my arrival was most regular and full, 110 to 120, and not the least like what I had noticed on previous occasions. I enquired how much brandy had been given, when a bottle of Martell's \* \* \* was shown me, the contents of which, except a little at the bottom, had been given since she awoke. I told them there was no need for further stimulants for the next 24 hours, and at the end of that time she would be her usual self. Needless to say the angels all disappeared, and on my next visit the following day she had recovered from the intoxication, which her too fond children had helped her to induce.

The old lady has since died of senile decay, finally expiring during an equinoctial gale last spring.

Another condition which I have found almost invariably affected by the sudden lowering of atmospheric pressure is purpura hæmorrhagica. Mrs. —, a lady nearly 60 years of age, has during the last five or six years been subject to purpura. She always knows when she is developing purpuric spots by the local pains, and these attacks are always more present during the period of a rapidly falling glass. On one occasion she suddenly became deaf in one ear during a gale of wind, and when I saw her I diagnosed hæmorrhage in the tympanum, which was confirmed by a West-end aurist of great repute. In the summer of that year she took a house in an elevated position in the Lake district, and almost as soon as she arrived she suffered with palpitation of heart and fresh accession of spots. When she became accustomed to the elevation her cardiac action became regular, and the remaining part of the visit was happy and free from unpleasant symptoms, unless a gale of wind happened to arise.

Now in connection with ears, one often sees patients suffering from noises in the head, who will tell you that the

degree of severity differs very much—some days very little, on others it is quite unbearable. If you suggest to them to watch the indication of the aneroid, they will tell you they are always better on a rising, and worse on a falling glass.

Another class of cases in which I have been very interested is epilepsy, and often have been astonished at the coincidence of epileptic attacks with rapid lowering of atmospheric pressure. In connection with this, I was surprised on one occasion to find the father of a young lady under my care had made observations for the last ten years in connection with his daughter's attacks, and he found she was always well during a rising glass, or a prolonged anti-cyclonic period, but she always had an attack when the mercury rapidly fell, and this usually in the early hours of the morning.

Another patient, a sweet lovely little chappie of 11 years, is always more free from his attacks during days and weeks of anti-cyclonic periods, but recently he had 19 fits in five days on a falling barometer.

On one occasion, in November, 1897, one Monday morning at 6 o'clock, four of my epileptic patients had attacks at the same hour, and this was 18 hours after my pocket aneroid had registered 81 inches at the end of Hastings Pier, but at the time of their attack, the glass had fallen suddenly to 29.5.

I am not at all inferring that all cases of epilepsy are due to this cause, for we know they are not. Still, as so many epileptics do have their fits in the early morning, I think I am justified in saying in all probability they are induced by rapid alterations in atmospheric pressure affecting the circulation in the brain.

#### DIPHTHERIA.

Another feature and interesting fact in connection with this subject. In the prolonged anti-cyclonic periods which sometimes prevail for weeks together, there may be at the same time an absence of rain, and consequently our drains and sewers are lacking water, while the atmospheric pressure keeps down and imprisons the sewer gases.

Some years ago I demonstrated this in connection with an epidemic of diphtheria. I was enquired of by the Medical Officer of Health whether I had among my patients any cases of diphtheria or sore throats. I replied,

"I had no more under treatment than usual after a prolonged period of drought, whether that drought was caused by an absence of rain in summer or by frost in the winter."

In studying carefully the meteorological phase of the epidemic, I found the outbreak took place on January 22nd. Five weeks previously, *i.e.*, from 17th December, a period of 36 days, there had been no rainfall at all, consequently the drains were in a state of quiescence. Between these same dates the average height of the barometer was 30.30; this showed the atmospherical pressure was of very high range and spread over a long period. Consequently, when the barometer falls, this great pressure being taken off, the obnoxious imprisoned sewer gases are liberated and escape through faulty joints and defective traps and valves. Given a long period with a high atmospheric pressure, coupled with defective closets and drains, one can predict, almost to a certainty, when the glass falls there will not only be sporadic cases of diphtheria and diphtheritic throat, and follicular tonsillitis, but in districts where numbers of houses have their closets, etc., faulty, there will be in all probability an epidemic of the disease.

If at the time of the fall there is a gale of wind to blow away the miasm all well and good, but if there is little or no wind the gases are not easily dissipated. A falling barometer and a dead calm are very important factors, and in this case, on January 14th, the barometer began to fall, and continued doing so steadily during the 15th, 16th, 17th and 18th, which days I looked upon as the incubation period of the epidemic, as there was a dead calm on the 14th, very little wind on the 15th, and still less on the 16th and 17th.

From what I have advanced, I wish it to be distinctly understood I only find these conditions in the patient on a sudden and rapid falling of the glass. A north-east gale may be raging with fury, the glass rising all the time, and during its continuance the patient may be delightfully comfortable, but it is when the storm suddenly subsides and the mercury runs down the patient is distressed.

On a slowly progressive downward tendency of the glass the patient is not so much affected, as he has had

time to accommodate himself, though unwittingly, to the altered circumstances by which he has been surrounded.

Now with regard to treatment. This must be carried out, in my opinion, by each patient having the homoeopathically selected remedy suited to his own individual case, as much care being taken in the diagnosis of the medicine as in the diagnosis of the disease. In the majority of the cases, at the time of the attack brandy or whiskey or ether, in small doses, will be most beneficial.

The usual cardiac remedies, all of which are so well known to the members present, will, of course, be found useful.

In the intervals, general constitutional treatment will be necessary to so fortify the patient that he may be able to battle with the trouble to which his peculiar idiosyncrasy has made him liable.

I do not wish my medical friends to infer I consider all diagnoses are referable to alterations in atmospheric pressure. But I do say, where every other factor is carefully weighed and no satisfactory conclusion is arrived at, the probabilities are that the barometer will settle the difficulty, especially when the disturbance is functional rather than organic.

Professor Darwin, in the article before mentioned, which was published in February, 1887, says, "It is found that earthquakes are indubitably more apt to occur when there is a rapid variation of the pressure of the air, indicated by a rise or fall of the barometer, than in times of barometric quiescence, and the connection between barometric variations and earthquakes should make us reflect on the forces brought into play by the rise and fall of atmospheric pressure."

Now why should not the human subject be interfered with by these same influences?

Our very familiarity with these changes may easily blind us to the greatness of the forces which are so produced, and I am convinced that many present, if they will take the same trouble and interest in it that I have done, will be equally satisfied.

Though there may not be enough to enlist the interest of the Congress in what I have advanced, I have found it very useful from an ætiological point of view, as well as a help in diagnosis, prognosis and treatment.

DISCUSSION.

Dr. NANKIVELL considered that they were extremely indebted to Dr. Burwood for the excellent and practical paper with which he had favoured the Congress. He had listened to it with the utmost pleasure. He did not think he had heard one from Dr. Burwood before. Why, he did not know, and he hoped they would hear more from him in future (Applause.) The question of barometrical pressure was one which must always interest them as physicians. Of course, one has noticed that under certain conditions of the barometer hæmorrhage from lungs comes on much more frequently than at other times. Dr. Burwood had done right to show that it was the rapid fall which makes all the difference to the sufferer. A patient would get accustomed after a time to a high or a low barometrical pressure, but when the vital equilibrium was easily disturbed was during a rapid barometrical fall. One noticed some such kind of influence in mountainous countries. Last year, when travelling in Switzerland, he ascended to a higher altitude than for some years he had been accustomed to. He went to the height of 5,700 feet, and there his rest was broken, he was troubled with frequent sleeplessness and had quite four bad nights a week. Had he been a patient he supposed he would have been sent down, but being a doctor he did not go! At a still higher altitude of 7,100 feet, he found that out of seven nights he had six downright bad ones and was extremely uncomfortable, and had disturbances of both cardiac and respiratory functions. He was none the worse in the mornings after, and could take a good deal of fairly severe exercise with comfort and ease during the day. Directly he descended to the valley the relief was absolute, and he never had a recurrence of these disorders, which were evidently due to the low barometrical pressure. He thought he perfectly agreed with Dr. Burwood, that in cases of functional difficulty in the heart's action and also muscular incompetence that the trouble came on from rapid barometrical changes but it did not affect cases of valvular disease where the cardiac muscle remained in good order. It was where the muscles were weak that they must be careful how they sent patients to any height in mountainous districts—they were perfectly safe at 8,000 or 8,500 feet unless the patient was old and the ventricular powers were distinctly impaired. At these heights they got curative action in the heart cases from the improvement in nerve power, and in the nutrition of the ventricle. They were not to be afraid to send such cases up as high as they could safely go, *i.e.*, as high as they could sleep comfortably in. But if they were sent higher there would

be too little rest and too heavy a strain from day to day, and they would return home worse rather than better.

Dr. MADDEN said they might surely not only learn what Dr. Burwood had told them, viz., to look out for squalls in patients when they encounter different atmospheres, but also to some extent to guard against them. If they had not the special apparatus to produce artificial pressure of the atmosphere at all events they might try condensed oxygen and keep it ready for use under such circumstances. It was of comparatively little use to know there was danger in the air if they did not know the remedy (a voice: "brandy" and laughter), and the condensed oxygen would seem to be one of the best means of counteracting the effects described in those suffering from heart disease. (Applause).

Dr. MOIR wished to ask Dr. Burwood if he had noticed that diminished pressure caused sleeplessness, in the same way as had been observed at certain altitudes in the mountains.

Dr. HAYLE (Rochdale) said: We must all feel very much obliged to Dr. Burwood for his interesting paper. It is a very important subject, and a subject I have been especially interested in, as I have kept a daily record of the weather for more than 80 years. But it is also a very complicated subject, for I am sure that there are many things in the weather that may greatly affect sick people. Weather itself is a very complicated study. There are so many forces that combine to bring about the different states of the atmosphere, and many of these I am sure affect sick people quite as much as the rise and fall of the barometer. There is the magnetism of the earth and the effect of the moon, which we know acts on the earth, and much more on sensitive organisms like the nervous systems of sick people. Then the storms on the sun's surface also affect the magnetism of the earth. The presence of the sun in the day and its different relation to the earth at night affects the vitality of people. Of course, the sudden variations in the height of the barometer we know must affect heart cases and asthmatic cases very much, for we know what effects variations in altitude make in these cases. But I think Dr. Burwood has rather exaggerated the influence of this in his paper, for the number of sudden variations in the barometer is frequent enough to account for all the sudden deaths in these cases, and gradual falls and rises I do not think cause much disturbance. Also, when the barometer has been high for a long time, as in an anticyclonic period, it seldom goes down suddenly, but generally gradually. These sudden variations in temperature are indeed very trying. Dr. Burwood thought that the greater mortality of people at night was probably due to the barometer generally being



lower at night; but I do not agree with this, because the average diurnal range is very small in England. Also people's own vitality is much lower about 2 a.m., even in health, so that that would account for more deaths at this time. Altogether, I think Dr. Burwood's paper very interesting and very important, although I cannot agree with him on every point.

Dr. J. MURRAY MOORE said he thought Dr. Burwood had done the Congress service in calling attention to a new element in disease conditions. Dr. Hayle had also done well to point out that temperature, as well, affected disease, and that barometric pressure was not the only element. He (Dr. MOORE) had lived in different parts of the world, and had taken note of barometrical variation, and he could strongly corroborate some of the statements Dr. Burwood had made; but as had been said, there was a diurnal variation even in a healthy man; how much more so would there be in one diseased! A healthy man is vigorous in the morning, and the lowest point is reached in the respiration, and the heart's action and the pulse from 2 to 4 o'clock a.m. Fortunately, our average range of barometric pressure did not vary more than three degrees in the United Kingdom. In the Southern Colonies and in California it was much greater. He had noticed patients go off suddenly during and after a storm. Storms must be taken in account rather more by the physician. How often did they find it recorded that a man apparently in health had died in the midst of a storm? and Dr. Burwood had given them a scientific and rational explanation of the matter. They should, he thought, pay greater attention to their barometers—(aneroids were on the whole the more accurate)—and they could make a better prognosis.

Dr. DYCE BROWN joined in thanking Dr. Burwood for his paper, and said the matter he had brought forward was of extreme importance. It had never struck him until he, some time ago, had a conversation with Dr. Burwood, but a few days later he saw a remarkable corroboration of his views. There had been a long drought with high barometer and it had suddenly fallen, when we met, Dr. Burwood prophesied that there would be soon an outbreak of diphtheria, and sure enough this happened in a few days after. They all had come across cases where old patients died suddenly in the middle of the night, when they had seen them a few hours before and considered they were going on satisfactorily. It was very likely that a sudden falling in barometrical pressure might have been the immediate cause. (Applause).

Dr. JAGIELSKI said there was one practical point in the paper he admired, and that was the connection between barometrical pressure and the use of brandy. They had learned

from observation that in the morning about two o'clock the barometrical pressure was affected and the temperature falls to 95°, brandy was quite in place there. When a man went to work during the day, and came home in the evening very tired, it was the proper time to advise alcohol. With regard to the lowness of the temperature in the early morning, caused by the variation in barometrical pressure, when it was very low, he thought that was the proper indication for giving the patient some alcohol.

DR. HUGHES: Would you use alcohol homœopathically? (Laughter.)

DR. JAGIELSKI: To get the full effect you give the full dose. (Renewed laughter.)

DR. HUGHES: Has not alcohol a lowering effect?

DR. JAGIELSKI: That is according to the quantity taken. I would decidedly not give the alcohol very much diluted with water! (Laughter.)

DR. BLACKLEY: I would like to suggest that the cause follows the effect, for when alcohol is taken the glass generally rises first. (Laughter.)

Dr. W. T. P. WOLSTON considered the paper most interesting, and thoroughly well worked out. To most of them the subject was new, but anything which helped to make them better physicians, and to guard the lives of their patients was good, and its effect would be beneficial all round. If Dr. Burwood's theory was correct, it was important that they should be warned beforehand, and the weather reports from over the water would be of additional value. What Dr. Jagielski had said was true. In cases of cardiac feebleness, and asthma and the like, when they knew they had a feeble heart to deal with, it would be good practice to use a stimulant as a night-cap, or in the early hours of the morning, when a lowering glass is evident.

DR. BURWOOD was received with applause on rising to reply. He was exceedingly pleased to know his paper had given satisfaction, though he was afraid there were some people would not find it of much use to them; some men never wanted practical hints, but personally he was always glad of any hint when he could get one, especially if it was a benefit to a patient. Many gentlemen present, he knew, must have had patients who were a puzzle and have not been able to account for certain occurrences which the barometer could only decide. A man may suddenly have an attack of hæmaturia, where no suspicion of either renal or cystic trouble existed, but on a falling glass it has happened.

He agreed with Dr. Hayle. Electrical influences did affect sensitive patients, but these same influences were accompanied by a falling glass and therefore altered pressure. He did not consider the  $\frac{1}{100}$  part of an inch was worth considering, although it happens more or less every night. Dr. Hayle had also mentioned that the thermometer may have something to do with it, but my paper does not consider variation in temperature but simply alteration in pressure.

With regard to Dr. Nankivell's remark in connection with cardiac cases in weak, dilated and flabby hearts, there was no question these patients suffered, as he, Dr. Burwood, had very frequently observed, and always found small doses of stimulants most useful, but over-anxious children might give too much, and so make the patient drunk.

With regard to sleeplessness, as mentioned by Dr. Moir, he, Dr. Burwood, had often found, after a boisterous windy night and a falling barometer, the patients had slept badly because of palpitation of the heart; some even putting the cause to an extra cigar, or a Welsh rarebit for supper, though at other times neither tobacco nor food could be accused. Had their patients been told to watch the aneroid, their anxieties might have been allayed. So carefully had he studied this matter, that now it was part and parcel of his duty to see how far the atmospheric influence had to do with the state of the patient.

As to "night-capping" a patient with dilute alcohol in tumultuous weather, he considered the patient would be none the worse for it.

He again thanked the Congress for the reception they had given his paper, and hoped his friends might find it useful. (Applause).

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### ASSOCIATED SYMPTOMS.\*

By C. J. WILKINSON, M.R.C.S. Eng., L.S.A.

In our daily pursuit of the *simillimum* we have to listen to the patient's statement of his symptoms, and to examine his body for some objective signs which may reveal the cause and the pathological explanation of them. He has been but a poor observer of diseased nature who has not noticed that there are certain symptoms of which a patient complains *sua sponte* as an essential and integral part of his case, while there are other symptoms, the connection of which with his sufferings is so little obvious, that he is apt to leave them

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\* Read before the British Homoeopathic Congress in London, June, 1893.

unmentioned, as outside the sphere of his present complaint; and yet the association of these outlying and apparently accidental symptoms with those which are clearly of the very essence of his disease is, more often than not, a valuable indication or guide to the selection of the curative drug. Though these associated symptoms are of course present in the provings of drugs, and are frequently mentioned as valuable guides in the choice of the true *simillimum*, I have been astonished that I have not found any systematic treatise upon the frequency and the meaning of their association. And yet it is clear, I think, that an explanation or rationale of the law of similars must be sought in some such direction as this.

For a successful *cure* by means of following this law, it is not necessary that the disease shall exhibit every symptom produced by provings of the drug used, but it is necessary that every symptom of the case to be cured should be found in the artificial disease induced in provers by the drug selected for cure. It is, indeed, a truism to us that the expectation of cure is in direct proportion to the accuracy of the *simillimum*. On the other hand, I think that most careful prescribers will have noticed that single symptoms may sometimes be relieved, the rest of the symptoms remaining untouched, by drugs which contain these single symptoms, but not the totality of symptoms of the case, in their provings; that is to say, the success achieved by the drug is still in proportion to its degree of similarity. It follows, then, that the covering of these outlying, but associated, symptoms of disease by like symptoms in the drug or *simillimum*, is an essential part of a perfect prescription, and this makes the nature of their association in both spheres (disease results and drug pathogenetic effects) an important item in the questions that must be met before the true inwardness of the law of similars can be exposed and comprehended.

But, in the modesty of conscious ignorance, I do not propose to face such a tremendous issue as this. I prefer, rather, to mention a few instances of such associations of symptoms as occur frequently in the daily round, and are found also in the pathogenesis of drugs that are needed in the prescriptions of every day associations of symptoms, however, the pathological

basis of which involves some speculation and may give rise to discussion. It may be that a statement of difficulties, and of possibly mistaken explanations, may result in some light being thrown upon the question in its entirety.

There is a form of cough for which we are frequently called upon to prescribe, and which has the following characteristics: There is irritation and soreness in the pharynx, and some soreness in the trachea; there is aphonia, the voice showing a tendency to "cypher" or to change its note in the middle of a word or sentence; there is tickling extending from the larynx to the Eustachian orifice; the cough is short and dry, that is to say, there is little or no phlegm expelled from the mouth, though some may be raised as far as the pharynx, when it slips back again; it is greatly aggravated by change from a warm into a colder air. It is a cough of small pretension, but the patient complains that he is shaken by it much more than the sound of it would lead one to infer. It shakes him greatly, so that he suffers from involuntary micturition from the impact of the cough upon the contents of the abdomen. This involuntary spurting of urine with a cough at once suggests the prescription of causticum, though it is a symptom which occurs also in the provings of scilla and of natrum muriaticum. It is a symptom of which the *causa causans*, the ultimate cause, is by no means clear. Let us for a moment consider the mechanism of coughing. "In the act of coughing there is most often an inspiration followed by an expiration; but when the lungs have been filled by the preliminary inspiration, instead of the air being easily let out again through the glottis, the latter is momentarily closed by the approximation of the vocal cords; and then the abdominal muscles strongly acting, push up the viscera against the diaphragm, and thus make pressure on the air in the lungs until its tension is sufficient to burst open noisily the vocal cords which oppose its outward passage. In this way a considerable force is exercised, and mucus and any other matter that may need expulsion from the lungs or trachea is quickly and sharply expelled by the out-streaming current of air."

"Now it is evident that pressure exercised by the abdominal muscles in the act of coughing acts as

forcibly on the abdominal viscera as on the lungs, inasmuch as the viscera forms the medium by which the upward pressure on the diaphragm is made, and of necessity there is quite as great a tendency to the expulsion of their contents as of the air in the lungs. The instinctive, and if necessary voluntarily increased contraction of the sphincters, however, prevents any escape at the openings guarded by them, and the pressure is effective at one part only, the rima glottidis."\*

Now it is evident that the spurting of urine on coughing in such cases as we are now considering, depends upon some failure of the sphincter vesicæ, whether it amounts to a partial paresis, or only to such an interference with its innervation as lengthens its reaction time, and prevents it from contracting early enough to prevent catastrophe. A glance at the provings of causticum shows that they abound in paralytic symptoms; the face, the eyelid, the lips and tongue, and the muscles of the pharynx are all apt to suffer in this way, but the urinary muscles seem to be the subject of its especial selection; we get a picture of loss of power in the sphincter, followed by loss of power in the detrusor, running on to vesical catarrh.

But what is the meaning of this association between a common enough result of "catching cold" and an affection of the third to the fifth sacral segments? Is there anything in modern pathology which can be brought to explain it? And yet precisely this association has been provided against in the provings of causticum.

I pointed out elsewhere a few years ago that the visceral nerves controlling the calibre of vessels in the ovaries, the large intestines, bladder and uterus have their upper limit of origin in the spine, at the level of the fourth and fifth lumbar vertebræ, the highest point of origin also of the lumbo-sacral cord; and I regard this as the explanation of those reflex pains in the sciatic nerve, which so frequently accompany or rapidly follow irritation in the viscera I have mentioned. A consideration of the pathogenetic symptoms of colocynth will show how fully this anatomical point explains the otherwise rather mysterious association of ovarian pain or rectal

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\* Kirke's *Handbook of Physiology*, p. 225.

catarrh with pain in the hip or ankle, and even atrophy of the muscles in the thigh and leg.

There is a collection of symptoms with which we are often confronted which follows the ingestion of certain fishes (even when these are fresh), oatmeal (in some sensitive people), or the drinking of large quantities of cold water while the skin is sufficiently gorged with blood to leave the viscera comparatively ill supplied. The symptoms are commoner in America, where iced water is a frequent beverage, than here. The trouble begins with a general sense of oppression, most marked in the chest; there is cutting pain in the stomach accompanied by eructations of sour flatus, followed by waterbrash of a particularly sour nature. The temperature rises to a considerable height, and there is vomiting of the contents of the stomach followed by large quantities of sour, watery fluid. An urticarial rash appears very suddenly; so suddenly that it seems to be the result of the effort of vomiting; the eyelids swell with effusion, the lips thicken, the skin presents numerous spots, papular, raised from the surface of the skin but flat in themselves, often at first themselves white, but surrounded by large zones of pinkish hyperæmia. Diarrhœa frequently sets in, with griping pain in the hypogastrium; the stools are soft and papæsent, and have a peculiarly musty smell. The rash fades and diminishes, but fills up again every few hours, bringing a return of tremendous irritation. Now, it has long been recognised that these symptoms indicate the absorption of some albumose or toxin from the gastric and intestinal walls, but it is only during the last few months that the *modus operandi* of the albumose has been established; it has been found to depress the action of fibrinogen, and so to lower blood-coagulability. Hence, the œdema of the eyelids, the swelling of the skin, and the discharge of fluid from both mouth and bowel may be regarded as so many serous hæmorrhages from blood which is deficient in coagulability.

Now, this picture of symptoms, with its explanatory pathology, interests us at present mainly on account of the exquisite way in which both are covered by the provings of pulsatilla. Not being myself a good subject for the action of pulsatilla, I have not yet been able to prove, as I hope to do, that this drug in pathogenetic doses does

actually lower the coagulability of the blood; but this is more than probable, since I have noticed often that those who are most prone to such urticarial attacks—that is to say those whose coagulability, if not always low, is subject to comparatively easy impairment—are of exactly the pulsatilla temperament—“persons who, by the relative predominance of the adipose tissue in their composition, by the whiteness of their flesh, the roundness of their forms, the mildness of their disposition, and their fitful moods, exhibit all the marked features of the female sex.”\*

Farrington (*Clinical Materia Medica*, p. 323) gives venous obstruction as the key note of pulsatilla. “You must remember,” he says, “that the drug acts upon the vascular system, especially upon the right heart, and upon the veins and capillaries. Thus we find that whatever weakens the venous portion of the circulation, whatever retards the return of blood to the heart, must of course provoke just the class of symptoms for which pulsatilla may be indicated.” Undoubtedly pulsatilla has this action in its provers, but I do not believe that this action alone will satisfy the requirements of its pathogenesis. Granted the action upon coagulability, many of the pulsatilla conditions become comprehensible, especially the anæmia which Dr. Blake has already taught us to regard as an auto-intoxication or result of albumose poisoning.

These examples will perhaps illustrate as well as others the association of symptoms occurring in both pathogenesis and disease; but the list will be indefinitely extended in the mind of everyone. The tendency for symptoms curable by nux vomica to become worse between three and four o'clock in the morning is daily thrust under our notice, and the explanation of the symptoms, involving the digestive system, is a commonplace one amongst us. But what of the cough and the hæmoptysis, with their same hour of aggravation? What is the pathological explanation of it? How shall we explain, again, the association of pleurodynia with herpes of the lip? and yet, more than once, I have seen the two associated in practice and found ranunculus curative.

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\* Teste, quoted in Hughes' *Pharmacodynamics*.



When a note is struck in an orchestra it will be found that all strings and all brass instruments will vibrate to it which are tuned to notes in the common chord of the note struck. The notes which are evoked in this manner are known as overtones, and I think that the association of symptoms is somewhat analogous to this law of sound. And I regard this analogy as not being entirely fanciful, for the following reason. The note in music receives an arbitrary title after the earlier letters of the alphabet, but we know that its individuality or essence depends actually upon the number of vibrations or sound-waves which it sends out in any given time. We can understand, too, that the string which is plucked to emit a given note, can be sub-divided into a practically unlimited number of parts; furthermore, we can realise that the note does not stand alone for the result of the vibration of the whole string, but also for the vibration of all the aliquot parts of its entirety. We may state it also in this way—that the number of vibrations in a given time does not stand only for that number itself, but also for all the factors of which that number may be the product; thus, a note which has 200 vibrations in the second does not represent only 200 vibrations, but also twice one hundred, four times fifty, ten times twenty, and so forth, and it is the presence of these factors which stimulates other instruments at rest in the room to vibrate in sympathy with them, and overtones are the result.

Now, our nomenclature of disease is either purely arbitrary, as in the use of such terms as mumps, measles, the yaws, &c., or it is based upon the name of the organ or part of the organ which is most obviously affected, as in such names as myelitis, ovarian cyst, and so forth. Of the actual nature of disease, as opposed to its phenomena, we still know very little. Of the number of its vibrations (so to speak) we are very ignorant. Of the different factors of which that number may be composed (to continue the metaphor) we know absolutely nothing. But regarding disease in this light, we are helped to understand how each factor may set up its own reflexes, and how by-products of disease of the nature of associated symptoms may result.

To consider disease thus curiously is to pre-suppose a pathology which transcends any which the microscope or

the test-tube has yet revealed to us—a matter at which imagination need not boggle, when we remember recent advances. And for us such a view has especial fascination.

The fact that associations of symptoms in disease apparently the most accidental, associations the most baffling of explanation, are found associated also in the same sequence, subject to the same conditions of periodicity, of amelioration and aggravation, in the proving of the curative drug, leaves us no longer with *similia similibus curentur* as a maxim of occasional utility, but raises the statement *similia similibus curantur* as the formula of one of the great laws of nature.

#### DISCUSSION.

Dr. HUGHES rose to thank Dr. Wilkinson for his very ingenious paper. At present he had very little to say in comment on the paper. It wanted reading and thinking about and comparing with their pathogenesis and their knowledge of the action of drugs. The reference to overtones in music was a most ingenious explanation, and it gave a reality to symptoms in disease which they were inclined to doubt or consider very *bizarre* or incomprehensible. They must not be led away, but let them accept the actual facts and scientific explanation would come. When they got so far they might fairly hope they were on the track of similar phenomena occurring in disease and drug action. (Applause.)

Dr. MURRAY MOORE said he thought it was the most homœopathic paper of the three to which they had listened to-day, and they had to thank Dr. Wilkinson for working out the problems with such skill. From the *précis* he did think Dr. Wilkinson was going to trace the symptoms of bryonia and colocynth. Both these belong to the same natural order, but they would not think it from the symptoms. The present tincture is from a different species from that which Hahnemann made his provings from.

Dr. GOLDSBROUGH said he listened to the paper with great interest, and it reminded him of the fact that some years ago Dr. Wilkinson's predecessor read a paper on the same subject, and he brought forward analogies of physical phenomena. He thought they could reduce the law of similars to the practical point suggested by the paper. In treating patients, they had to think that there were connections between symptoms in a different way from simply connected organs, *i. e.*, they saw the whole of one organism—the patient was one—and they had to treat him as a personality, as having

one disease, rather than taking out individual symptoms and making too much of them.

Dr. PULLAR said, from a homœopathic point of view, he considered it was an ideal paper. It presented the subject in a philosophical way, and one would like to hear more of it. (Hear hear.) There was this about it, one would require to read it very carefully and think over it to discuss it fully. The suggestions were so good that one would like just to thank Dr. Wilkinson. The limitations of knowledge were so great, from the prescribing point of view, that they really failed to find an explanation of the range of medicine, except from some such suggestions as those here given. They often found that by curing one symptom by a medicine some condition they were not specially treating disappeared.

Dr. MOIR said there is a great deal to think over in the paper, and it looked as if they were coming to a time when a new theory would be revealed, and they would have to alter their views and take higher views of homœopathic remedies than they had previously done. Dr. Wilkinson was working on right lines in bringing the matter forward.

Dr. STONHAM said sometimes in looking for the symptoms in a patient one would hit on one symptom only and prescribe for that, and it was quite possible to cure the symptom by the use of a certain drug and yet leave the patient uncured and with all his other symptoms remaining. To borrow Dr. Wilkinson's illustration, may we not say that in these cases, where an isolated symptom has been removed though a wrong drug has been chosen, a false note has been struck, but one in which there happened to be a coincidence between one of its overtones and one of the overtones of the note representing the true drug *simillimum*?

Dr. GALLEY BLACKLEY said the point which had interested him perhaps the most was that with reference to the question of ptomaine, or toxin-poisoning. He thought these offered a ready explanation of a good many of those inexplicable symptoms which do not lend themselves to immediate pathological classification. They knew that in some diseases, at least, there were several toxins at work—typhoid fever for instance, and in many suppurative complaints. The cough referred to in the paper might well be the effect of a toxin rapidly liberated. In influenza they knew it was so, and he ventured to think that it was very probable in the case of the cough in question, and which they all knew so well. It was constantly seen in nervous cases, and there was little improbability that it was due to paresis or inhibition of the function of certain nerves by toxins. The nomenclature of disease would, in fact, in the near future need entire revision,

and before long we shall probably speak of many diseases as simply what they are, *i.e.*, toxin poisonings &c., &c. This intoxication was, in reality, the pathological basis of the diseases; what we know and recognise are merely the symptoms evoked by this process of intoxication.

Dr. PROCTOR suggested that they would have to go a step further, and say that when they had got a toxin they had not got a disease, but only the approximate cause of the disease.

Dr. WILKINSON said he did not think he need detain them beyond thanking them for the interest they had shown in a paper full of imperfections. He had intended to work out some contrasts between colocynth and bryonia, but in that case, as in others, he was unable to get the necessary information for the pursuit of the argument. The main object of the paper, which had probably escaped many of them, was to point out the association of the symptoms of disease. This is one of the strongest arguments of homœopathy being more than an occasional principle, and one of the great laws of nature. Until homœopathy succeeded in proving itself a law of nature, so long would the other side of medicine have some excuse for looking down on them. (Applause.)

This being the concluding paper of the Congress,

Dr. HAYWARD said, before they separated there was one matter they would wish us to join in and that was in according a vote of thanks to the President, for the way in which he had conducted the meeting. Their thanks were heartily due to him for his conduct in the chair. (Applause.)

The PRESIDENT: I thank you for your appreciation of my having done rather less than nothing. (Laughter and applause.)

## EXPERIENCES WITH VISCUM ALBUM.

By GEORGE BLACK, M.B. Edin.

(Continued from page 344.)

### CASE VI.

Miss M. of strumous constitution consulted me on Jan. 6th, 1895, and complained that since an attack of influenza four years previously, she had suffered from an offensive discharge from the left ear and been quite deaf.

"I cannot hear the clock tick when lying on the right side; I could not hear if one spoke to me while I was lying thus."

She was given sulph. 80. One dose. On March 9th, the left tympanum presented a reddened appearance in patches upon its surface, and the state of her hearing was as follows:—

|                                                  |       |       |         |
|--------------------------------------------------|-------|-------|---------|
|                                                  | W. T. | N. S. | T. F.   |
| Left ear                                         | 2 in. | 7 in. | 2½ yds. |
| Tincture of viscum album 8, 5 drops twice a day. |       |       |         |
| Sunday, May 19th, 1895.                          |       |       |         |

|          |        |       |        |
|----------|--------|-------|--------|
|          | W. T.  | N. S. | T. F.  |
| Left ear | 2½ in. | 15—16 | 6 yds. |

#### CASE VII.

Miss H., aged about 40, black hair, dark brown eyes, rather short and stout, healthy looking complexion, consulted me on Jan. 31st, 1898. She says she has been deaf in her right ear 12 years; it came on after a low fever; the left ear has been getting worse for three or four years. She can hear people talk when they speak directly to her, but cannot hear the conversation in a room unless very loud, or a person addresses her. There are no sounds in the head or ears, and no throbbing. Her general health is very good.

|            |                                                                                          |             |
|------------|------------------------------------------------------------------------------------------|-------------|
|            | W. T.                                                                                    | N. S.       |
| Right ear. | Not on contact.<br>Can hear a clock<br>when put close to<br>her ear, but not<br>a watch. | Not at all. |
| Left ear   | 4 in.                                                                                    | 15 in.      |

Viscum alb. 8, 12 drops in half a tumbler of water; a dessert-spoonful three times a day between meals.

Monday, February 28th. "I fancy sometimes I hear the clock tick better and people's voices better."

Has frequently had slight earache just for a minute in the right ear once or twice a day, also occasionally in the left ear.

|            |                 |                                       |
|------------|-----------------|---------------------------------------|
|            | W. T.           | N. S.                                 |
| Right ear. | Not on contact. | Hears just like a<br>vibrating noise. |
| Left ear   | 8—9 in.         | 56—58 in.                             |

On examining the ears, I found the left tympanum of a pearly colour, rather crinkly in appearance, and with

one or two dilated capillaries passing over the handle of the malleus. The right tympanum was in parts pearly looking, in other parts a white band was observed running round portions of it at its lower part, and again higher up, as if it were in a state of calcareous degeneration.

#### CASE VIII.

Edith P., aged 25, a farmer's daughter, with dark hair, greyish-green eyes, pale face, and of medium height and stoutness, consulted me on Jan. 23rd, 1898, and said that she had been deaf ten years. She knows of no cause; it did not come on after either measles or scarlet fever, as the latter she has not had, and the former only two years ago. She says she has a slight discharge from the left ear. None of the family are deaf. It seemed to come on very gradually. Years ago she used to suffer from earache. She has been very well in health. Her throat has never troubled her.

|           | W. T. | N. S.  |
|-----------|-------|--------|
| Right ear | 7 in. | 11 in. |
| Left ear  | 2 in. | 6 in.  |

Used to get singing noises in her head at one time, but not lately. On examining the ears with Brunton's otoscope, the meatus was found clear; the patch of light fell to the left; the head of the malleus and shaft were very clearly seen and presented a white appearance; the tympanum looked as if collapsed; in the left ear on the surface it seemed dull and moist. Viscum alb. 8, 12 drops in half a tumbler of water; a dessert-spoonful three times a day.

Sunday, Feb. 6th. Her friends, and she herself, think her hearing rather more acute.

|           | W. T. | N. S.   |
|-----------|-------|---------|
| Right ear | 9 in. | 24 in.  |
| Left ear  | 5 in. | 14½ in. |

Continue.

Thursday, Feb. 10th.

|           |         |         |
|-----------|---------|---------|
| Right ear | 10½ in. | 32 in.  |
| Left ear  | 10½ in. | 27½ in. |

Continue.

Wednesday, March 2nd. She says "I can hear much better." She looks bright and cheerful. She thinks the

medicine has made her feel giddy, and she has not taken the full dose. One day she did not take any medicine and that day her head felt better. The left ear kept throbbing and she says her throat was swollen, and there was some difficulty experienced in swallowing. She can hear me talking very well to-day when I speak somewhat loudly; this she has not done before. Her friends at home think there is great improvement.

|           | W. T.  | N. S.   |
|-----------|--------|---------|
| Right ear | 16 in. | 72 in.  |
| Left ear  | 34 in. | 2½ yds. |

She says she hears better when she is not tired. Continue.

March 30th. Still improving.

|           | W. T.  | N. S.     |
|-----------|--------|-----------|
| Right ear | 20 in. | 3 yds.    |
| Left ear  | 48 in. | 3—3½ yds. |

Wednesday, April 27th. Hearing still further improved.

|           | W. T.     | N. S.    |
|-----------|-----------|----------|
| Right ear | 21—22 in. | 4—5 yds. |
| Left ear  | 50 in.    | 4—5 yds. |

#### CASE IX.

Mrs. A. aged 30, the mother of three children, dark brown hair, grey eyes, stout, rather under medium height. On Tuesday, Feb. 15th, 1898, she consulted me about her left ear. She has heard very little in it since she was nine years old. It began with a violent earache. Had measles near about that time, and thinks it may have come on after that. After the aching it discharged, and it has run more or less since; the discharge is very offensive; she can scarcely bear the smell of it. Last Friday it started aching. The discharge stops as soon as the aching begins. It has been in a sort of grumble ever since till Sunday night when it became fearfully bad after coming home from church. It seems to come on in fits, quietens down a bit, and then comes on again. "The pain is just as if some one were trying to screw my ear out. I always seem to want something warm on that side; the outer part of the ear gets very cold. It seems to affect my nose too—that side of it getting like ice. My head seems quite heavy; it is like a great lump." On examination, I find the tympanum

ruptured, and looking through the circular aperture of the rent, a dull red fleshy-looking mass presents itself to the eye. There is no tenderness on pressure over the mastoid region; the worst pain seems to be just behind the lobule of the ear. "If I lie on the left side of my head, on lifting it up, it feels as if a ton weight were hanging from that side of my face." If the gathering is going to break she will hear a hissing, boiling sort of sound for an hour, then it will pop and she knows it has broken, and gets relief. It often does like that, going on for a month or two, then gathering and breaking.

Viscum alb. 30, 12 drops in half a tumbler of water, a dessert-spoonful every two hours.

Wednesday, 16th. "I have felt better nearly all day till now again. It has come on since I came out. I slept better, only rather restless. When I did go to sleep I seemed to get a nice sleep. After I have been asleep I seem to wake up with a start—feel so frightened and shake. It has not been like real pain to-day: a sort of grumbling feeling." It only came on severely since she came out. On examination I find the ear in a similar condition to what it was yesterday.

Monday, February 21st. I called two days after the above entry to see one of Mrs. A's children, and found Mrs. A herself busy at work, singing; and looking quite bright and happy. She said all pain was gone, and it had not discharged. She never remembered such an experience before. Every attack of this sort she has had previously has invariably ended in an abscess and its discharge externally.

The nine cases just recorded may serve as samples of the results obtained by me in the treatment of affections of the ear by viscum album.

From the material at my disposal I could have furnished more, but these may suffice. With regard to the cases themselves I cannot help wishing they had been more satisfactory. No one can feel more than I, how much is left to be desired, but knowing the general hopelessness attending a good many of our efforts in this direction, it is well that attention should be called to a remedy that appears to exert a specific influence upon the organ of hearing, and which will be found useful in



the treatment of many troublesome and difficult cases of ear disease.

In those depraved constitutional types in which most of those cases occur, it is often difficult to prosecute for long any particular line of treatment. When matters are improving, and one is looking for some definite result, the patient develops some fresh illness, such, for example, as an attack of tonsillitis, and our labour, for the time at any rate, is lost.

## REVIEWS.

*Twenty-two Years' Experience in the Treatment of Cancerous and Other Tumours.* With an Introduction on the Increasing Prevalence of Cancer and the Remedy for that Increase. By HERBERT SNOW, M.D. (Lond.), Surgeon since 1876 to the Cancer Hospital, Brompton. London: Baillière, Tindall & Cox. 1898.

THIS, the most recent work from Dr. Snow's pen, reaches us almost as we are going to press. The subject is one of such importance, and even a cursory glance at the book shows it to contain so much thoughtful and original material, that we are glad to lose no time in bringing it to the notice of our readers. Very briefly we may summarise some of its leading ideas. Cancer is a product of civilisation, and is largely on the increase. Statistics are given to prove the latter statement. Allowance, so far as we have noticed, is not made for improved diagnosis during the last two decades. "Cancer is in no sense of the word a 'constitutional' disease" (p. 26). Indeed, "no cancer ever arises without an *obvious* exciting cause (*italics ours*) whether there have been cancerous ancestors or not" (p. 14).

The contagiousness of cancer is dismissed summarily. "No husband ever contracted the disease from his wife, or *vice versa*." Dr. Snow's experience of 22 years, during which he has paid special attention to cancer of all kinds, entitles his opinion to respect. We are, however, surprised that he can speak so dogmatically; "ever" is a strong word, and a much more limited experience, with less of the interest of a specialist, hardly leads us to think its use here in so unqualified a manner is warranted. With his view that locality, climate, etc., have little or no influence, we should more readily agree. Dr. Snow has been one of the most prominent men in associating the development of cancer with mental strain. His views have been widely adopted, and it is to be hoped that some day they may bear fruit of a prophylactic nature. Connected with this

hypothesis is a therapeutic deduction—"the only drugs which arrest its career are neurotics having a special influence on the cerebral nerve centres." He says this arrest may be "so complete and so permanent as hardly to fall short of cure," under favourable conditions. The practical application of this hopeful view is the somewhat barren one that opium ranks first, cocaine second. Are these indeed the leading "neurotics"? What of arsenic and phosphorus? to mention only two others.

*En passant* we may note a statement new to us, though if it be a fact it ought not to have escaped our notice, and will be welcomed by our readers who know how to turn such knowledge to use: "In monkeys cocaine produces the symptoms of exophthalmic goitre."

Chapters on the proper surgical procedures, and on Dr. Snow's views respecting bone-marrow infection, are well worth reading; indeed, this is true of the whole book.

Criticism might be offered on many points, but with the present imperfect state of knowledge of a positive character it would be premature. The subject is of such importance as to demand the thoughtful consideration of all who have any opportunity of throwing light upon it.

## MEETINGS.

### BRITISH HOMŒOPATHIC SOCIETY.

#### ANNUAL ASSEMBLY.

The first meeting of the annual assembly was held at the London Homœopathic Hospital on Wednesday, June 29th, Dr. Edwin A. Neatby, President, in the chair.

Dr. Norman Webster, of Guernsey, was elected a member of the Society.

#### SECTION OF MATERIA MEDICA AND THERAPEUTICS.

A discussion on "Gastric Remedies" was opened by Dr. Stonham by a paper on *Simple Dyspepsia*. The author first surveyed the principal facts in the physiology of digestion. He then pointed out that a break-down at any point gives rise to the various symptoms grouped under the name of dyspepsia. He referred to deficiency and alteration in the saliva, deficiency in the biliary secretion, and atony of the muscular wall of the stomach. The chief symptoms of dyspepsia were passed in review and their relationship to their remedies discussed. The paper was a very full one, and the indications for the use of the different drugs completely gone into, but condensation would do injustice to it.

A discussion followed, taken part in by Dr. Blackley, Dr. Ord, Dr. N. Roche, Dr. Moir, Dr. B. Roche, Dr. Goldsbrough, Dr. Epps, Mr. Knox Shaw, Dr. Goldsmith, Dr. Newbery, Dr. Lambert and Dr. Neatby.

The second meeting was held on Thursday, June 30th, Dr. Neatby, President, in the chair.

Dr. Cash Reed, Dr. E. B. Roche, and Dr. Ord were elected Fellows of the Society.

Dr. J. J. G. Pritchard, of Dewsbury, was elected a member of the Society.

The following officers were elected for the session 1898-1899 :—

President : Dr. Arthur Clifton.

Vice-Presidents : Dr. Burford, Dr. Epps.

Treasurer : Dr. Galley Blackley.

Council : Dr. Clifton, Dr. Burford, Dr. Epps, Dr. Blackley, Mr. Dudley Wright, Mr. Knox Shaw, Dr. Byres Moir, Dr. Goldsbrough, Mr. C. J. Wilkinson, Dr. Stonham, and Dr. A. E. Hawkes (representative of the Liverpool branch).

The following sections were elected :—

Materia Medica and Therapeutics : Mr. Wilkinson, Dr. Hughes, Dr. Epps, Dr. Ord, Dr. Dyce Brown.

Medicine and Pathology : Dr. Moir, Dr. Blackley, Dr. Day, Dr. Epps, Dr. Goldsbrough.

Surgery and Gynæcology : Mr. Knox Shaw, Mr. Dudley Wright, Dr. Burford, Mr. Johnstone, Dr. Neatby.

Library Committee : Dr. Blackley, Dr. Burford, Dr. Hughes, Dr. Neatby, Mr. Knox Shaw.

Mr. Knox Shaw, who had acted as Honorary Secretary to the Society for six years, presented his resignation to the Council the previous evening, and gave a report of the progress of the Society on the 30th ult. His retirement was most regretfully accepted, and early in July the Council elected Mr. James Johnstone as his successor.

During the evening Messrs. Downs Bros., of St. Thomas Street, made a display of surgical instruments, and Mr. Young J. Pentland, of Smithfield, and Mr. Kimpton, of Holborn, of medical books.

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#### THE AMERICAN INSTITUTE OF HOMŒOPATHY.

The fifty-fourth annual meeting of this body was held at Omaha, Nebraska, on the 23rd June. The President, Dr. A. B. Wright, of Buffalo, being in the chair, and after addresses of welcome to the members had been delivered by Dr. Wood, the chairman of the local committee of arrangements, by the Mayor of the City and the Governor of the

State of Nebraska, and suitably acknowledged by the President, he delivered his annual address, in which he dwelt on the constitution of the Institute, on medical expert evidence, on forestry, the completion of the Hahnemann monument at Washington, on training schools for nurses. He made the following remarks on the

#### MATERIA MEDICA.

“Now let us come to the item that is first in importance to this Society, and dear to the heart of every homœopathist, our materia medica. In the early years of the American Institute its principal thought and work was on materia medica and clinical medicine. And good thought and good work it was. But the commendable work in the collateral sciences has absorbed so much of the time of our sessions that materia medica has been partially obscured and apparently relegated to second place. Yet the same men are working as ever, the committee on drug-proving have done good work, and the materia medica conference has shown a faint renewal of interest in materia medica; but the majority of the profession have not given it the attention which its importance demands. Yet how shall we effect a revival? Only by increased activity in work. The lamented J. P. Dake agitated for several years a plan for a National Provers' College, but the scheme involved so much work and capital that it was impracticable.

“Drug-proving at the present time may be more satisfactory than that of twenty-five years ago. Through discoveries in chemistry and electricity, the use of new instruments of precision for physical examinations, etc., physical conditions and pathological changes, which could not be discovered at the time most of our provings were made, are now possible of being noted with great precision. With this assistance much chaff might be eliminated, and perhaps valuable symptoms added. We have such a perfect system of materia medica that the addition of any number of properly proved remedies cannot destroy its harmony. Our existence as a school of medicine depends on our maintaining and enlarging our materia medica. The demand is on us to do this as a material benefit to medical science. As we prize our materia medica, let us enrich it with additional reliable provings, so that when future generations of this Society make pilgrimages to Washington to see the classic bronze we have builded in honor of homœopathy and its founder, they shall take just pride in their loyal ancestors of the nineteenth century.”

During the week papers on a variety of topics bearing upon medical, surgical, and obstetric subjects were read and dis-

cussed; the meetings adjourning on the 80th to meet next year at Atlantic City, New Jersey, having previously elected Dr. B. F. Bailey of Lincoln, Nebraska, as President; Dr. Arthur B. Norton of New York; and Dr. Sarah J. Millsop of Bowling Green, Kentucky, as Vice-Presidents; Dr. Porter, and Dr. Kraft, Secretaries; Dr. Kellogg and Dr. Franklin Smith, Treasurers.

## NOTABILIA.

### SIGNATURES AND SIMILARS.

A CUTTING we have received from the *English Mechanic and World of Science*, for July 1st, 1898, shows that the bruit of the play enacted at the recent Congress has travelled far. A correspondence seems to have been going on in the columns of that journal on the subject, the nature of which we divine from the reply elicited, shows that homœopathy has suffered "in the house of its friends," more seriously than Dr. Clarke ever expected it would do. We make some extracts from the reply to the *English Mechanic*:—

"I do not quite gather from letter 41,200, in the issue of June 17th, if 'S. S. C.' really does suppose that the old forgotten medical superstition of 'Signatures,' an attempt to revive which was made recently, as reported in this journal on June 10th, is identical with the other formula of 'Similar' still used as a dogma to indicate the basic principle of homœopathy.

"If 'S. S. C.' actually has made this extraordinary error, he has certainly completed for us the humour of the otherwise utterly insignificant episode; I must remind him that the society before which the paper setting forth the quaint old doctrine of 'Signatures' was read, and the body of medical men for whom he expresses such contempt, consist of medical men who have passed through precisely the same professional training, and hold the same degrees and diplomata, as every other legally-qualified doctor in the British Isles; that their methods and scientific knowledge are as up-to-date as those of the foremost of their orthodox brethren; and that, until the point of selection of a drug for therapeutic use is reached, the homœopaths work and think on much the same lines as all the rest of the profession. Can 'S. S. C.' really think that this body of educated men would accept and base their practice upon that eccentric dogma of 'Signatures'? If he does so think, he offers a deliberate insult to men whose attainments are infinitely beyond his comprehension.

"Of course, like others who are absolutely ignorant on the subject they so easily run into print upon, ('S. S. C.') supposes

that the *small quantity* of medicine given forms an essential part of homœopathy. Once more, and for the hundredth time, I assert that *homœopathy can be practised with doses of any magnitude*, so far as quantity is concerned. Homœopaths do not claim that they use minute quantities exclusively; it is not the amount, but the molecular form or state of subdivision of the drug, which is essential. The only limit as to quantity is that less shall be given than will aggravate the disease symptoms; and even this is denied by some, who find that rapid alleviation of symptoms often comes directly after a sudden increase due to the drug given, when this is really homœopathic to the symptoms—*i.e.*, it is capable, in health, of producing those symptoms which are found to be relieved by it in disease.

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"I should never have imagined that anyone could so mix up the two terms 'Signatures' and 'Similar' as to take them for the same definitions; but 'S. S. C.' seems actually to have done this, and he writes, in letter 41,200, in the issue of June 17th, in a way which suggests that he thinks the recently-exhumed mummy doctrine of 'Signatures' is a dogma actually supported by the homœopathic school. It may be well, perhaps, to supplement the paragraph which appeared in the 'Scientific News' columns of this journal on June 10th (why it could possibly have seemed worth the space I cannot in the least understand), and which recorded one eccentric idea in one paper, which was scarcely regarded as of any importance at the meeting, so that in the large and representative assembly there was found only *one* member to support the author of the paper (the Annual Congress of Homœopaths in London); and to add that in the British Isles there exist perhaps half a dozen more of that opinion. The thing is merely a perplexing personal notion held by the reader of the paper in question, who wishes to revive as a serious opinion the old doctrine, or medical superstition (as it appears to me) of 'Signature,' which, with a host of dogmata equally curious, has been forgotten for a long period of time."

\* \* \* \*

#### "SOME ESSENTIALS.

"First of all, and the very heart of homœopathy, is this. The conviction that there is, in the human physical constitution, a *vis medicatrix natureæ*, or a strong 'tendency towards recovery from illness,' a 'recuperative power,' and that it is by working *with not against* this force, that disease is best alleviated. Where is the absurdity here?

"Next, and the outcome of that main principle—that the symptoms of disease—our working data—should be regarded

as the indications of the working of that recuperative force in its fight against the disease action, and therefore that the symptoms are not necessarily evidences of movements to be *opposed* by drugs which will suppress, stifle, or conceal them, but are generally such as should be so treated by medicines that the physical movements (a really fitting term is difficult to find) shall be rather aided, even sometimes increased, by the use of drugs capable of producing similar effects. We must '*push* where Nature *pulls*.'

"The considerations underlying homœopathy are mainly, in addition to the above vital articles of belief:—

"A medicine, to act curatively, must enter the blood-stream; otherwise it cannot reach the special organ affected.

"A medicine, to enter the circulation, must pass, by osmosis, through the infinitesimally thin membranous walls of either the absorbent or capillary blood-vessels of the stomach or other mucous surface.

"This osmosis must mean that the molecules of the drug have to penetrate between the almost unimaginably minute intervals between the cells forming the membranous walls of the vessels. Therefore, *extremely minute subdivision* of the drug must be secured.

"Every substance which, when taken into the body, produces perceptible effects on it, does so by virtue of a special 'power of elective affinity' it possesses; and these affinities are proved best by the effects of the drug taken in full doses in *health*.

"That the symptoms thus produced by a drug are the evidence of its particular sphere of action, its 'patho-genetic' or symptom-producing action.

"And that this action, being in each instance the analogue of some similar group, or combination of disease symptoms, is the indication which points to its use in the treatment of disease—*i.e.*, the 'Patho-genetic' sphere, is identical with the 'Therapeutic.'

"And, perhaps, as important as any: That the organs and tissues which in health are specially affected by a drug, are *intensely more sensitive to that drug's influence when disordered or diseased*. Will 'S. S. C.' please note? The belief is, that the diseased organ is more sensitive and receptive to the drug, by many ten thousand fold, than it is in health, and will benefit by a correspondingly *attenuated* drug.

"Finally.—That there are four available tests to prove the presence of a drug, and that the three first may utterly fail to show that a trace even of the drug exists; and then the fourth, more delicate by far, will prove that the drug is there, by the curative effects it produces. The four tests are—

- “ 1. The microscope and touch.  
 “ 2. Chemical tests.  
 “ 3. The crude irritant effects on stomach, &c., which are forced to cast out the drug, and to prevent its entering the circulation (as purgatives, emetics, &c.) And,  
 “ 4. The physiological test of the extreme sensitiveness of some diseased organ to the action of the drug.  
 “ ‘S. S. C.’ wants the third form of test—the most uncertain and crude of all. Before he will take a drug to help him in illness, he would prefer to bring disorder on some part which was, up to then, in healthy condition, rather than to accept the benefits of the fourth test. *That* is the test he could well try, out of the medicine-case; but he must remember that it is the disordered organ which alone would respond to the test, and that it would do *by getting better or well*. No amount of verbal discussion can equal *that* test.”

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If S. S. C. desires to be further enlightened as to the views of the founder of the homœopathic system, and of every practitioner of homœopathy since his day—except two—on the notion of “Signatures,” we refer him to the leading article in this number of the *Review*, p. 449.

### HOMŒOPATHY IN TASMANIA.

THE history of homœopathy in our colonies bids fair to closely resemble that which has characterised it in Great Britain. Violent opposition at the commencement, rapidly followed by determined ostracism, both social and professional, of all medical men who openly acknowledge their confidence in it as the scientific basis of drug-selection, in the treatment of the sick, whenever drugs are calculated to cure disease. Then has followed a revolt both of patients and doctors. They decline to endure such ostracism; and, as the most effective protest against it, steps are taken to make the meaning of homœopathy, the results of following it out in practice, and its advantages known wherever men can read and think.

Such has been its history here since 1827, when the late Dr. Quin came to practise in London. Such has been its history in Tasmania, since it was first heard of there in the early sixties. Lately the opposition of the profession has, under the direction of the British Medical Association, become unendurable. The result is, as we noticed briefly last month, the establishment of the Homœopathic Association of Tasmania and the issue by it of a monthly paper published at Hobart and designated *The Tasmanian Homœopathic Journal*, of which we have received a copy. A circular



issued by the Association defines as the objects of the Association—

1. To demonstrate the scientific basis of homœopathy.
2. To maintain and uphold the absolute right of every legally qualified medical practitioner (as all homœopaths in Tasmania are) to employ any system of medicine he may think best without thereby incurring any loss or diminution of professional status.
3. To promote the interests of homœopathy by the interchange of ideas, and reading of occasional papers relating thereto, and to keep the adherents of homœopathy more in touch with one another.

*The Tasmanian Homœopathic Journal*, in its leading article, states that "its appearance is the consequence of a necessity of the times," and proceeds to describe the circumstances which have rendered it a necessity. It commences by stating that "So far as legal qualification is concerned, the medical faculty in Tasmania has hitherto stood upon an equal footing. No one is entitled to practise for fee or reward in this colony unless his name be on the register of a legally constituted 'Court of Medical Examiners,' and no one can have his name placed on the register of that court unless he can produce a British diploma, or a colonial or foreign diploma, proving that he has received a medical education equal to that prescribed by the Royal College of Surgeons in England. This is the safeguard which the law of Tasmania provides for the protection of the public against charlatans or quacks. The law does not recognise any particular system of medicine, but leaves every duly qualified practitioner to treat his patients according to his best judgment, with the most modern scientific remedies at his disposal."

The editor then gives the position which has been forced upon medical men openly practising homœopathically. "Some years ago—back in the sixties—homœopathy first attained a sound footing in Tasmania, and the faculty of that day endeavoured to make a stand against it. They did succeed in keeping it out of the general hospital, but, in practice, public opinion was strongly against them. Good men came here from the other colonies, delivered lectures on the new school of therapeutics, the sympathies of the public went out to them, and it was soon evident that homœopathy had come to stay. A few years later special homœopathic pharmacies were established in Hobart and Launceston; they had their branches in the leading country towns, and the adherents of homœopathy increased and multiplied exceedingly. Since then there has been little friction between the systems. Excepting in one or two cases, practitioners of both

schools have met in friendly consultation, giving their best efforts in the cause of suffering humanity, and, we may be excused for saying, with the best results. Recently a change has 'come o'er the spirit of their dream.' A branch of the 'British Medical Association' has been established in Tasmania, and the first result has been that the allopaths have given formal notice to their homœopathic brethren that they must decline to meet them in consultation, must refuse even to administer chloroform for them in operations, and that they are to be boycotted in other directions. Well, ordinary human nature might properly resent this kind of dictation, and we presume homœopathic physicians and lay homœopaths are not superior to ordinary human weakness. The first result of the action of the practitioners of the older school has been the formation of a Tasmanian Homœopathic Association, in which North and South have cordially joined hands; the second result is the publication of our *Number One*, and we sincerely trust the next result will be the establishment of Homœopathic Cottage Hospitals in Hobart and Launceston, and afterwards in provincial towns wherever they may be necessary. The public will then be able to judge by authoritatively tabulated results as to the merits of the two systems."

He then states that "the object of the Association and of this journal will be to demonstrate the scientific basis of the system known as homœopathy, and to advance this particular school of medicine."

After a brief definition of homœopathy, he gives a short outline of Hahnemann's career, a quotation from a lecture by Dr. F. F. Moore, of the University of Harvard; and concludes by saying that "all that is asked is, that medical men will 'give the subject careful and unprejudiced investigation, and openly and candidly acknowledge the truth to be found therein.' So far back as 1846 the professor of pathology in the University of Edinburgh declared his conversion to homœopathy, and in a telling speech said:—'Let us then extend to our homœopathic brethren the right hand of fellowship, that the reproach of bigotry and intolerance may be removed from us, that the truth may be advanced, and the day hastened when medicine will know no schools, but be represented by one body, working with renewed strength and vigour, and with the one aim of advancing medical science and the best interests of humanity.' This is sound advice, which the medical faculty in Tasmania, if wise, will do well to follow."

We heartily desire that our colleagues in Tasmania will fully succeed in their efforts at achieving complete freedom

of opinion in the practice of medicine in their colony, and hasten the time when the generous sentiments so eloquently expressed by Professor Henderson will be completely realised in their midst.

We are glad to notice that the new Association is heartily supported by the Colonial Press. As an illustration we quote a paragraph from *The Launceston Examiner* (May 21).

"HOMŒOPATHIC LEAGUE.—A meeting of this Association was held on Thursday evening last, at Mr. Henry Ritchie's office, when it was unanimously decided to amalgamate with the recently formed Homœopathic Association in Hobart, the whole to be called the Homœopathic Association of Tasmania, with centres in Hobart and Launceston, and in all probability branches on the North-West and West Coasts and other districts. The amalgamated Associations promise to become in the future a strong organisation, as members are flocking in from all parts, the objects being to demonstrate the scientific basis of homœopathy, to advocate that all legally qualified medical practitioners shall hold the same professional status, whatever system they may employ, and to keep the adherents of homœopathy in touch with one another. At the meeting the establishment of a Homœopathic Cottage Hospital in the near future was warmly advocated."

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## HONOURS TO MEDICAL MEN.

### DR. GEORGE CLIFTON.

A NORTHAMPTON paper of about the middle of July makes public the following news, which has been an open secret with a good many for some time. We quote the paragraph in its entirety, and join heartily in our contemporary's congratulations.

"Many congratulations to Alderman Dr. Clifton, of Leicester, on his selection for the Mayoralty of Leicester for the coming municipal year. Alderman Clifton is one of the best known men of Leicester. He is brother to Dr. A. C. Clifton, of Northampton, and, like him, is an ardent homœopath. It is nearly sixteen years since Alderman Clifton was first elected for the old North St. Margaret's Ward, Leicester, on the death of Mr. John Holmes. Nine years later, in November, 1891, he was raised to the Aldermanic Bench, as a fitting tribute to his very valuable services in both the Council Chamber and the Committee-room. Having the responsibility of a large professional practice, he has necessarily been unable to devote as much time to the work of the Committees as members with ample leisure. As chairman of the Lunatic Asylum Committee, however, he has still contrived to render

services which it is by no means easy to overrate, and by which he has contributed materially to the efficiency and development of the institution. The Alderman has also from time to time taken an active part in the work of the sanitary, watch, sewage, and other departments, and has altogether placed his skill and time ungrudgingly at the command of the ratepayers. The Mayor-elect, accordingly, has signally earned his promotion, and may furthermore be confidently trusted to maintain the best traditions of the civic chair. The selection of Dr. Clifton was made on Wednesday night, at a private meeting of the Leicester Town Council, when the proposal of Alderman Lennard was unanimously agreed to."

#### DR. VICTOR BLAKE.

A CORRESPONDENT sends the following cutting from a local paper of which the name is not given. We congratulate our colleague Dr. Victor Blake on his rapidly acquired position, and trust his professional career may be not less successful and distinguished:—

"Heartly congratulations to Dr. Victor Blake, member of the British Homœopathic Society, on his election to the important and honourable position of County Alderman for the Isle of Wight. Dr. Blake is a young man, and a comparatively new comer to the Island, and it speaks well for his enterprise and ability that he is already a county alderman, a member of the Ventnor District Council, a surgeon-lieutenant in the volunteers, a prominent member of the local cricket club, and a gentleman connected with various other departments of Ventnor life, besides being an esteemed member of the medical profession."

#### TUNBRIDGE WELLS HOMŒOPATHIC HOSPITAL AND DISPENSARY.

THE report of this institution for 1897, which we have just received, tells us that during the year 85 patients have been received into the Hospital, these with 7 in the Hospital on the 1st of January, 1897, give a total of 92 for the year. There was one death among these, but the remaining 91 were discharged greatly relieved or cured. 2,508 dispensary patients have been under care, 2,208 visits have been made to patients at their own homes, and 794 patients have received attention by the Honorary Dental Surgeon.

Consulting Physician, Dr. Burford; Consulting Surgeon, C. T. Knox Shaw, Esq.; Physician, Dr. Neild; Surgeons, J. C. Pincott, Esq., and P. Capper, Esq., M.B.

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## HOMŒOPATHIC PHARMACEUTIC ASSOCIATION OF GREAT BRITAIN.

WE are glad to hear that this Association, of which we had not heard for several years, was revived, at a meeting held in Harrogate, last April. The President is Mr. Pottage of Edinburgh; Treasurer, Mr. J. C. Thompson, F.L.S., of Liverpool; Secretary, Mr. F. Foster, of Scarborough. The next meeting is to be held in London, when Mr. Foster will read a paper on Tablet Making.

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### AN ANALOGUE OF RHUS TOXICODENDRON.

Dr. DYCE BROWN has received the following interesting letter from Admiral Selwyn:—

“Dear Dr. Dyce Brown,—I know you are interested in anything that may turn out to be a new and valuable homœopathic remedy, so I send you an extract from the *Journal of the Society of Arts*, June 17th, 1898, p. 659.

“No. 19 *Semecarpus coriacea*, *Flora Brit. India*, vol. ii, p. 92.

“In Singalese ‘Badulla’ a common tree found over most of the hill country above 4,000 feet. This wood is sometimes used for tea chests in Ceylon, but it is considered too bad owing to the risk there is of getting any of the milk (Singalese ‘Badulla Kiri’) on the skin as it at once sets up a violent inflammation. May not this be a remedy for eczema?”

“Very truly yours,

“J. H. SELWYN.

“186, Gloucester Terrace,  
Hyde Park, W.,  
June 23rd, 1898.”

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### MEZEREUM v. MERCURIUS.

THE *Medical Era* (Chicago, 1898) gives an interesting paper by Dr. Hanchett on mezereum. We quote it in full:

“During the past few months I have had such satisfactory results, in four or five clinical cases, from the use of mezereum where I had failed with mercurius, that I have become somewhat enthusiastic over the drug. I am well aware that mezereum is a medicine little referred to in many of our *Materia Medica*s, and very little used by most of our practitioners. In my own practice, while I have always had the drug in my case, I have seldom prescribed it until recently. A few months ago a patient came to me from a remote part of the State for treatment. The symptoms were somewhat peculiar, although I thought it a mercurius case. After failing

with mercurius I carefully cast about for a medicine more suitable to the case which mercury had failed to help. I found this remedy in mezereum. In this case, and the other cases in which it has proven such a friend, the symptoms were somewhat peculiar, and in closing this paper I will relate them in brief.

“I hope that the members of this society have had even a wider and more satisfactory experience than I have had myself, and that by your discussions I may learn more of the drug, and add new symptoms to my small tested list. As you are all aware, mezereum is a vegetable, the spurge-olive.

“My special reason for taking the subject mezereum v. mercurius, is to contrast the two drugs, and to try and show that many cases, which at first appear to be mercurius cases, are really maladies which have been aggravated by mercurius and which, in many instances, may be helped or cured by mezereum. Hence, I will almost say that mezereum, in a way, is antidotal to mercurius, while many of the general symptoms seem to be the same.

“In the first place, I believe mezereum will cure more of those cases, which we may call a cross between syphilitic and mercurial poisonings, than any other drug. Mercury has, through all time, been given so freely and frequently for all syphilitic troubles, indiscriminately, that each of us has often seen a condition hard to distinguish from a poisoning from mercury grafted on to a syphilitic constitutional disease. It is in this class of cases that I have found mezereum so useful. In these cases I had often given nitric acid, and as I remember my teaching in college and most of my reading since, nitric acid has been given as the great remedy to follow the abuse of mercury. It was after the failure of nitric acid to help my patient that I found and feared I had this mixed condition of syphilitic trouble with mercurial poisoning. While the symptoms for nitric acid are quite clear, and there seemingly should be no mistake as to its use, following a mercurial case, yet sometimes the distinction is so nice that it is hard to be sure, before trial, that nitric acid is our remedy. I cannot say that the mezereum symptoms are better marked than those of nitric acid, but I can merely state that with the following symptoms, I have found mezereum to do wonders.

“Mezereum is a drug which I believe is used in all schools of practice, and I have seen it stated somewhere that in the wonderfully advertised Hood's Sarsaparilla, mezereum is one of its main ingredients, and much depended upon to correct the syphilitic and scrofulous diathesis. I do not pretend to say that mezereum may not be the original remedy in many cases of syphilis instead of mercury, or any other drug for that

matter ; but I do believe that it is more often called for where mercurius has spoiled the case for a good recovery. Some of our writers give it pre-eminence in the influence it has upon nodes and nocturnal bone pains. Hahnemann, in some of his writings, states that it will produce severe pains in the cranium, and also that it produces intense pains in the long and flat bones, especially in clavicle and thigh. One writer states that it is one of the best remedies in rheumatic periostitis. The pains of mezereum are quick and shifting ; they may be sharp or dull, but when affecting the bones, the patient complains of the pain being upon the surface of the bone. Here is where it differs from mercurius. The mercurial pain is deep-seated, and seems to penetrate the very marrow. It does not cause the excessive salivation of mercurius, nor does it affect the mucous tissues as deeply. The teeth seem too long ; this is one of its marked symptoms and should be italicized ; not that the teeth feel sore as they may feel under mercurius, nor that they feel loose in their sockets as they do under mercurius, but the patient constantly complains of their being too long. If you ask him if they feel loose he states that they do not, that they feel very firm, but very long. Neither do the gums become sore and recede to the extent that they do under mercurius. They recede somewhat but are not inclined to be as spongy, neither are they inclined to suppurate as they may under mercurius. There is said to be a case on record where extreme necrosis of the jaw, produced by phosphorus, was cured by mezereum, and it has been prescribed with success in many cases where the bones were considerably affected.

“ Mezereum belongs to the cerebro-spinal group, and affects especially the sentient nervous system. It acts freely upon the abdominal viscera. It increases their secretions freely, producing copious watery stool. It produces griping, cutting pains, nausea, as well as a general gastro-enteritis. As stated above, it acts directly upon the periosteum of all bones, and especially on the tibia. This condition is found in the case of the patient referred to in the outset of this paper. It is similar to mercurius in that its pains are usually worse at night. It has been said to cure violent toothache coming on every evening. In truth, it seems to have a peculiar adaptation to the jaws and teeth. It differs from mercurius in that the mercurius pains are apt to be worse while the patient is at rest. The mezereum pains are worse when the patient moves.

“ I have found it useful in cholera-infantum, where the child had been dosed with calomel and was of a syphilitic diathesis—a scrawny child with enlarged glands and swallow

colour. After the stools the rectum remained prolapsed and was inclined to become strangulated. Mercurius has this same condition without the strangulation.

"In some of these cases referred to, I have found nervous rheumatism with flying pains and neuralgia. The symptoms are generally, as in mercury, worse at night, and one of the great distinctions between the two drugs, mezereum and mercurius, is found in the character of the skin eruptions. The mercurial eruptions are generally flat and of a dark copperish colour. The mezereum eruptions are more like vesicles coming to a head, apt to be white at the apex. This copper colour, sometimes, I noticed, about the base in the form of a little circle. When this vesicle would break it would simply leave a thin scab and disappear without the dark-coloured coppery appearance.

"As I have emphasized above, my patients complained of the pains being sharp and stitching and flying about from place to place. The condition of mind is not of that deep gloom and morose disposition of mercurius. While my patients seemed to understand the gravity of the disease from which they were suffering, yet they did not brood over it as I have often seen in so many cases of syphilitic disease, where I have rapidly and readily cured them with the mercurial preparations.

"Another characteristic difference which I have observed, and which I think the writers on this medicine note, is that the mercury patient may sweat freely but is not relieved by the perspiration, while the mezereum patient is usually relieved by perspiration. The mezereum perspiration is not of that peculiar sticky and clammy sweat, which we so commonly see in mercurius. I may also add that while mercury produces many skin affections they are generally of a secondary stage. Mezereum often primarily affects the cutaneous surfaces. Mezereum we may class among the skin remedies. Many of our writers claim it has cured shingles and pityriasis. Mezereum causes intolerable itching and irritation of the skin. It also irritates the genito-urinary organs much as cantharides does. In two of the cases where I have recently used it, there is a blenorrrhea of the urethra in the male, and the urethra and vulva in the female. In one case I found it to correct a very acrid and disagreeable leucorrhœa, so acrid indeed that it caused rawness, soreness and swelling of the parts. The entire vagina seemed red and inflamed and extremely sore and swollen. Mercurius also has some of these same symptoms, but the acrid discharge in mercurius seems to be more from a deep ulceration of the mucous surface and not of the general or diffuse inflammatory



condition for which I would think mezereum adapted. In these conditions we get the same shooting, radiating and shifting pains that we find in other parts and organs of the body above referred to.

“Mezereum is recommended by some as a good headache remedy. As a matter of fact, these abused or neglected cases of syphilis are apt to have the peculiar mezereum headache. A headache of compression, or a sensation as if the skull were screwed or bolted together tightly, and that the bony encasement of the brain was too small. One of my patients complained of periodical nose-bleed. This nose-bleed relieved the peculiar headache. I noticed that my patient's symptoms were aggravated by damp weather. I think this is a symptom which our *Materia Medica*s give to it, and wherein it agrees with mercury, which is apt to be worse from dampness and damp weather. It is said to be a good remedy for suppressed eruptions, especially where the case has been abused by a too free use of mercury. One of my patients complained of much pain in the eyes, of a neuralgic nature; this was probably caused by neuralgia of the ciliary muscles, and I think it has quite a sphere of action along this line. Undoubtedly my colleague, Dr. Moriarty, our efficient and scientific oculist, can tell us much of its use in this direction. Two of my patients were suffering from a catarrhal trouble of a scrofulous or syphilitic nature, and possibly as the result of mercurial poisoning. As the other troubles grew better by a general constitutional recovery, these catarrhal affections disappeared.

“CASE I.

“A woman about 27 years of age came to my office a few months since, stating that she had been suffering from a private disease which her husband had brought to her. She lived in a remote city in this State. She said she had suffered from the trouble for several weeks before she knew what her disease was. She consulted her family physician, who at once began what he called ‘heroic’ treatment. The ulcerated surfaces about the genital organs were cauterized, and she was given large doses of calomel. This calomel treatment was continued for several weeks until her system became thoroughly saturated with the mercury. She began to have the peculiar bone-pains, both characteristic of the disease and of mercurial poisoning. Her mental symptoms were not marked, unless it may be said, paradoxically, by a lack of mental symptoms. While she was a woman of intelligence and refinement, she did not seem to worry over the gravity of her condition. She did not brood over her family relations. While she felt worse at night, she slept fairly well. She had taken calomel within

the first week or two of her treatment, to complete salivation. However, when I saw her, the gums had healed, although somewhat receded, but her teeth felt too long and she referred to this symptom frequently. She said they were not sore, nor did they "feel on edge." She complained of great pain in the clavicle and thigh bones. The lower limbs were more or less covered with the peculiar vesicular eruptions before referred to, with white tops and copper-coloured rings about the base. There was little, if any, ulceration about the vagina, but an acrid and burning leucorrhœa. As you may imagine, I naturally gave her nitric acid at first, thinking that she had already too much mercury. She reported during the first week, daily, at my office, but under the action of this medicine I could see no improvement in the trouble; I think she rather grew worse. I began to study her case more carefully, and concluded that mezereum was her remedy. I gave it to her first in two-drop doses of the mother tincture, three or four times daily, when I saw a radical change for the better. I soon followed this with the second decimal dilution of the same drug. The improvement continued. I went on higher until finally the cure was completed with the 6th and 12th. I have occasionally heard from her, and she states that she is perfectly well and happy. The drug, seemingly, had a magical effect, and removed all doubt from my mind of her recovery being a mere coincidence. I feel sure that it was a cure made by the use of mezereum.

#### "CASE II.

"A man about 28 years of age consulted me a few months since, stating that in earlier life he had had syphilis; that he had taken a thorough course of treatment for it, as he supposed. On questioning him as to the kind of treatment and how it had affected him, he said that the medicine must have been very strong, for it had salivated him, and that his mouth had been very sore. He said that his teeth were so loose that he could almost shake them in their sockets, and went on giving the full history of mercurial poisoning. His hair was thin, having never fully returned after falling out some time before. Much of the scalp was covered with a whitish eruption, the vesicle breaking and leaving these little white scabs with dark rings around the base. Along the shin-bones the periosteum was rough and uneven, in places being very much thickened. Nodes and mucous excrescences were to be seen. He emphasized the fact that while his gums had healed and his teeth were firm, yet they felt very long, so long that they even bothered him in eating. I put him at once upon mezereum tincture, five drop doses every five hours. Within a week he said he felt decidedly better, and

the appearance of his head and face was decidedly improved. As is my custom in using this medicine, I raised about a decimal each week until I had him taking the sixth dilution. This completed the cure. I have seen him repeatedly since, and from his general appearance no one would know that he had ever suffered from syphilis. The bone-pains had all disappeared and the roughness on the tibia was largely gone.

“CASE III.

“I mention this case because it illustrates what this medicine has done for me in a few cases of bowel troubles with small children. A child one year old, teething, had suffered for some time with intestinal irritation and diarrhoea; almost or quite a dysentery. After the straining at stool the rectum became prolapsed, and could be put back only with great difficulty, being almost strangulated. The child had a history of inherited syphilis, and during its treatment for bowel trouble had been given calomel freely. I gave the child the 8x dilution of mezereum every three hours, with a complete recovery from the dysentery and a general improvement in constitutional symptoms. The child has grown and developed to a marked degree since its sickness.

“What, then, is the general summing up of the sphere of usefulness of this, I fear, too much neglected drug? What do we find from a contrast between mezereum and mercury? First and foremost, it is that mezereum is not only an excellent remedy in the treatment of constitutional diseases of a syphilitic nature, and those which have many of the symptoms accompanying this disease, but emphatically, those cases of a syphilitic and scrofulous dyscrasia which have been abused by so-called ‘heroic’ doses of mercury.

“Let me urge those who have not used mezereum in syphilitic cases, where they have been overdosed with mercurial preparations, and where you do not get benefit from nitric acid or any other medicine, to give mezereum a trial. Or, for that matter, give mezereum when you first take your case, with the above marked symptoms as key notes.”

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CACTUS GRANDIFLORUS.

THE *Chemist and Druggist*, in a report of the proceedings of a recent meeting of the North British Branch of the Pharmaceutical Society, gives a summary of a paper by Dr. Gordon Sharp, on “True and False *Cactus Grandiflorus*.” In this he expressed the opinion that plants often used by druggists in the preparation of the tincture of *cactus grandiflorus* were spurious, owing to botanists carelessly calling *cereus* by the name *cactus*. Dr. Sharp further thought that

both cereus and opuntia were alike worthless, and should be discarded by both pharmacist and physician. Dr. Sharp's history of the therapeutic use of the plant is amusing. He ascribed "the reason of cereus being employed as a heart tonic to the fact that Spanish settlers on the Pacific coast, who got their information from the original occupiers of the soil, employed cereus in dropsy, and that, as many dropsies had their origin in heart affections, the transition from the treatment of dropsy to the treatment of heart affections was an easy one. Cereus opuntia was no more efficacious than the demulcent drinks known to us, such as barley-water, gruel, and others, used in the treatment of dropsies."

We never heard before of "the Spanish settlers on the Pacific Coast" who employed cactus as a "heart tonic," nor of any traditions of its value in heart disease having been handed down by them. The first time that the cactus was ever heard of in the practice of medicine was through the medium of a pamphlet, by the late Dr. Rubini, of Naples, entitled *Cactus Grandiflorus: Its Pathogenesis on the Healthy Human Being and Confirmed on the Sick*. A translation of this, by Dr. Dudgeon, appears at p. 529 of the twenty-second volume of the *British Journal of Homœopathy*. It gives a catalogue of the symptoms of disordered health produced by Dr. Rubini's experiments. It was from these that its value in certain cardiac affections was inferred.

It is from that variety of the plant used by Dr. Rubini in his experiments that the pharmacist ought to prepare his tincture. A good description of it appears in the course of the pamphlet (p. 580 *loc. cit.*) In Naples it flowers early in July, and though originally from Jamaica and the coasts of Mexico, thrives well in the open air of that mild climate. The plant used by Dr. Rubini was the night-blooming *cereus grandiflorus*, and may be easily obtained, partially prepared in alcohol, from the West Indies. This has been found to yield a perfectly satisfactory preparation, and to be thoroughly reliable in practice when indicated homœopathically; given on any other basis it is probably no more efficacious than Dr. Gordon Sharp's illustration, "barley-water."

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#### THE BICHROMATE TREATMENT OF GASTRIC ULCER.

At Aberdeen, Dr. Ashley Macintosh read, for Dr. McHardy (Cullen), notes of a case of chronic gastric ulcer treated by bichromate of potassium. The patient was a woman, aged 41, who had suffered severely from gastric ulcer for twenty years. Bichromate of potassium, in  $\frac{1}{8}$  grain dose, increased after four days to  $\frac{1}{3}$  grain, every six hours, was administered

for about a month, when the entire group of gastric symptoms had subsided, and the patient rapidly gained in weight. The drug did not seem to have any effect on the anæmia, or directly on the hæmatemesis. Vomiting, previously a most distressing symptom, ceased after the first dose of the bichromate. The drug was thought to owe its effect to a local action on the stomach, and to be of benefit only in chronic gastric cases.—*Brit. Med. Journ.*, April, 1898.

### A CASE OF OPIUM POISONING TREATED BY PERMANGANATE OF POTASSIUM.

DR. DON sent the following case to the *Brit. Med. Journ.*, April 23rd, 1898:—

“I was recently called to Mrs. S., aged 64 years. She had swallowed by mistake half an ounce of laudanum 50 minutes previous to my seeing her. On my arrival, at 8.45 a.m., she had just vomited from the effects of a mustard and water draught. I found her collapsed and very drowsy; her skin was cold; pulse very weak and thready; and both pupils contracted to the size of pin heads. I gave her at once a hypodermic injection of one-twentieth of a grain of hydrochlorate of strychnine, this had the immediate effect of strengthening the pulse. I then made a solution of potassium permanganate by breaking up three 2-gr. pills in three pints of water. From my previous knowledge of the patient I knew it would be useless to try to pass a tube into the stomach unless she was unconscious, a stage I did not wish her to arrive at. Accordingly I had to employ this method of lavage of the stomach. I made her swallow half a pint of the solution (1 gr. in 10 ounces) every five minutes, and between the doses induced vomiting by irritating the fauces. At the end of 20 minutes I made her swallow a pint of the solution and retain it in the stomach. She then felt better, and the drowsiness was not so great. Two hours after the accident the pupils were normal and the pulse strong, but great sleepiness still remained. At twelve noon she took 4 grains of permanganate of potassium dissolved in half a pint of water, and the same again at 2 p.m. I gave instructions that she was to be kept awake till 6 p.m., and milk and water in equal parts to be given at frequent intervals. Next day the patient felt quite well, but complained of dryness of the throat and mouth from the parching effect of the permanganate solution; she ate well, and felt no other inconvenience from her unfortunate mistake.”

### A CASE OF STRAMONIUM POISONING.

DR. B. H. SHAW reports the following case in the *Brit. Med. Journ.*, April 22, 1898 :—

“On January 9th at noon, Mrs. H., aged 58, took a teaspoonful of an antiasthmatical powder in mistake for liquorice powder. At 12.45 p.m., when sitting down to dinner, she could not understand a dry feeling in her mouth, which sipping water did not affect in the least; at the same time her sight became blurred, and she experienced a peculiar sensation of swelling in her eyes; lifting the glass to moisten her lips she exclaimed at the weight of it, and feeling herself getting worse she told her husband to go for the doctor, and from this time remembered nothing till about 6 or 7 p.m. When I saw her at 2 p.m. her condition bore a remarkable resemblance to a case of delirium tremens; her face, however, which was markedly pale, was not expressive of suspicion or anxiety, nor was there any clammy perspiration, the skin being perfectly dry. Her eyes were bright and staring, the pupils dilated but not excessively, and absolutely insensible to light. The flow of ideas was very rapid, and her speech so fast that only at times could any sense be made of what she said. Mirthful delirium and hallucinations were very prominent, but illusions and delusions were marked absent. Although she often attempted to rise she seemed unable to do so from inco-ordination of the lower extremities. Sensation, however, was perfect. The power of swallowing at first seemed absent, but if she was prevented from returning what was placed in her mouth she swallowed it. Breathing was quiet, but the pulse was very rapid, thready, and compressible. After using the stomach pump freely nitrite of amyl and digitalin (hypodermic) was administered, and shortly afterwards pilocarpin ( $\frac{1}{8}$  gr.). Recovery after the use of the latter was remarkably rapid.”

### DIFFERENCE IN VULNERABILITY OF FIBRES OF THE RECURRENT LARYNGEAL NERVE.

In a clinical lecture given last November at the Queen's Square Hospital for the Paralysed and Epileptic, and reported in the *British Medical Journal*, Sir Felix Semon, M.D., F.R.C.P., made some interesting remarks with regard to the greater vulnerability of the nerve fibres supplying the abductor muscle of the vocal cords over those supplying the adductors.

From his own observations he has demonstrated that in ordinary respiration the cords move scarcely if at all, but remain fixed in a position of considerable but not extreme abduction, the glottis being of the shape of an isosceles

triangle, the sides of which hardly move during the respiratory phases, the width of the opening being in an adult about 18½ m.m. As the cadaveric position of the cords only leaves an opening of 6.7 m.m. this greater abduction during life must be due to a reflex tonus in the abductor muscle (erico-arytenoid posticus) kept up by impulses from the pneumogastric in the lungs.

Dr. Rissien Russell has succeeded in splitting up the Recurrent Laryngeal Nerve throughout its peripheral course into three bundles of fibres—one supplying the abductor muscle, one the adductors, and the third which seems to produce no motor effect in the larynx.

If the Recurrent Laryngeal Nerve be completely divided there will be complete paralysis of both abductor and adductors of the same side, but if the injury to the nerve be not complete, as is often the case in disease, there will be shown a greater vulnerability of the abductor. So constantly is this the case that it may be taken as an axiom that in slowly progressive organic lesions of the motor nerves of the larynx, whether at their origin in the bulb or in their course, it is always the abductor muscles which are primarily and chiefly affected. And as a corollary to this, when recovery takes place, it is the adductors which first recover. This difference in vulnerability is to be ascribed to the existence of bio-chemical differences between the antagonistic group of muscles, and it has been shown by Dr. Grabower, of Berlin, that the nerve endings of the motor fibres to the adductor muscles are of a much more elaborate and complicated character than those to the abductor. Thus, while there may be loss of abduction on one side, the adductors may still act, and the clinical importance of the above lies in the fact that there may be serious disease affecting a recurrent laryngeal nerve, such as aneurisms, etc., and yet no loss of phonation or other symptom to call attention to the larynx.

The same may be the case in a more central disease affecting the nucleus of origin of the motor nerves in the bulb, *s.g.* syphilitic disease or tabes. As in many of these diseases abductor paralysis of a vocal cord is often for a long time the only symptom, an early laryngoscopic examination becomes in all suspected cases of great importance. In their long course the motor nerves to the larynx are exposed to many hazards. The following is a list of the bulbar and bulbo-spinal as well as the peripheral diseases in which they may be involved.

#### BULBAR AND BULBO-SPINAL AFFECTIONS.

Hæmorrhage and softening, syphilitic processes, tumours, diphtheria, progressive bulbar paralysis, amyotrophic lateral

sclerosis, disseminated cerebro-spinal sclerosis, syringomyelia, tabes dorsalis.

#### PERIPHERAL AFFECTIONS.

Acute rheumatic influences ; toxic influences (lead, arsenic, infectious fevers) ; tumors in post cavity of skull, foramen lacerum or foramen jugular ; pachymeningitis ; traumatism (cut throat, stabbing, injury during operations, &c.) ; tumours of neck (goitre, peritracheal glands, &c.) ; aneurisms of arch of aorta, innominata, subclavian, carotid ; mediastinal tumours ; pericarditis and pleurisy ; tuberculosis and pleuritic thickening of apex of right lung ; chronic pulmonary affections (chronic pneumonia, anthracosis, &c.) ; œsophageal carcinoma. In any of these affections unilateral laryngeal abductor paralysis may long be the most prominent and often the first symptom of the serious affection with which the patient is threatened, and this is especially true of such symptoms as bulbo-spinal syphilis, progressive bulbar paralysis, tabes, goitre, aneurisms of the aorta and cancer of the œsophagus.

#### CASE OF PLUMBIC EPILEPSY.

DR. ROWLAND, of Bromley, writes in the *Brit. Med. Journ.* of April 16th, 1898 :—

“I received a police call on the evening of February 10th to see a lad, aged 14, who had been brought to the station in a fit. I found him sitting, supported in a chair, in a state of unconsciousness. The history given by the father, who was present, was that about half an hour previously the lad, while returning home from work, complained of feeling giddy, suddenly screamed out and fell, and was brought to the station by his father with the help of a constable. I found the muscles rigid, the teeth firmly clenched, the eyelids closed, the left more firmly than the right ; the eyeballs were turned up, the pupils equal and of medium size. The pulse was regular and of fair tension. There was pallor of the cheeks and lips, and along the edge of the gums in both jaws a well-marked blue line. The lad's clothing smelt strongly of paint. He had been assisting his father, a painter, for the past six months ; he had been very energetic at the work, and had once or twice suffered from colic, for which his mother had given him salts. He had never suffered from ‘tremblings’ or paralysis. I directed the patient to be laid down, and noticing him turn on his side and curl himself up, I concluded that the fit was passing off, and ordered him to be taken home in a cab. Later on in the evening I saw him at his home. He had passed urine and fæces under him in the interval ; he was still unconscious and rigid, but seemed



inclined to sleep, curling himself up in the bed. Temperature 99.4°; pulse 88.

"Next morning the patient was quiet, but still comatose and rigid. He had passed a restless night, screaming, grinding his teeth, and throwing himself about, so that he was with difficulty kept in the bed. The temperature was 100°, the pulse 92. I prescribed potassium bromide gr. xv. in water every four hours, but administration by the mouth was extremely difficult, owing to the rigidity. In the afternoon, as the coma and rigidity continued, and the temperature was going up, I called Dr. Price in consultation. We were agreed as to the serious nature of the case, and gave a guarded prognosis to the parents. Potassium bromide ʒ ss. with syrup of chloral ʒ ij. in water ʒ j. was injected *per rectum*. Chloroform was administered until the muscular spasm was relieved. The patient was ordered to be fed by nutrient suppositories, and the services of the district nurse were secured. At 10 p.m. I repeated the bromide and chloral injection, and again administered chloroform until the muscles were completely relaxed. I placed calomel gr. ij. on the back of the tongue. A specimen of the urine drawn off by the catheter was found to be free from albumen. The temperature was 101.4°, the pulse 100.

"Next morning (February 12th) the patient was still comatose, but the muscles were less rigid. He had again passed a restless night. The nurse succeeded in giving two ounces of milk and a dose of the bromide mixture by the mouth. The temperature was 101°, and the pulse 112.

"About 8 a.m. on February 18th he opened his eyes for the first time. Thus he had been in the status epilepticus close upon sixty hours. All day long he lay quiet and dozed, taking no notice of anything, but took his nourishment and medicine when offered to him. In the evening the temperature had fallen to 99.6°. He spoke for the first time on the morning of February 14th. Convalescence was now established, and he made an uninterrupted recovery.

"He went out for the first time on February 21st, having been on a course of potassium iodide four days previously. An examination of the fundus oculi showed no optic neuritis, and there was no impairment of vision.

"The above symptoms were undoubtedly due to lead poisoning. There was no family history of epilepsy. The mother said that the boy had been a great help to his father in the painting, and had done as much work as a man, keeping long hours, and had been careless in the matter of keeping his person and clothes free from the paint. He will not return to the painting business.

"The case is of some interest on account of the complete recovery. It is well recognised that cases of acute saturnine encephalopathy are of extremely grave prognosis."

### FOREIGN BODIES IN THE STOMACH—THE HUMAN OSTRICH.

In the *Journal of the American Medical Association*, March 5th, 1898, Dr. A. H. Meisenbach has published the case of a man, aged 22 years, terming himself "the human ostrich," who had for nine years followed the "profession" of swallowing glass, metal, &c. He suffered no discomfort until the end of that period, when he complained of pain in the stomach. When he was standing a mass of about the size of the hand could be felt in the umbilical and hypogastric regions, which could be raised and which descended with an impulse. When recumbent, as he turned from his back on either side, the mass moved toward that side. A skiagram showed a shadow in the umbilical region. Gastrotomy was performed, and 118 articles, besides about an ounce of broken glass, weighing in all 1 lb., were removed. The articles were : 27 staples, 15 screws (1 in. and 1½ in.), 52 nails (2 in. and 1½ in.), 21 cartridges, 2 pocket-knife blades, and 2 in. of brass chain. The patient recovered, but an attack of pneumonia of the right base followed the operation. Dr. Meisenbach attributes this to the X rays, to which the patient had been exposed on several occasions for long periods. X-rays dermatitis is now well known, and deep-seated injury has also been claimed as an effect ; but the retention for so long a period of this extraordinary collection of foreign bodies in the stomach without injury, and even without symptoms, is remarkable.

A similar but fatal illustration of the accumulation of foreign bodies in the stomach has recently occurred at St. Bartholomew's Hospital. At the inquest held on the 21st ulto., Arthur Whitaker, cabinet maker, said the deceased was his wife, and for the past three years she had suffered from pains in her stomach. In May she became so ill that he brought her to the hospital.—The Coroner: Do you know of her ever having swallowed anything such as pins or fruit stones?—No, sir.—Dr. Gilbert Smith, house surgeon, said the case was a very remarkable one to the doctors. The deceased was specially dieted, and it was arranged to perform an operation. On Saturday night her condition became very serious, and she died a quarter of an hour after. A post mortem examination revealed a remarkable condition of things. There was a large number of cherry and other fruit

stones, pins, and pieces of straw in the stomach.—A Jurymen : How many stones do you think there were?—Several hundred. These set up ulceration of the intestines, which caused death.—The Coroner : She must have been swallowing these for years.—Certainly.—A bottle containing some of the stones, mostly cherry and plum stones, some pins, and straw, was handed round to the jury, who returned a verdict in accordance with the medical evidence.

### COFFEE.

MR. JONATHAN HUTCHINSON (*Archives of Surgery*), says that he has long been in the habit of prescribing coffee as a medicine in certain states of great debility. He regards it as a remedy quite unique in its usefulness in sustaining the nervous energy in certain cases. Apart from its general utility, and its well-known value as an antidote to opium, he has found it of especial service after operations where anæsthetics had been used, and in states of exhaustion where alcohol had been pushed and a condition of semi-coma followed. In these latter cases he has sometimes prescribed it as an enema when the patient could not swallow, and with the best effects. In many cases where death may seem close at hand, such an expedient as this may even be the means of a permanent restoration to health. Tea and coffee seem to be much alike in many respects, but the latter is greatly preferable as to its sustaining power. It would be a great advantage to our working classes, and a great help towards the further development of social sobriety, if coffee were to come into greatly increased use, and if the ability to make it well could be acquired. As an example of the difference of effect of tea and coffee upon the nerves, the writer notes, what he believes many sportsmen will confirm, that it is far better to drink coffee than tea when shooting. Tea if strong or in any quantity, especially if the individual be not in very robust health, will induce a sort of nervousness which is very prejudicial to steady shooting. Under its influence one is apt to shoot too quickly, whereas coffee steadies the hand and gives quiet nerves.

### VEILS.

THE mania, or fashion perhaps it might better be called, among ladies of covering the face with a veil is almost universal. Crape as a mourning veil has been proven to be so markedly unhealthy that it is now generally discarded as a mourning covering to the face.

Dr. G. A. Wood, of Chicago, has recently made tests as accurate as possible to ascertain if any danger to the eyes

would be likely to be produced by the wearing of veils. For this purpose he selected a dozen typical specimens of the article and applied the ordinary tests of ability to read while wearing them; and the tests show that every description of veil affects more or less the ability to see distinctly, both in the distance and near at hand, the most objectionable being the dotted sort. Other things being equal, vision is interfered with in direct proportion to the number of meshes per square inch, as the texture of the material also plays an important part in the matter. Thus, when the sides of the mesh are single, compact thread, the eye is much less embarrassed than when double threads are used; the least objectionable veil, on the whole, being that which is without dots, sprays, or other figures, but with large and regular meshes made with single and compact threads. Dr. Wood pertinently remarks that, while eye troubles do not necessarily result from wearing veils—for the healthy eye is as able as any other part of the body to resist legitimate strain—weak eyes are injured by them.—*Medical Times* (New York).

#### AN ABSENT COMMA.

An action was recently brought against an American newspaper by an advertiser of a patent medicine for damages alleged to have been caused by a slight error, which looks like a practical joke of the printer's devil. Among the testimonials to the marvellous efficacy of the remedy, one grateful sufferer was made to testify to the following effect: 'I am now completely cured, after having been at the gates of death merely through taking half a dozen bottles of your medicine.' The omission of a comma after the word 'death' converted this declaration of simple faith into a statement not likely to increase the sale of the nostrum. The case is a warning to those persons—too numerous among doctors as among other people—who have a soul above punctuation.—*Brit. Med. Jour.*, April 30th, 1898.

#### CORRESPONDENCE.

##### THE SELECTION OF PAPERS FOR THE CONGRESS.

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

GENTLEMEN,—It is to be hoped that Dr. Stopford's letter in your last number will do some good, and rouse to a sense of their responsibility those gentlemen whose duty it is to obtain papers for the Congress.

Surely the Council are to blame for putting themselves into such a position that they cannot refuse or amend papers. I

would ask what is the use of a Council but to see that good papers are forthcoming?

Another point I would like to raise: Why are the best papers always put off to the end of the meeting, when members are getting restless and anxious to have a "constitutional," or to see the sights before dinner-time? I can only account for it by supposing that the best papers are usually provided by the younger men, and that the order of reading is arranged on the principle of *seniores priores*. Dr. Wilkinson's paper was one that might have come directly after the luncheon hour, or after the President's address for that matter, as well as either of the other papers. It was the only one that had anything to do with homœopathy, and yet it was practically shelved.

We may, I think, look for better times next year. With Drs. Moir and George Clifton on the Council it will be surprising if some vigour is not put into that apparently nearly moribund body.

I am, Gentlemen,

Yours, etc.,

DUDLEY WRIGHT.

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

GENTLEMEN,—I entirely endorse the spirit of Dr. Stopford's letter in your last issue. I was present at the Congress, and heard as much as I could endure of Dr. Clarke's paper, and then went out, only to hear a chorus of dissatisfaction from other members, many of whom came long distances to be present at what *should have been* a meeting for mutual instruction and edification.

Evidently a burlesque was intended by Dr. Clarke, but a more unfitting season could not well have been chosen, and the natural result has followed—annoyance amongst our members, and an opportunity given to our friends, the allopaths, to blaspheme, which they have not been slow to take advantage of.

I feel it incumbent upon me to disclaim all sympathy with such utter nonsense, which would only have been endurable had it been found in the ancient papyrus library recently unearthed in Egypt.

I also agree that a grave responsibility rests upon some "person or persons" for permitting what we must regard as a most unfortunate accident to have happened.

I am, &c.,

J. ROBBERSON DAY.

35, Queen Anne Street, W.  
July 15th, 1898.

## NOTICES TO CORRESPONDENTS.

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

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ERRATA.—On p. 442, lines 8 and 25 from the bottom, for Wilson read Williams.

## BOOKS RECEIVED.

*Twenty-Two Years' Experience in the Treatment of Cancerous and other Tumours.* By Herbert Snow, M.D. London: Baillière, Tindall and Co. 1898.—*The Homœopathic World.* June and July. London.—*The Chemist and Druggist.* June and July. London.—*Northampton Mercury.* July 15th.—*Calcutta Journal of Medicine.* March, April and May.—*Indian Medical Review.* April and May.—*Indian Messenger.* Calcutta. May.—*The North American Journal of Homœopathy.* June and July. New York.—*Presidential Address before the Homœopathic Medical Society of the State of New York.* By Eugene H. Porter, A.M., M.D.—*Homœopathic Eye, Ear, and Throat Journal.* June and July. New York.—*The Medical Century.* June. New York.—*The Medical Times.* June and July. New York.—*The New England Medical Gazette.* June and July. Boston.—*The Hahnemannian Monthly.* May, June and July. Philadelphia.—*The Homœopathic Recorder.* May and June. Philadelphia.—*The Homœopathic Envoy.* June and July. Lancaster, Pa.—*The Clinique.* June. Chicago.—*The Medical Era.* June. Chicago.—*The Hahnemannian Advocate.* May and June. Chicago.—*Minneapolis Magazine.* May and June.—*The Pacific Coast Journal of Homœopathy.* May. San Francisco.—*The American Medical Monthly.* June. Baltimore.—*The Medical Brief.* July. St. Louis.—*Revue Homœopathique Française.* June. Paris.—*Revue Homœopathique Belge.* April and May. Brussels.—*Rivista Omiopatica.* March and April. Rome.—*Allgemeine Homœopathische Zeitung.* June and July. Leipzig.—*Populäre Zeitschrift für Homœopathie.* July. Leipzig.—*Homœopathische Maandblad.* July. The Hague.

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THE MONTHLY  
HOMŒOPATHIC REVIEW.

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OUR DUTY AND RESPONSIBILITY TOWARDS  
THERAPEUTICS.

THERE is a legend that when SPENSER was buried in Westminster Abbey the poets of his day—a day when poets were many and great—cast each his ode, with the pen which had written it, into the still open grave. The news of the exhumation and re-interment of HÄHNEMANN'S honoured dust has set us thinking what of worthy work this generation of his followers has to offer to his memory.

Clearly his is a memory which we honour ourselves in honouring practically, his an example which we should follow. Setting aside the honour which attaches to patient observation and to brilliant deductions from the facts observed, there remains the honour due to the pioneer, to the man who took the first step, “the step which costs.” Man is gregarious, a social animal; HÄHNEMANN braved and bore for many long years the obloquy which threatens the man who steps out of the rank to proclaim disturbance to the accepted order of things. He suffered slights and contumely from those

whose vested interest in the old order he imperilled. From those who hated him, he bore open and covert injury; from those whom he trusted, misconception and misrepresentation. His, for certain (though we remember no sign of it in his writings), were the chills of doubt whether he might still trust his own senses in the face of a storm of opposition; his was the fever of resentment against a blind incredulous world which withstood him, in part active with malice, in part passive through indifference. All these causes of depression were upon HAHNEMANN throughout a life of unusual mental activity and unusual length.

Such considerations added to the central consideration of the enormous scientific value of the work which he did, might stimulate a generation which will be known in history as builders of monuments and givers of testimonials; especially when it is also a generation which has learnt, at least in part, that the noblest memorial to a great man is the appreciative continuation of his great works. But if we waive all such considerations as being matters of sentiment (a very poor reason, be it said in passing, for waiving them) there remains the plea that if the work of a man is good and tends to progress, it is worthy of development for the work's sake, independently of any feeling of gratitude to the original worker.

What, then, was the great work of HAHNEMANN? Surely this, that he taught us how by careful observation of the action of drugs upon the healthy we may best choose remedial agents for similar symptoms in the sick—in a word, he taught the proving of drugs as a guide to the curative simillimum. This was the very gist and centre of Hahnemann's life work; it was the main-spring of the mechanism by which he maintained that disease should be combated. Without provings there is no homœopathy.

The provings of HAHNEMANN and his immediate disciples are a model of what such things should be; they are a monument of self-denying, painstaking work, in which the power of observation and the care of record are wonderful. They represent the best work of that nature which those times could produce. Had HAHNEMANN'S provings been such as might be made now, or



even such as might have been made fifty years ago, they would have been at least temporarily lost to the world as incomprehensible. A re-discoverer would have been necessary when the world had ripened to their meaning.

Whatever may be thought of medical progress since the day of HAHNEMANN, there is no doubt that the means of precise and accurate observation have immensely improved. The sphygmograph, the stethoscope, the ophthalmoscope and laryngoscope, the aural and vaginal speculum have each of them opened new fields, not only for the detection of disease, but also for the comparison of the results of disease with the results of drug pathogenesis. The culture of these fields in their former use has been, and is, unremitting and highly successful; but what has been done to cultivate them in the latter of these two directions? Analysis, as applied to the excretions of the body, has been exalted by patient work to a high art; what use has been made of it as a means of rendering more accurate the discovery of the simillimum? It must be conceded at once that the answers to these questions, if truthful, will not prove flattering either to this generation or to its immediate predecessor. The whole science of pathology, to use the term in its widest sense, is essentially the growth of the last half century. What have we done to apply it to the working of the law of similars? Has the science of proving ministered its "possible" to the art of healing?

It will not be necessary, perhaps, to enter thoroughly into a categorical answer to the questions we have raised. The full answer is only too obvious to our readers, and it involves a confession of duties omitted. The light established, with so much toil, in the face of so much bitter opposition, by HAHNEMANN and his personal followers, which so many have tried to put out, but in vain, is still shining. The pity is that so little is being done, either by re-proving of the old drugs according to the many new methods now possible, or by thorough provings of new drugs, to render that light one undeniable in the world of science, a light which might dissipate the darkness which envelops so many of the recesses in the limbo of pain and disease. The original light has long enough been contemplated from every point of view; the spectroscope of criticism and

appreciation has been applied sufficiently to its every ray; its bands have all been lettered and numbered; its capacity has been gauged and gauged again; enough has been written concerning it to make our literature (did it only consist of provings throughout) an almost complete enchiridion for the overthrow of Death himself. What is wanted now is more oil. Toward the supply of this there is an apathy and indifference of which we cannot be proud.

From the aspect of a true believer in HAHNEMANN'S law it is no difficult task to show that this neglect is wrong from the point of view alike of morals, of policy, and of science.

It is wrong from the point of view of morals. The man who said "I owe nothing to posterity, for posterity has done nothing for me," may or may not have stated a brilliant paradox; he was certainly not a satisfactory guide to conduct. We are ourselves posterity; "the heirs of the ages," we are debtors to the progress of the past, and it is the duty of the good citizen to see that the patrimony handed to him by his forebears shall be passed on to his own children the better for his tenancy. Faith, whether in the dogmas of religion or of science, involves responsibility and duty. "Faith without works," in every sphere of intellectual life, "is dead." If it is incumbent upon the convert to homœopathy to follow the law of similars, it is also incumbent upon him to extend the sphere of its known operation. The laws of nature, to the student (and it is bad for those of us who are not still students), are not satisfied by the mere observance that may suffice towards the law of man. The mind which is actively following out a law of nature *cannot* say, "At this bound, at that last footfall of the last worker, I pause, I refuse to go further." The very fact of intelligent capacity, binds the conscience to progress. The moral atrophy which results from such a mental attitude, does not stop its course with the capacity which is unexercised.

Neglect is wrong from the point of view of policy. As we have seen above, where there is no advance degeneration is inevitable. It is in an age of unrest and of tireless competition that the law of the survival of the fittest has been formulated. The iteration of dogmas

does not advance science ; it is no matter for the prayer-wheel of Thibet. The early rising dairy-farmer (that converted high dilutionist), does not content himself with the ceaseless milking of his cows ; he has observed that, unfed, they run dry and are soon unprofitable ; he acts accordingly. There is no spontaneous conversion of nothing into matter ; *ex nihilo nihil fit*. From our bodies, our brains and our books we can get no more than we put into them. If our art is to improve, it will not be by accident, or by the half-reported details of accidental poisoning, but by hard unremitting work of the nature we have indicated. Even from the mere guinea-cological point of view, we cannot afford to fight with an armament which is still capable of improvement. For the sake of our reputation as a school, it is now pressingly incumbent upon its members that they should give some practical evidence of the truth that is in them.

Neglect is wrong from a scientific point of view. A Frenchman, name unknown, said at a British Association meeting, a few years ago, "It is not enough that a statement of fact should be true ; the question is, is it pregnant ?" This is a variant of the modern formula that the measure of vitality is its adaptability to its environment. Science concerns itself not at all with statements of fact merely as such, but with the bearing of such upon other facts. To justify its continued statement, a law or fact in science must be for ever tracing out and demonstrating its own vital relationship with other laws or facts as they arise ; nay, it must give fair promise that it has within it, but deducible, other laws and other facts which shall claim relationship with discoveries yet unborn. If the world of science is to be won to a recognition of HAHNEMANN'S law (and there are signs that such a recognition is increasingly possible) the *pour parler* for it must be stated in the terms of to-day's science ; the relationship of HAHNEMANN'S law to other already recognised laws must be established beyond the reach of cavil.

Into the manner in which a proving of to-day should be conducted we do not at present propose to enter. We are at this time content if we have persuaded our readers of the necessity for them.

## PERSONAL EXPERIENCE OF AN ALMOST FORGOTTEN EPISODE IN MEDICAL HISTORY.\*

By GEORGE W. BALFOUR, M.D., F.R.C.P. Edin.

IN saying a few words of introduction from the chair of this section, over which I have the honour to preside, it has struck me that a few words from personal experience in regard to a now almost forgotten episode of medical history might prove both interesting and instructive. There are not many now alive who remember the time when blood-letting was the panacea for almost every ailment, and when patients could be no longer safely bled they were certainly leeches or cupped. There must be few survivors of the time when one of the earliest lessons in surgery was to distinguish between an ordinary blood clot and one which was buffed and cupped, or who were taught that in uncomplicated pneumonia such confidence was to be placed in blood-letting that "the only essential action of the prognosis was the day of the disease on which the treatment was commenced," as it sometimes failed when delayed more than two or three days from the commencement of the disease.<sup>1</sup> Yet such were the earliest lessons in medicine which I received, lessons which were daily exemplified in the wards of the old Royal Infirmary.

When within a year of my graduation I made my way to Vienna with the view of studying homœopathy, which had just made a convert of one of our ablest professors (Henderson), I occupied my time at first in improving my knowledge of percussion and auscultation under the world-renowned Dr. Joseph Skoda, and you may imagine my astonishment when I found that in his wards the severest cases of pneumonia were treated with poultices and regulated doses of *extractum graminis* (hay tea), and with nothing else unless much pain was complained of, when a few grains of Dover's powder was superadded.

It was truly astonishing to behold in bewildered amazement a pneumonia melting away under the magic influence of the decillionth of a grain of phosphorus,

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\* The following remarks, which constituted the Address delivered at the opening of the Section of Medicine at the recent meeting of the British Medical Association in Edinburgh, are reprinted from the *British Medical Journal*, July 30th, 1898.

but it was indeed a *reductio ad absurdum* to find this magic influence emulated by the virtues of hay tea, and to be told by Skoda that pneumonia was a disease which tended not to dissolution but to resolution.

The 'ομοιον πάθος, known to Hippocrates as one of many theories available to guide and to explain the treatment of disease under certain circumstances, was raised to a paramount position by Hahnemann, who enunciated the doctrine that by it alone could disease be not only cured *tuto, cito, et jucunde*, but silently and at once extinguished. In this respect homœopathy was the eighteenth century analogue of our modern antitoxin treatment. Remedies were selected not for any healing virtues they were supposed to possess, but because of the power they were believed to have of exciting a disease similar to that they were supposed to cure. A crude dose of such a remedy could not, as you may well suppose, benefit a patient, but by superadding a medicinal disease to that he already suffered from was bound to make him worse. This was called medicinal aggravation or exacerbation, and, to prevent any risk of this, Hahnemann invented a most elaborate system of preparation by which all the noxious qualities of the drug were gradually removed and nothing but its healing virtues left. The first step in this preparation was necessarily dilution, by which the active and noxious properties of the drug were gradually eliminated; at the same time by a series of rubbings and handshakings the already spiritualised remedy had its dynamic power so developed, that, when administered in a fitting dose, the disease for which it was appropriate melted quietly away without any previous exacerbation. In spite of all this elaborate care, and in spite of the terrors of medicinal aggravation for ever before their eyes, there was still the widest discrepancy in regard to the doses employed by even professed homœopaths, for while some employed drop doses of the mother tincture at reasonable intervals (Schmid), others used nothing lower than the 800th or 900th dilutions (Grosse), and sometimes only permitted the patient to smell one globule damped with this dilution once during an illness of four or five weeks' duration, so powerful were these high dilutions supposed to be, so mild and certain in their remedial action.<sup>3</sup>

The enormous discrepancy between these doses may be faintly imagined when you reflect that the 80th dilution contains in each drop 1 decillionth of a grain of the original drug, and that to bring about this attenuation each grain of the drug has to be dissolved in an ocean of 14 septillion cubic miles of diluted alcohol, a quantity equal to many hundred spheres, each with a semi-diameter extending from the earth to the nearest fixed star.<sup>3</sup>

Fleischmann, of the Vienna (Gumpendorf) Hospital, was not an extremist, and the dilutions he employed were seldom higher than the third or fourth, yet for one fresh from a school where it was taught that "in the case of inflammation no one would think of trusting the safety of the patient to any other remedy than blood-letting," it was a sufficiently startling experience to observe cases of true sthenic pneumonia not only entrusted to these infinitesimals, but making excellent recoveries under their use. Naturally the first and most obvious idea was that there really must be some occult virtue developed by the various triturations and succussions, and some truth in the homœopathic aphorism *similia similibus curantur*. Fortunately the excellent results obtained by Skoda with his hay tea sufficed to dispel these clouds of mysticism, while the success of Dietl in the same class of cases in another hospital with simple aqua colorata showed that there was nothing specific even in hay tea, and but confirmed the unmis-takable conclusion that, as Skoda put it, pneumonia tended not to dissolution but to resolution, and that the large blood-lettings thought necessary for its treatment were, to say the least, uncalled for.

Among some even in Vienna the idea prevailed that this singular result was due to the presence of a less sthenic type of pneumonia. I need not say that this idea was not shared by Skoda, nor by his colleague, Dr. Bittner, a benevolent-looking old gentleman of by no means a truculent aspect, but a great stickler for the old faith, who had no difficulty in bleeding his pneumonic patients freely with very considerable success, and when he could no longer bleed them he always cupped them; he applied to them those now forgotten instruments of torture, the cucurbitula cruenta, so that when his

patients did arrive at the *post-mortem* theatre they were always readily recognised.

Though so much stress continued to be laid upon the necessity for blood-letting in the Edinburgh school, it had ceased to be carried to such an extreme as in the immediately preceding generation. I have been told by an old gentleman that he heard Professor Gregory in a clinical lecture boast that he had bled a man into convulsions,<sup>5</sup> adding that the students had rushed terror-stricken from the ward, and that he himself had been disconcerted for a moment. Fortunately the patient recovered, and Gregory's boldness and success were so rapidly blazoned abroad that, though long before the days of railways and telegraphs, within a week it was heard of at Geneva. In a series of MS. clinical lectures still extant, Gregory narrates the still more remarkable case of Betsy Moffat, who during an attack of pneumonia had suffered much from blood-letting, tartar emetic, and other perturbative treatment; at last she was found at visit insensible, her pulse 104 and feeble, and a rattle in her throat like one dying. Even Gregory admitted she could not be further bled, but by dint of stimulating her with hartshorn and sack whey he was able to apply a few leeches to her head, and before he left the ward he was able to take 4 more ounces of blood from her arm, blood which, as Gregory tells us, was still buffed and cupped. It must be a relief to you, I think, as well as an astonishment, to learn that this patient did not die, but on the contrary was able to be discharged exactly one week after her last blood-letting.<sup>6</sup>

Gregory was a very able man and no fool; he quite recognised the danger of large blood-lettings, especially in weakly patients; he considered the remedy unsafe, but he thought it less dangerous than the disease, and in this opinion he was supported by the pathology of his day.

Towards the end of the seventeenth century the researches of Bonetus into human morbid anatomy confirmed the statement first made by Laelius a Fonte in regard to the presence of hepatisation in the lungs of those dying from pneumonia. By-and-by the further experience of Valsalva, Morgagni, and Lieutaud showed that the lungs of all who died with symptoms

of pneumonia were always either in a state of red or grey hepatisation, were either, as was supposed, filled with coagulated blood or were in a state of suppuration, the result of effusion of blood into their tissue. Cullen, impressed with the idea, based upon the presence of red or grey hepatisation in all fatal cases, that pneumonia was always fatal by the rupture of a vessel within the lung, connecting this with Hoffmann's' theory that all inflammatory action was due to spasm of the small arteries, and regarding blood-letting as the only certain resolvent of spasm, was led to advocate free blood-letting—*usque ad deliquium*—as the only cure for pneumonia. For the first time in the history of medicine, phlebotomy as a treatment for pneumonia was removed from the domain of empiricism and placed upon the thoroughly scientific basis of an apparently indisputable pathology. When we recall the remarkable relief that followed venesection, the quiet restful repose of a patient who but a few moments previously had been sitting up gasping for breath and complaining of intense pain, we cannot wonder at the reluctance displayed by the profession when asked to cast aside a remedy so powerful to relieve and believed to be so certain to cure. And if we put ourselves in the position of the men of that generation, we almost cease to wonder that wise and able men yielded themselves to the fascination of infinitesimals which seemed capable of replacing so pleasantly and efficiently a remedy so powerful, but attended by so many serious drawbacks.

On my return from Vienna I read to the Medico-Chirurgical Society of this city a report of what I had observed in the wards of Skoda with an account of 392 cases of pneumonia, treated on what might be termed the expectant principle, and showing a mortality of only 54, or 1 in  $7\frac{1}{4}$ , equal to 13.7 per cent. I pointed out that the Vienna cases were certainly not less sthenic than those in Edinburgh, that they had the disadvantage of being daily unceremoniously auscultated, percussed, and lectured over, which was not the custom in our infirmary in those days, and that they had not the advantage of having been freely bled, yet their mortality was only 13.7 per cent.<sup>5</sup> In the reports of our own infirmary during the five years and three months from July 1st, 1839, to September 30th, 1844, there are



recorded 253 cases of pneumonia who escaped the lecturing, and had the advantage of having been freely bled, and of these 91 died, a mortality of 1 in 2.78, or 35.9 per cent., showing a proportion of recoveries of nearly 3 to 1, or over 20 per cent. in favour of those who were not bled, to say nothing of the time gained by their more rapid recovery,<sup>9</sup> or of the less exhausted condition in which the patients were left, whereby they were sooner fit to return to the duties of active life. I urged upon the Society the importance of giving the eclectic system of treating pneumonia a fair trial, throwing out the suggestion—made to me by a distinguished Austrian physician—that possibly some change in the type of the disease might underlie the apparent change in its relation to perturbative treatment. My words fell on deaf ears, and the conclusion arrived at may very well be summed up in the words of one of the ablest physicians of the day—Dr. John Gairdner: “Nothing was better established than the good effect of blood-letting in Edinburgh, whatever might be the case in Vienna. . . . Of the benefits of early blood-letting he entertained no doubt whatever; they were positive, immediate, unequivocal, and admitted by almost every physician whose experience and judgment entitled him to consideration; and if Dr. Balfour, or anyone else, could shake his conviction in the truth of this opinion, he would also succeed in producing in his mind a general distrust of medical evidence in all cases of every description, since in no case whatever can we have evidence which is stronger or more satisfactory.”<sup>10</sup>

I need not pursue the subject further. The eclectic treatment passed gradually into the hands of the general practitioner, and within less than ten years the late Professor Bennett wrote: “It is admitted that the practice of bleeding in acute inflammations has, within a recent period, undergone a great change; that whereas it was formerly the rule to bleed early, largely, and often repeatedly, now such bleeding is rarely practised, and is not necessary.”<sup>11</sup>

After this we had the war of opinions in regard to whether this change was due to a better knowledge of the natural history of the disease and of its pathology, or to an actual change in the type of disease, which had become less sthenic in character, and no longer required

the same heroic remedies. But into this I need not enter; it forms part of the history of medicine, and the object of this short sketch is to point out the importance of a knowledge of this subject.

If at the end of last century the profession generally had been fully alive to the fact that since the days of Pythagoras, a contemporary of Hippocrates, there has never been wanting a body of eclectic physicians, many of them the most renowned physicians of their day, who shunned perturbative medicine, and guided their patients safely through the most acute diseases without having recourse to any so-called heroic practices,<sup>1</sup> it seems unlikely that even the skilful special pleading of Cullen would have sufficed to establish blood-letting as a treatment upon a foundation apparently so stable. And in the absence of the factitious contrast between the supposititious curative action of heroic medicine and that of infinitesimals, it seems equally unlikely that Hahnemann's wildly improbable ideas as to the preparation and powers of infinitesimals would have taken any hold on the profession at all.

We are now on the threshold of new discoveries, and of quite a new pathology, which is indeed but a higher development of ideas that have long been slumbering in the professional mind—the connecting links being Dwight, Raspail, Hallier, and Pasteur—but which seem likely now to attain a development of the highest importance for the well-being of mankind. It is well, however, in the light of the past to remember that disease may be recovered from under many different forms of treatment.

The practical certainties of our art in all ages have been sufficient for the welfare of mankind,<sup>2</sup> and we must be careful never to subordinate to any vague ideas of what may possibly be curative of disease that which is, after all, the paramount object of our art—the relief of suffering.

#### REFERENCES.

- <sup>1</sup> Alison's *Pathology and Practice of Medicine*, 1844, p. 280. <sup>2</sup> *British and Foreign Medical Review*, October, 1846, pp. 568 and 569. <sup>3</sup> Simpson, *Homœopathy, its Tenets and its Tendencies*, p. 285. <sup>4</sup> Marshall Hall, *Researches on Loss of Blood*, p. 272. <sup>5</sup> See *Additional Memorial to the Managers of the Royal Infirmary, Edinburgh*, 1803, pp. 457, 458. <sup>6</sup> *Edinburgh Medical Journal*, September, 1865, p. 213. <sup>7</sup> The influence of Hoffmann's views upon Cullen's practice is well seen in the preface

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The foregoing interesting account of an almost forgotten episode in the history of medicine in Edinburgh suggests a certain amount of comment. The late Professor Henderson supplied so complete an answer to the doubt which Dr. Balfour throws upon the directly curative influence of small doses of homœopathically selected medicines in the treatment of pneumonia, and the late Dr. Drysdale drew such marked attention to Professor Henderson's essay, in a paper published in 1867, in the *British Journal of Homœopathy*, entitled *Remarks on Dr. Balfour's Introduction to the Study of Medicine* (the title of the book containing the gist of the address the author read at the meeting of the British Medical Association in Edinburgh the other day), that we are surprised that Henderson's criticism has been so completely ignored by him. That an adequate reply would have been impossible we are fully aware, but that some sort of an answer should not have been attempted when reviving an interest in the incidents narrated by Dr. Balfour, is calculated to excite astonishment.

Dr. Balfour, within a year of his graduation, went to Vienna, with a view, as he says, "of studying homœopathy, which had just made a convert of one of the ablest of our professors (Henderson)." Occupying his time at first with improving his knowledge of percussion and auscultation under Skoda, he was astonished beyond measure at finding the severest cases of pneumonia treated with poultices and regulated doses of hay tea, and nothing else, save a few grains of Dover's powder when much pain was complained of. In bewildered amazement, he subsequently saw this same pneumonia melt away under the magic influence of the decillionth of a

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to his *First Lines*. <sup>8</sup> *Edinburgh Medical and Surgical Journal*, vol. lxxviii., p. 397. <sup>9</sup> "The part of the statements of those witnessing such practice which I was most inclined to distrust was the assertion that the convalescence of the patients thus treated was usually more rapid than that of patients with inflammatory complaints treated by fuller evacuations. But on watching the progress of cases of the kind I have been satisfied that the observation is correct." (Alison, *Edinburgh Medical Journal*, Nov., 1852, p. 507.) <sup>10</sup> *Edinburgh Medical Journal*, August, 1847, p. 141. <sup>11</sup> *Edinburgh Medical Journal*, March, 1857, p. 770. <sup>12</sup> See Hæmatophobia, *Edinburgh Medical Journal*, September, 1858, p. 214; and An Episode Medical History, *Edinburgh Medical Journal*, December, 1894, p. 577. <sup>13</sup> Cabanis, *Du Degré de Certitude de la Médecine*, Paris, 1808, p. 65.

grain of phosphorus ; presently, as a *reductio ad absurdum*, he saw this magic influence of phosphorus emulated by hay tea ; and finally, after having been taught in Edinburgh “ that in uncomplicated pneumonia such confidence was to be placed in blood-letting that ‘ the only essential action of the prognosis was the day of the disease on which the treatment was commenced,’ as it sometimes failed when delayed more than two or three days from the commencement of the disease ; ” after such instructions as this, to be told by Skoda that “ pneumonia was a disease which tended not to dissolution but to resolution,” was most bewildering. That such is the case is doubtless true, and the mortality of pneumonia at that day may therefore be well ascribed to the injurious nature of the measures enforced to cure it ! These were for the most part venesection, blistering and nauseating doses of tartar emetic. Professor Henderson had in the *Monthly Journal of Medical Science* in the year 1841, as he wrote some years later (*British Journal of Homœopathy*, 1852), “ incidentally pointed out, in a paper on *The Anatomy of Pneumonia*, a peculiarity in the effects of inflammation of the pulmonary air-cells—the true anatomical seat of pneumonia. On minutely examining the inflamed parts after death, it was not difficult to perceive that, as the inflammatory exudation increased, the parts affected became gradually paler and less loaded with blood, until, on the inflamed cells becoming filled with the viscid substance, so much pressure was exerted on the blood-vessels, between the fibrous investment of the lobules on the one hand and the exuded matter which distended the cells on the other, that the diseased portion of lung became actually bloodless, or very nearly so, the deep red colour of the earlier stages of the pneumonia giving place to the straw or drab, or sometimes bluish-grey colour that distinguishes completed hepatisation. As soon as this stage arrives, if the earlier stages of the inflammation be not going on in other parts of the body, the pneumonia, as an active inflammatory process, is literally *put out*—extinguished by mechanical force ; for it is undeniable that an excess of blood, in vessels dilated beyond their ordinary size is necessary to the existence of such a process. That compression is capable of producing the effect I have mentioned on the inflammatory process is

well known from what has been observed of the consequences of the effect of bandaging in erysipelas of the extremities, and of strapping in acute orchitis. In neither of those diseases, however, are the facilities for an effectual pressure on the vessels at all to be compared with those which exist in the minute vessels of the lungs, when every little mesh of capillary blood vessels may be said to be exposed on all sides, and in detail, to the immediate pressure of the exuded matter in the air cells, on whose surfaces they are spread; while counter-pressure is close at hand on the exterior of each cell, in the form of other distended cells of the same group, and on the exterior of every little lobule, or group of cells, in the form of the fibrous covering which they possess."

This explanation of Skoda's teaching by "one of our ablest professors" ought, at the least, to have been referred to on such an occasion. It is, however, a point of much less importance than that in which Dr. Balfour explains the to him startling experience of observing "cases of true sthenic pneumonia not only entrusted to these infinitesimals, but making excellent recoveries under their use," by assuming that their recoveries were simply so many illustrations of Skoda's dictum that "pneumonia tended not to dissolution but to resolution," when not interfered with by blood-lettings and the various measures then usually taught as essential to recovery. He goes further; referring to the temporary relief to the dyspnoea and pain of pneumonia so frequently following on venesection, he "cannot wonder at the reluctance displayed by the profession when asked to cast aside a remedy so powerful to relieve and believed to be so certain to cure." And then again he says: "If we put ourselves in the position of the men of that generation, we almost cease to wonder that wise and able men yielded themselves to the fascination of infinitesimals which seemed capable of replacing so pleasantly and efficiently a remedy so powerful, but attended with so many serious drawbacks." Why "*seemed* capable"? Is it not a fact that, before "yielding themselves to the fascination of infinitesimals," the "wise and able men" referred to proved, out of their personal experience, that such infinitesimals *were* "capable of replacing pleasantly and efficiently a remedy so powerful but attended with so many serious drawbacks." Dr. Henderson, *e.g.*, one

of the "ablest professors" of the day, not satisfied with simple recovery from pneumonia being only 2 per cent., more frequently met with when that disease was treated homœopathically than when it was allowed to run its course, the patient being protected only by good nursing, as evidence of the positively remedial power of infinitesimal doses of homœopathically selected medicines in the treatment of pneumonia, made a series of researches not only as to the *mortality* under different plans of treatment, but as to the *duration* of the disease under each. These researches are fully detailed in a singularly able paper, by Professor Henderson, in the *British Journal of Homœopathy* for 1852, entitled *Pneumonia under Homœopathic, Allopathic and Dietetic Treatment*. The principal parts of the same essay also appearing in the Professor's brilliant reply to Professor Simpson's notorious tirade against homœopathy—*Homœopathy: its Tenets and Tendencies*—which he entitled *Homœopathy Fairly Represented in Reply to Homœopathy Misrepresented*. In this paper he examines a series of cases of pneumonia occurring in his own practice and in that of M. Tessier of the Hôpital Ste Marguerite, in Paris, these being all that had come under the observation of either physician since either began to practise homœopathically, until the time when the essay was prepared, and he compares the results of the treatment with those of that which followed the practice of M. Dietl, in Vienna, the cases submitted by the latter being also unselected.

Henderson and Tessier's cases were 50 in number; of these 3 or 6 per cent. died; the duration of the illness in those who recovered, reckoning the time until complete restoration had occurred, was 11.66 days.

M. Dietl in 129 cases gave no medicine and drew no blood; of these 14 or 7.4 per cent. died, while the duration of the illness of those who recovered showed an average of 28 days for each case.

To deduce the efficiency or otherwise of a plan of treatment merely by the proportion of recoveries under it is superficial and more or less misleading. This is Dr. Balfour's plan, and seeing that the recoveries from pneumonia under homœopathic treatment were 6 per cent., and those from the same disease when no medicine was given was 7.4 per cent., he immediately jumped to the conclusion that homœopathic treatment

and the giving of no medicine were as nearly as possible one and the same thing! But "the wise and able men" of whom he speaks were not satisfied with this superficial view of the matter. True, the recoveries in both series of cases were numerically nearly alike, but investigation proving that under homœopathic treatment those who recovered did so in eleven days and two thirds, while the group entrusted to simple nursing and a carefully regulated dietary required 28 days in which to recover, was surely enough to account for "wise and able men" becoming fascinated by the measures which they found to secure such results. They showed that although expectant treatment might be entitled to be regarded as *tuto*, that which was homœopathic proved to be *cito et jucunde* in addition.

From a further close comparison of details, Dr. Henderson concludes that the facts prove that "homœopathically selected medicines cure and save life in a different way from that in which unassisted nature does in this disease; they tend to cut short the disease by preventing exudation, or restraining it within very narrow limits both of extent and degree."\*

Every homœopathic practitioner knows from personal experience how true this is; and yet one of the most widely accepted authorities on the nature and treatment of pneumonia has within the last few years said:—

"Theoretically it might appear feasible that we should be able from our own resources to influence the course of the disease—to prevent, for instance, the stage of pulmonary engorgement from passing into that of hepatisation; but for my own part I do not hesitate to say that no sufficient proof has yet been afforded of any such powers to arrest or abate the pneumonic process."†

## THE EARLY RECOGNITION OF GOUT AND ALLIED DISORDERS.

By W. THEOPHILUS ORD, M.R.C.S. Eng., L.R.C.P. Lond.

Fellow of the British Homœopathic Society.

WITHOUT a clear conception of the origin and progress of those conditions which produce gout and its many allied

\* *Homœopathy Fairly Represented in Reply to Homœopathy Misrepresented*, p. 74.

† Dr. Coupland, *British Medical Journal*, September, 1891, p. 692.

disorders, their early recognition and satisfactory treatment is improbable. Our success, as homœopaths, in relieving and curing this great group of diseases has not hitherto been equal to that we have long attained in other morbid states. The failure of carefully selected homœopathic remedies in acute and chronic gouty conditions is a matter of common observation amongst us. I suggested the reason for this in a paper on "Hindrances to the Action of the Homœopathic Specific," at the Leeds Congress in 1895, which appeared in the *Review* in the January and February following. Since then further study and clinical experience has convinced me that this matter deserves more careful and thorough consideration amongst us than it has hitherto received. Indeed, if we are to keep abreast of the times, a clear conception of the facts as now ascertained, and used with greatly increased success by our *confrères*, has become a necessity for us. The fresh light recently thrown upon gout and its allied disorders in their origin and progress from childhood to senile decay, has enabled clear and scientific lines of treatment (alike medicinal, dietetic, and hygienic) to be formulated for all stages of the disorder. As I hope to show, in a future paper, much of this medicinal treatment is largely based (unwittingly no doubt) on our great law of cure, but if our better methods of drug selection were applied greater success might yet be attained. That the way is open for us all to proceed on these lines it is my object to point out. But first we must define our terms, and so I propose to enumerate the diseases comprised in the great group of "gout and allied disorders," with brief reference to the reasons which have led recent authorities to so regard and group them.

#### MURCHISON'S DISCOVERY OF "LITHÆMIA."

The modern view of gout and allied disorders is really the outcome of the "lithæmia," first described by Murchison in 1874. He defined it as follows: "When oxidization is imperfectly performed in the liver there is a production of insoluble lithic (uric) acid and lithates (urates) instead of urea." He gives a long list of common symptoms resulting from this condition, most of which can be recognised as characterising the many maladies which we shall presently refer to. As diseases resulting from lithæmia, Murchison gives urinary calculi, oxaluria,



biliary calculi, Bright's disease, structural disease of liver, arterial sclerosis and others. Although arising from the same cause, he tells us that true gout differs from lithæmia in being characterised by deposits of crystals of urate of soda in joints and other parts, and although every gouty subject has suffered from lithæmia, every lithæmic subject does not necessarily suffer from gout.\*

In his article on Gout in Quain's *Dictionary of Medicine*, Dr. Roberts gives an instructive list of premonitory symptoms often met with in gouty subjects, "or even," he adds, "in persons who have never actually suffered from declared gout, but which distinctly depend upon the lithæmic condition. These . . . . frequently give warning that the gouty condition is in process of development, and if duly recognised enable the patient so to regulate his mode of living as to ward off the disease."† Together with the digestive symptoms usually recognised, he gives palpitation of the heart, catarrh of the throat and respiratory passages, violent fits of sneezing or asthmatic attacks, headaches, giddiness, irritability, languor, drowsiness, neuralgias, profuse perspirations, and "certain skin affections."

An American physician (the late Dr. Dowling) is quoted by Hale ‡ as saying, "There is no denying the fact that a large portion of the ills to which man, and woman, too, are heir, results from the presence in the blood of an excess of waste material in the form of lithic acid. Many of the cases of so-called neurasthenia—the new name for the fashionable and flattering disease, nervous prostration or exhaustion—are cases of lithæmia which can be cured . . . . by proper diet, the avoidance of stimulants and drugs," &c.

These few quotations from recognised authorities will serve to show the large number and varied nature of the disorders allied to gout; due in fact to the same causes, and which we should endeavour to discover and correct at the earliest possible period in each patient. More recent researches have made this possible for us in many

\* For an admirable *résumé* of Murchison's views, see our colleague, Dr. Edwin Hales' *Practice of Medicine*, also Fagge's *Practice of Medicine*, under "Hepatic Dyspepsia."

† Quain's *Dictionary of Medicine*, 1st edition, vol. i., p. 550.

‡ *Practice of Medicine*, p. 478.

cases in which previously we could never have perceived the real trend of apparently simple symptoms.

#### RECOGNITION OF LITHÆMIC AND PRE-GOUTY TENDENCIES IN CHILDHOOD.

Deficient power of eliminating and excreting the waste products of digestion and tissue metabolism is the cause of gout and allied disorders. So long as these matters are got rid of without accumulation in the system, no symptoms are produced, and health is maintained. What these products are—whether uric acid or other matters—though certainly of importance, does not immediately concern the practical physician. The tendency to their deficient excretion is often hereditary, and so it is oftenest exhibited in the children of gouty or lithæmic parents. It is aggravated by unsuitable diet, but in severe cases will reveal itself under any diet. Thus we hear of children who pass urates, and even uric acid crystals, no matter how they are fed. In these the hereditary tendency is unusually strong, and true gouty deposits, though very rare, are not unknown. Henoch\* mentions minute uric acid infarcts and urates as causing dysuria with screaming, retention of urine, nocturnal incontinence, and scanty urine staining napkins, as symptoms of lithiasis in infancy. In early childhood frequent biliary disturbances, with drowsiness, scanty dark urine, peevishness, and chronic tendency to eczema, constant nasal catarrhs, chronic bronchitis, asthma, and constipation with white stools, are now being recognised as early manifestations of the conditions we are considering. Indeed, when not obviously due to other causes, the constant recurrence of these symptoms in children indicates an accumulation in the system of effete matters which, in normal constitutions, are completely excreted, and are probably the same or allied to the uric acid and other matters which produce gouty symptoms in later life. Two proofs of this view can be given; (1) that the conditions cannot be cured except by similar treatment (medicinal, dietary and hygienic) to that which relieves lithæmic states in later life; and (2) that such children (unless properly treated) usually prove their tendencies

\* *Diseases of Children*, vol. i., p. 174.

by rheumatic, gouty, or other significant disorders in adult life.

In childhood, as at all ages, the products of defective excretion tend to manifest their presence in parts and organs whose vitality from any cause is lowered. This may be by hereditary influences, as in those whose parents have had skin, bronchial or arthritic troubles; or by acquired weaknesses as in children who have had acute bronchitis, catarrhs, chills, etc.; also from defects of environment, or from the lowering effects of zymotic diseases. In any such organs the retained poisons will there most probably exhibit their presence in a persistent tendency to some one or other of the disorders enumerated.

#### DISORDERS ALLIED TO GOUT AT PUBERTY AND EARLY ADOLESCENCE.

At puberty and in early adolescence the results of deficient excretory powers are more commonly seen and more easy to recognise than in infancy and childhood. When hereditary influences are less strong a healthy childhood may be followed by an outburst of lithæmic symptoms at this period of life. The critical age of puberty, as a time likely to bring to light constitutional defects and tendencies, is universally known. As with each advance in life, a change in the forms of these pre-gouty manifestations is now seen. Some which rarely occur in earlier life now become common. As striking examples of these, we have—(1) periodical sick-headaches or bilious attacks, (2) acute febrile rheumatism, and (3) epilepsy. Eczema is much less common, but psoriasis begins to be seen. Various gastric and mental disorders may appear in girls with commencing menstruation. Asthma, chronic bronchitis, and constant nasal catarrhs are common.

It may appear strange to some to attribute these maladies to such a cause, but all modern clinical experience tends to confirm the fact that retention of lithæmic matters is the predisposing condition in nearly all these cases, and that those in whom excretion adequately gets rid of the products of digestive and tissue metabolism escape these troubles. Further, a recognition of the fact and attention to the correspondingly suitable treatment is necessary, not, perhaps, to relieve each recurring symptom, but to prevent the

recurrence and cure the tendency. The exciting causes of acute rheumatism, with its often resulting endo- and peri-carditis, are chills from exposure and over exertion. But without a retention of effete matters, which in after life may be recognised as true gouty poisons, a simple chill would probably not produce rheumatic fever.

Bilious headaches, with or without vomiting, are common after puberty, especially in girls, with whom commencing menstruation increases tissue metabolism, with greater tendency to retention of urates, etc., and other consequent functional disturbances. The connection between so called "bilious attacks" and lithæmia (or uric acid retention) will be presently explained. It is doubtful if epilepsy is due to the same cause, but I have frequently verified the observation that such fits usually occur at times when the blood is most heavily charged with these impurities, and have found the fact of the greatest value in treating such cases. In my experience, to ignore the predisposing condition is usually to fail, in spite of most careful homœopathic prescribing.

#### GOUT AND ALLIED DISORDERS IN ADULT LIFE.

Those who have suffered from various lithæmic or pre-gouty conditions will now tend to develop either true gout, with deposits, or the more chronic forms of rheumatism with articular deformities. Muscular rheumatism, often as lumbago, now becomes common. Crystals of urate of soda may be deposited in almost any part, as well as in joints, tendons and fasciæ. Asthma is still common. There are many who escape these troubles until middle and later life, especially females, in whom they occur oftenest after the menopause. But there are three apparently innocent symptoms which, in my experience, seldom fail to point out the true gouty dyscrasia which will presently produce graver results. These are—(1) Frequent and intractable *nasal catarrhs* ("colds in the head"), and (2) *Severe headaches*, (these are with high tension pulse, and are commonest in sedentary brain workers), and (3) *Periodical hepatic crises* ("bilious attacks.") When not due to any local or other obvious cause in persons whose constitution and habits are suggestive of retained urates and other effete matters, they afford conclusive evidence of coming more serious troubles. In early

middle life those who have previously escaped these symptoms may thus reveal a gouty tendency. Intestinal gout, with chronic or organic liver disorders, gall-stones, renal colic and uric acid calculi, with gravel and passage of "cayenne pepper" uric acid crystals are frequently met with. But the most serious of all results of this chronic poisoning appearing in middle life is increased arterial tension leading to chronic interstitial nephritis, and possibly to one form of diabetes. Gouty eczema and psoriasis are now common. Apoplexy and the remoter consequences of high arterial tension, with atheroma from arterial sclerosis, aortic degeneration and cardiac failure, also angina pectoris and the whole train of symptoms indicative of senile decay are the final consequences of the condition we have been considering. The majority of such patients may escape actual gout, but their disorders are none the less the final and fatal results of long years of defective excretion and overplus ingestion. This condition has been well described and illustrated by instructive cases by our colleague, Dr. Byres Moir, in a recent paper, *Changes in Circulation leading to Breakdown in Middle Life*.\*

Such is a brief and imperfect sketch of the earliest symptoms which can be recognised as indicating the gouty or uric acid diathesis, as the older "lithæmia" of Murchison is now called. I have endeavoured to outline thus the great chain of disorders that dogs many of us almost from the cradle to the grave, all due to the continuously acting cause of defective elimination and excretion of the morbid products of digestion and tissue metabolism.

In a subsequent paper I hope to give the results of recent researches as to the nature of the poisons concerned, with some explanation of the various symptoms produced, according to the several parts of the body in which they are most prone to accumulate. In my own practice, I have found a clear conception of these matters of invaluable aid in obtaining permanent results from treatment, both by remedies selected in accordance with the law of similars, as well as by dietetic and hygienic measures.

(To be continued).

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\* *London Homœopathic Hospital Reports*, vol. vi., 1897.

## EXPERIENCES WITH VISCUM ALBUM.

By GEORGE BLACK, M.B. Edin.

*(Continued from page 483).*

## FRAGMENTARY PROVINGS.

I MUST now ask your attention to an attempt which I and three others have made to increase the sum of our knowledge regarding the pathogenetic effects of viscum album.

E. L. H. F., aged 20, well built, rather above medium height, and of more than medium stoutness, with fair hair, and grey eyes: some dilated capillaries are seen passing across the sclerotic in an irregular line. There are numerous acne spots on the forehead. Had whooping cough, measles and scarlet fever as a child. Menstruation regular, lasts about two days. Bowels regular. On examining the ears with Brunton's otoscope, I found many dilated capillaries in the ear channel, and more particularly just within the external auditory meatus. Here they were massed together so as to produce at parts an almost uniform redness. Deeper in, towards the tympanum, they were fewer in number. There were a few small and indistinct capillaries seen on the arm of the malleus: the head was white and the rest of the tympanum was of a normal colour and free from capillary engorgement.

Sight normal. Hearing ditto. Can hear a watch tick six yards one foot away with each ear.

Nov. 26th—Dec. 2nd, 1896: At irregular intervals took doses of the 2x tinct., ranging from 5 to 20 drops.

Dec. 3rd—8th. Similarly of 1x.

Dec. 8th, 9th, 10th, 12th, 13th and 15th. Doses of from 1 to 12 drops of the  $\phi$ , taking on the last day 30 drops in all.

Wednesday 16th. About 11.30, just as she was going to sleep, her heart gave two severe thumps, and then went off beating at a tremendous rate. After a minute or two it slowed down again and became pretty much as usual, "then I had a sort of trembling in my limbs; my teeth chattered, and I got generally shaky: this lasted about an hour. After the palpitation and the trembling were over, the face was flushed." This morning she feels shaky, and last night she felt as if she had had a

beating; had pain in the back between the shoulders—sort of aching—nothing sharp. To the left of the sternum and just above the breast, had a sort of aching, which was more apparent on breathing hard. Just feels it a little now on drawing a breath. Directly she woke up, she felt pain in the sacral region, aching and burning in character; not affected by movement—that continues now, 10.30 a.m. Last night urination was more frequent. “I couldn’t keep any part of my body quiet; a leg might jerk, then an arm, but one or other would keep on jerking till it was over. The jerks became smaller and smaller till it was over.” Seven years ago she had a similar sort of jerking come on after she went to bed; it used to last much longer than this. This morning she feels jerky to herself. “If I were to turn quickly, it would seem to give me a jerk, and if I were to take anything up, or put a foot forward, it would seem to twitch.” Got up twice to pass water while the trembling was on; it seemed to cease a little each time; then came on again.” All last night, before the trembling came on, the water passed was very light in colour, the amount was ordinary each time, but the quantity on the whole was greater: Three or four days ago, there seemed to be an increased amount of saliva in the mouth. This has been each day since. Her teeth have bled. She has felt squeamish before breakfast and dinner to-day.

December 18th, 19th, 21st, 22nd. Took viscum a. 3, from 15 to 30 drops for a dose, the largest amount taken in one day being 40 drops.

December 23rd. Five drops of the 30th.

Thursday, January 7th, 1897. “I didn’t get any palpitation last night before the twitchings came on, but I had some funny symptoms; the twitchings lasted three hours: sort of—well I feel cold, then I suddenly get funny; it’s a sort of hot feeling, but I’m not actually hot. After that I was awfully hot and had intense headache, throbbing as if everything were banging about.” “When was that?” “After the jerkings.” “What time?” “About 3 a.m.” “Had you gone to bed feeling well?” “Yes.” “Anything unusual for supper?” “Yes, I had a very big supper.” “What did you have?” “Ham and cheese. I went down on the sea road with my brother, and I simply felt starving.” “Were you conscious of dreaming?” “No,

I didn't dream at all." "Had you gone to sleep?" "No, I had only just got into bed; these flushings came on, then the jumpings, which lasted three hours." "Where did they begin?" "In my legs, I think, but they scarcely seem to have any commencement in a particular part; I seem jumping and twitching all over. The whole bed seems to shake; my teeth only chattered when I got out of bed. No palpitation while the trembling was on, nor before, nor after. I always feel as if I'm going to do something dreadful while the tremblings are on, and after; it's exactly what I used to have and as I felt seven years ago. I took valerian root then and that cured me." "Nothing frightened you yesterday?" "Well, nothing to cause *that* I should think, but my brother leaned over the sea wall and I was afraid he would fall in; he seemed to be going in and I caught hold of him, but I didn't feel frightened at the time, nor thought of it after to be frightened about it. I got out two or three times to pass water; it was rather pale. I didn't get much sleep, because after I did fall asleep I kept waking up, and I felt if I stayed in bed I should just be the same."

Monday, February 1st. She complains now of still feeling shaky, as if just getting better from a bad illness. Feels worse on getting up than on going to bed; head feels bad—sometimes top, sometimes forehead, dull aching, and at other times neuralgia; it makes her head and face sore; the pain is sharp, especially felt during the evening and after doing any work; also feels weak. She has experienced sharp pain in the ovarian regions, coming and going for two weeks. If she moves in bed, or her mother, with whom she sleeps, moves, she becomes shaky, and the ovarian pains are worse. No frequent urination, no uterine pain. Last period was longer in duration, less in amount, and pain about the same. In the sacral region there is aching. No constipation. Appetite ravenous.

Some months after, she made the following statement as to her condition: "Throbbing pain at the top of my head, which seems to spread over the whole of my head and makes me feel almost distracted. Shooting pains in my head and different parts of my body, especially on the left side of my chest. A rather sharp pain in my left side lasting for about a quarter of an hour at a time.



Palpitation of the heart, with a feeling as if I had lost my senses. Sense of great weight between my shoulders, and sometimes pain. Sometimes a feeling of great coldness in my back; at other times a feeling of burning heat, low down in my back (sacral region). Sometimes a feeling as if a film were over my eyes. A feeling as if I should bite some one if I did not keep my teeth clenched. A wretched feeling as if I should do something awfully wrong if I did not keep myself very much under control. Sometimes when I am out I feel as if some one were dragging me down from the waist, and directly after, I feel as if the upper part of my body were floating in air. I often have a feeling of nausea and giddiness. I keep waking in the night and thinking of the most horrible things imaginable, but I soon get to sleep again by trying very hard to think of something pleasant. When I wake during the night I am always very hot, with the exception of my knees, legs and feet, which are very cold."

Saturday, Feb. 5th, 1898. The above description corresponds in many particulars with this lady's condition now. She is haunted by the same feelings—terribly real to her and productive of the greatest misery—that she has so graphically delineated above. Her condition is certainly one calling for the greatest commiseration. She is highly intelligent, well educated, and most able in the discharge of her duties as nurse. She strikes one as strong physically, and strong mentally, and possessed of will power a long way above the average. She has been with me and other medical men in circumstances that would have tried the strongest nerves, yet she did her duty and never manifested the slightest emotion. But for all that she says she is utterly wretched—that she thinks she will go out of her mind—feels as if she would have an epileptic fit, and says she would feel far happier in an asylum. This I think arises from a feeling that is very present to her mind that she will do some terrible deed, and that if there she would be protected and watched, and the responsibility of looking after herself would at any rate be shared by others along with herself, if it didn't entirely devolve upon them. All this state of mental and physical wretchedness she declares emphatically has arisen since she took viscum alb. with

a view to proving it, and to it, and it alone, she attributes her misery. Her mother says, "I believe it was in her system, but that horrid stuff has brought it all out." I ought to say that my own mind is not clear on the subject. There is no doubt, I think, that the severe shakings, the nervous twitchings and tremors that she experienced while taking the  $\phi$ , were due to the medicine, and perhaps the second severe attack may also be attributable to the same cause, but it should be remembered that between three and four months previous to her beginning to take the medicine her father died after a comparatively short illness. This caused her a severe mental shock at the time, and would doubtless leave its impress behind. Then again, in reference to the sacral aching she has complained of and still suffers from, it ought to be mentioned that while she was on Dartmoor with a patient suffering from hysteria bordering upon, if not actually associated with, mental alienation, she fell, in pursuing her one day when she had run away from her, in a sitting posture, and for some nights was unable to turn in bed without pain, and was conscious of it for some weeks after. She assures me, however, that it was gone for some weeks before beginning to take the viscum alb. Her sister is of a neurotic type of constitution, and suffers from migraine. These facts I thought it right to mention in connection with this proving, and before passing on to that of others.

#### SECOND PROVING.

Mrs. —, aged 37. Mother of three children, black hair, hazel eyes, medium height and stoutness, placid disposition. Menstruation regular. While at school from 14 to 16 was greatly troubled with rheumatism in the joints of the first two fingers, chiefly of each hand, and in the wrists. After that she had a ganglion on the back of the left hand, it made the hand and wrist weak, it was about an inch long. She also got swellings, like large peas or small marbles, on the outer aspect of the left hand. Once when 12 or 13 years old she suffered very much from rheumatism in the right shoulder joint. Had scarlet fever, small pox, and whooping cough between 6 and 9 or 10 years. Had influenza in 1883. Menstruation has been fairly regular, inclined rather to

be after, than before the time. Had excessive menstruation for about six months after birth of second child.

December 14th, 17th, 18th, 19th, 21st. Took one dose a day of the 3rd dilution, 10 to 30 drops. Experienced jerking and twitching of muscles. Shooting pains in the left ovarian region, and on movement lumbar pain and stiffness.

### THIRD PROVING.

Thursday, November 5th, 1896. Constance S., aged 27, of medium height and stoutness, brown hair, greyish (blue-green) eyes, teeth good, lost four top and two under.

Had influenza and bronchitis last winter. Two years ago she suffered from anæmia and had œdema of left leg. She was told by the doctor that her heart was weak and that she was anæmic. With rest and treatment, of which iron and digitalis formed a part, she got right. Had whooping cough, measles and scarlet fever as a child. Been nursing five years. Began to menstruate when 17. Not been very regular. Only menstruated once in three months for 2½ years; duration, as a rule, one day. Her last period was two days with an interval of three months. Very light in colour and very small in quantity. "I feel very faint. I feel if I weren't to sit down every now and then I should faint. For two hours I have great pain" (in the hypogastric region). "The pain precedes menstruation. I can always tell it is coming by this pain. I'm all right in bed, but up I feel faint." Very little pain in the back. All her life, with the exception of a few months ago, she needn't to wear anything. Bowels regular, has had an action every day. No pain. No urinary trouble. The water is usual in amount and there is no pain. When she had œdema the urine was tested and found all right. Sometimes gets a pain in the left side when she has walked or run much; situation—above the haunch bone. P. 76, regular R. 20, both while sitting.

*Chest.*—Development fair, respiratory sounds normal left side; not quite so satisfactory at right apex. No difference could be detected between the two lungs on percussion. Expansion not so good at left apex. Cardiac sounds clear at all areas. T. 98 in the mouth.

*Ears.*—Membrana tympani normal in appearance. Can hear the tick of my watch with each ear at a distance of 8 feet 7 in.

*Eyes.*—They are greenish, bluey-grey in colour. She can read D = 1.75 (5.8'') at the distance of 5 feet 8 inches, with effort, one or two words she failed to make out—especially marked with the R. eye. This she says seems weaker. Can read D = 2.25 with perfect ease.

About 4 p.m. she had five drops of viscum alb. 3x given on saccharum lactis.

Saturday 7th. In no way different. Viscum alb. as above at 4 p.m.

Sunday 8th. Feels in no way different. Viscum alb. 3x 12 drops on saccharum lactis at 4.20 p.m.

Monday 9th. On asking if she had anything to report she said "I don't know that it had anything to do with the medicine, but I have had some shooting pains over the region of the left ovary, and a sort of dead aching for half an hour after." She thinks she felt the same sort of pain seven or eight months ago after walking rather far. Yesterday she walked rather fast and rather a long way. It came on after she got home and after she had sat down. Felt nothing of it while walking. The urine has remained quite the same. She dreamt all night. If awake she seemed to be dreaming and if asleep she was dreaming. "I was doing this place up (my consulting room) giving douches and cooking and making beds and messing about. Very worried and could not get things right—doing ward work, doing my beds and so on, and was worried because I could not get the place to look tidy. There were lots of bottles in the windows and the more I cleared the more came." Appetite good. Viscum alb. 3x., 15 drops on saccharum lactis.

Tuesday, 10th. She says "I could not sleep all night till 4 o'clock this morning on account of pain in my right leg. It began in the hollow behind the knee (popliteal space), passed down the centre of the calf, then curved round towards the edge of the tibia; it seemed to shoot for a few minutes, then it kept aching. I could not keep it still. It twitched at times but ached all the time till this morning. I feel a pain very similar to that when I am unwell. It always seems in the calf of the leg then. I kept moving from one side to the other and kept moving the leg about, as this seemed to ease it for the time. It ached a little this morning after I got

up." Now the pain is gone and she feels well. No medicine given to-day.

Wednesday 11th. "My leg ached last night," she says, "just the same. It was the same part that was affected and when it stopped aching it felt very hot for a time; it came on after I had been in bed a little while; it began with little shoots of pain, then a dull aching and when it stopped aching it burned for some little time after. I went to bed at 10 o'clock, and I must have been in bed a quarter of an hour when it began; it began in the same place exactly. The burning was in the centre of the calf. It ached a long time, but not so long as the night before. I couldn't stay still; when it aches like that I keep changing the position of the leg, putting it to a fresh or cold part of the bed; it doesn't stop the aching, but it seems to be a sort of relief in some way." No medicine.

Thursday 12th. "Had a slight return of the pain last night after being in bed a little while; it affected me in the same leg and in the same way, but didn't continue long." *Viscum alb.* 8x 20 drops on *saccharum lactis*.

Friday 13th. No return of the pain last night; slept well, felt nothing amiss at all; feels better to-day from having slept.

Friday, November 27th. Five drops of *viscum alb.* 2x on *saccharum lactis*. She was "unwell" yesterday; thinks her period has come this time at a considerably shorter interval than she is accustomed to.

Saturday 28th. Nothing to report. *Viscum alb.* 2x 15 drops on *saccharum lactis* at 5 p.m. "What have you felt?" "Fearfully tired last night as though I had been working very hard and hadn't rested." "Was that in the evening?" "Yes." "Did you feel anything else?" "I couldn't sleep; I wasn't in any pain. I found this morning I was unwell again." "Is that unusual with you?" "Yes, like this it is." "Do you ever remember being so before?" "No, never." "How long had your period left you?" "It left on Thursday." "I'm never more than two days; this time I was only one." "Have you just been so one day lately?" "Yes." "Anything else?" "Only that my eyes feel sleepy, difficult to keep them open; as though the lids were too heavy. Nothing more." No medicine.

Monday 30th. "Is that stopped yet?" "Not quite. I still feel very tired."

Wednesday, December 2nd. Period stopped yesterday. For two or three days felt tired and weary as if she could shut her eyes and not talk to anyone. Feels quite well to-day. *Viscum alb.* 2x 20 drops on *saccharum lactis*.

Tuesday, December 8th. Since last entry Constance S. has had *viscum alb.* 1x. 5 drops taken at twice on *saccharum lactis* then 16 drops divided into three doses. From these she has nothing to report. To-day I gave her one drop of *viscum alb.*  $\phi$  on s. l. at 4.30 p.m.

Wednesday 9th. Feels languid, got little sleep because of toothache; been to the dentist to-day.

Thursday 10th. Once in the night and several times this morning she has had a feeling in the hypogastric region, like she experiences when she is going to be unwell, she has it now at 2.40 p.m. It is a hot feeling and a constant aching—a wearing ache—she complains of an aching like toothache going on all the time in the left groin, “Not a lot but yet enough to make you feel weary.” There is some aching in the left ovarian region, and some tenderness on pressure. Her tooth pained her a lot last night. *Viscum. alb.*  $\phi$  6 drops on *saccharum lactis* at 4.30 p.m.

Friday 11th. Feels much better to-day. Had some aching in left ovarian region this morning but it is quite gone now 4.30 p.m. *Viscum alb.*  $\phi$  10 drops in water.

Saturday, 12th. Says she felt dreadful pain in the region of the left ovary, and down to about an inch above the fold of the groin; it woke her up about 3 a.m., and the pain continued for an hour—a fearful aching. “I never had such a pain I think. I felt very sick after this pain had left and cold-shivered. The pain was so great I didn’t notice any sickness till it was gone. It never stopped all the time it was on me. Long before that came I had the pain in my chest, it ached and stopped and came again.” She points to the sternal region between the *mammæ*, and says: “it went right across; it came and went and came again and each time it did so it was more severe. I felt very sleepy, as though I couldn’t wake up this morning. It went away for a little while, and when I drew a deep breath it seemed to come again. It didn’t suit me to lie on my left side, it made the pain in my side (ovarian region) worse, as it seemed to affect the bone at that side (hip

joint), it seemed as though the bone ached. I never had such an aching pain there before, it was a pain you couldn't have put up with long without doing something." She says she felt in such a temper when the pain was on that she wished she hadn't drank the medicine. P. 96 at 3.30 p.m.

Monday 14th. She had no viscum alb. Saturday or Sunday. Says she had some aching in the left side yesterday. This morning about 11 her nose bled. No viscum to-day.

Tuesday, 15th. No return of the bleeding. Last night she says her skin felt very dry, and as if she had a most brilliant colour all over. "I think it was the kind of feeling people must have when they have scarlet fever." Viscum alb.  $\phi$  5 drops at 3.30 p.m.

Wednesday, 16th. No symptoms of any kind. 4 p.m. 10 drops of viscum alb.  $\phi$  in water.

Thursday 17th. "I have had no pain but great twitching in my hands and legs for a long time—just like a person with chorea. I'm sure if I had had anything in my hand it would have gone. Began to feel it after I had been in bed some long time" (nearer one o'clock she thinks) "first my left hand jumped then both legs, my heart seemed to beat very fast. When I held the left hand with the right it seemed to stop it a little. Then I had a tendency to pass more urine, had to get up once—I never do get up—passed more than I would ordinarily at one time, also passed more in the morning than usual." Then she felt a sharp pain, a succession of stabs which came a little distance above the root of the left breast and passed down towards the nipple. To her it seemed just like a person in chorea. There were five or six children in the ward of the hospital, she once had charge of, suffering from this disease, they used to smash the cups, and she feels sure she would too if she had had anything in her hand. She says she had similar jerkings one night before, but they were much worse last night. She didn't think at the time it was anything more than the usual jumping of a person falling asleep, although it was different from anything she had had before. The left arm and the left leg were the worst. She says it lasted two or three hours. When she lay on the left arm it stopped it a little. There was also some jumping

or jerking of the muscles of the epigastrium and abdomen. She says she feels as if the jumping might come on again in the left arm. Her teeth chattered. No medicine given to-day.

Saturday, December 19th. Felt pain in the left leg, in the calf, last night in bed, it ached more or less all night she thinks. She says "I couldn't make it out. My left arm twitched a little in the night but not very much. Went to bed at 11, and hadn't been very long in bed when the twitching commenced. It didn't last more than half an hour."

Monday 21st. Had a few jumps in left leg and arm last night for about one hour from about midnight till 1 o'clock. "I noticed the urine discoloured, it had a kind of milky-whitey look after it had stood," it was a sediment. Hadn't to get up to urinate. About the same time had some slight stabs of pain at the upper part of left breast. Had no pains at all on Sunday night. No medicine.

Tuesday 22nd. Had a headache yesterday and to-day her nose bled. Viscum alb. 3x, 10 drops at 4.30 p.m. To take 10 more at 7.30 p.m. in water.

Wednesday 23rd. While sitting this afternoon she has experienced an aching pain at the upper and outer aspect of both calves, going down about half way; "it is such a funny pain. I have to keep moving them, and that is just how it happens in bed." Thinks it came in the right leg first. "I can't keep them still when I am sitting; I have to keep on moving them all the time." Hasn't felt anything like this in her legs before. Had it from 3.30: now 5 p.m.

Saturday 26th. On Wednesday evening, 7.30, she took 10 drops of viscum alb. 3x. This morning, 8.30, 10 drops, the same evening 10 drops more. Friday the same, and 10 drops were again given this morning. "Had a twitching in my arms and legs on Friday for one hour about 12.30 a.m. Began in left arm; it was not very severe—very restless in bed; did not know it till morning, except to a certain extent, then I found all the bedclothes on the floor except the little corner of a sheet, and I was very nearly there myself. No wonder I was miserable," she said, "before I was wide awake enough to know what had been going on I had unbuttoned all my night dress, of which I have a habit when I feel a bit



warm. I must have felt hot and uncomfortable. Thursday night I noticed some spots come up red on my chest and one or two on my neck, left side. They came on my face, under my chin and on my chest; they were red and hard without heads." The one on her face now is a papule; it is red in colour and feels shotty under the finger. She says she has never known herself to have spots, not even in the spring. She also experienced an aching sensation in the hypogastric region, as if she were going to be unwell. *Viscum alb.* 3x, 10 drops in the morning.

Monday, 28th. "Felt very well till midnight, then I began to suffer from severe pain in the left ovarian and hypogastric regions; was very faint several times, every time I began to move. I tried to reach to some smelling salts that were on the table, and I must have fallen for I found myself on the floor instead of in bed when I came to, and I was 'unwell' this morning. Very unusual for me. I never was like this. Was very faint all morning and the pain continued in my side till 20 minutes to 2 o'clock, when it got better than it was, but I feel it a little now, 5 p.m. I never had such pain; it takes a lot to make me cry, but I did last night. I never cried on duty, and when I have felt faint and ill I always kept up. I can't describe the pain—just like a fearful aching. I never had such an awful pain."

Has had an aching in the left ovarian region at the time her periods come on for five or six years; not very much, and sometimes she has had an aching as if her period would come on when it was not so—often had that feeling—has had it while taking this medicine more than she ever had before. It is always the left side that is affected. Her periods never came on like this in her life. P. 88—92. There is tenderness now in the left ovarian region and down towards the groin.

Friday, January 1st, 1897. Every night since Monday she has had the pain come on again; it has wakened her up in the night sometimes and she has not been able to sleep till the morning. The parts affected have been the same as before, and the pain the same. When up and about she feels better.

On Wednesday the period was gone; was quite well all the day, and all the night; it came again on Thursday morning, but did not last any time; to-day it is

much more and she has felt very tired, as if she were fit for nothing, and her head and legs have ached very much. The back has not ached. No trouble with the water or the bowels. She never had an experience like this in her life.

*(To be continued.)*

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## NOTES ON THE TREATMENT OF HAY FEVER AND NASAL ASTHMA.

By DUDLEY WRIGHT, F.R.C.S. Eng.

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to the London Homœopathic Hospital.

It is not overstating the case to say that the scientific investigation of Dr. Blackley, senr., paved the way for the successful treatment of hay fever. His labours gave us a knowledge of the exciting cause of the complaint, and though our knowledge has extended since the first publication of the results of his experiments, it was his work which gave the initial impetus, and indicated the lines upon which the extension should proceed.

A pollen-laden atmosphere being the immediate exciting cause, we have to look for predisposing causes in the individual affected, and these we find in a morbid condition of at least two different systems of the body, viz., the nervous and respiratory.

As regards the nervous system, the condition may be classed as a "neurotic habit." Though, perhaps, carrying but little information with it, and even acting as a cloak to our ignorance; yet, until a better is found, this term may be conveniently used to express an unstable condition of the nervous system, which admits of slight stimulation applied to a disordered part, producing an energetic response.

Next, concerning the respiratory system, we have to look to the nasal mucous membrane as the part affected, and it will be found in nearly every case that a condition of hypertrophic rhinitis is present. This hypertrophy affects most the lower turbinates, which are at times so much increased in size as to form a veritable nasal obstruction. At other times, however, and this is by no means uncommon, it is only under the pressure of some form of stimulation that the lower turbinates

become enlarged, and then, by means of the erectile tissue with which they are so plentifully supplied, a large volume of blood passes into them, and causes them to assume the form of swollen and deeply congested masses of mucous membrane. At the same time, the plentiful supply of blood leads to an increased production of mucus, and this being formed quicker than it can be got rid of, accumulates in the nasal passages and further adds to the obstruction.

Having thus a knowledge of the pathology of the complaint, we are more in a position to successfully combat it. Taking first the exciting cause, it goes without saying that if a person finds that certain flowers cause an attack, such noxious plants should be avoided. It is often, however, impossible to do this. The pollen floating about at large and settling on the sensitive mucous membrane of those predisposed to attack will rapidly excite symptoms. To guard against this, various forms of shields have been invented, all of which have the purpose of preventing the pollen from reaching the mucous membrane, but like most things of a similar character, after being used for a short time they are discarded by patients as being cumbersome, or attracting too much attention. We are fortunately able now-a-days to do enough for our patients to warrant their discarding these instruments, as will be shown later.

In the next place, the "neurotic habit" must receive attention, and it is here that remedies find their sphere. Dr. Blackley testifies to the value of the iodide of arsenic, and there is no doubt that this is a valuable agent, though in my hands arsenic itself has proved of more service. This should be administered over a long period, and always for a few weeks before the period when the attacks are expected, for patients can often tell to a day the date of their onset.

During the attack, *euphrasia*  $\phi$  is very valuable, and should be frequently repeated.

And now as to local condition of the nose. It is here that treatment has lately scored such signal success. The object of such treatment is to reduce the swollen masses of mucous membrane, to prevent its engorgement, and to render it less sensitive to outside influences. This can all be easily accomplished by means of the

galvano-cautery. The method of applying this is as follows:—

The nasal mucosa should be first of all tested by means of a blunt-ended probe for any particular sensitive areas. It will often be found that touching a portion of the septum opposite the lower turbinate, about  $\frac{1}{2}$  to  $\frac{3}{4}$  of an inch from the meatus, will produce the symptoms of an attack. Indeed, patients will sometimes say that by exerting pressure from outside the nose inward towards this spot they can bring on similar sensations. If such a spot be found it will have to receive a touch from the cautery point, but it is not advisable to do this at the same time as the turbinates are treated, otherwise during the healing process there is a risk of adhesion of the two surfaces taking place.

Having made our examination, we may now apply a 10 per cent. solution of cocaine to the mucous membrane by means of a pledget of wool, and in doing this it is well to be careful to see that the wool is not oversaturated with the solution, otherwise this will flow backwards into the throat and produce an unpleasant feeling there, or even some symptoms of cocaine poisoning, for hay fever patients appear to be particularly susceptible to this.

The nasal mucosa is rendered insensitive in from five to ten minutes, and on removing the plugs of wool it will generally be noticed how much reduced in size are the lower turbinates to which they have been applied. This shrinking action of cocaine is one of its advantages over the more recently discovered eucaine, for it enables the next step of the operation to be more effectually performed, the object of which is to produce a wound so that the scar formed by its ultimate healing may bind down the mucous membrane to the underlying bone, and so prevent the periodical swelling and engorgement which is one of the chief features of the disease.

This is best accomplished by puncturing the tissue of the lower turbinate in several places by means of a fine-pointed canterizer, the electric current being turned on immediately the point comes in contact with the mucous membrane, and pressure being at the same time exerted so that the point may burn its way in until the bone is reached. If the above directions have been fully carried out the operation is quite painless, and three or four such

punctures may be made on either side, care being taken that the septum is not burnt, lest adhesion take place during the subsequent healing.

The superficial eschar produced in this way is of far greater extent than the deep one, and it has the further effect of producing a certain amount of atrophy of the mucous membrane which will conduce to its ultimate insensitiveness, a matter of no small importance, seeing that the affection is in large part due to its hypersensitiveness.

Within two weeks healing will have taken place, and for the first two or three days after the operation the patient may experience the ordinary sensations of a cold in the head. During the healing process no local treatment is necessary; but at the end of this period it is as well to examine again the state of affairs to see if a further cauterisation is necessary, as it often is. In fact, it is not unusual to have to repeat the operation three times, in order to obtain the maximum amount of reduction of the swollen tissues.

I have often had patients tell me after I have performed this operation, during one of these attacks of hay fever, that they have experienced immediate relief, and that the symptoms have not returned even though they have been in situations which would have formerly certainly brought on an attack, but I have found that it has been frequently necessary to repeat the procedure in the following year, after which the immunity from further attacks has extended over a considerable period of years.

I have hitherto only spoken of enlarged lower turbinates in connection with this complaint; but it occasionally happens that we find polypi growing from the middle turbinate associated with this. Such cases must be treated upon the same principles, and the polypi removed, though it is well to be more guarded in giving a prognosis in such cases, for they far more commonly show a tendency to relapse than the more simple ones.

Now as regards so-called "nasal asthma." This condition is one which affects a similar class of patients, though they may not suffer from hay fever. The usual symptoms are those of an ordinary asthmatic attack, commonly coming on suddenly at night, waking up the patient out of sleep. For the time the symptoms are

often very urgent, though slight attacks occur lasting only a few minutes, and occasionally during the day-time slight suffocative seizures trouble the patient.

The reason for their occurrence at night-time is probably owing to the more dependent position of the head, inducing a state of congestion of the lower turbinates, and a further element is added by the fact that the mucus collecting in the nasal passages, and not being expelled as it would be during the day-time, tends to become inspissated and obstruct the passages. Mouth breathing now becomes essential, and this evokes dryness of the whole of the upper respiratory tract, which, to my mind, may be looked upon as the prime factor in the pathology of the complaint. Such patients commonly have chronic bronchitis and emphysema added to their other troubles later on in life if the condition is not attended to earlier.

The treatment of such cases is the same as above detailed for hay fever. The condition of the nose must be carefully attended to, and any hypertrophy of the turbinates reduced by the galvano cautery, and it is in this particular complaint that iodide of arsenic is most indicated. A large number of these patients have a distinctly gouty history, and if such be the case the ordinary anti-gouty treatment will probably do more good. Dr. Pope informs me that he stops such attacks at once with naphthalin given in 3 or 4 grain doses of the 1st decimal trituration. The suggestion for this use of the drug he believes he obtained some years ago from a paper on *Naphthalin in Hay-asthma*, by Dr. Terry of Utica, in the State of New York. A single dose on awaking has usually proved sufficient to check an attack.

In all cases deep breathing exercises with the mouth closed should be insisted upon, as the carrying out of these does much to increase the potency of the nostrils and fully dilate the lungs, and the general effect of such exercises upon the circulation and body metabolism is extremely beneficial.

It would be interesting to consider the question of how these reflex symptoms are produced by mere enlargement of the turbinates, but this is beyond the scope of the present paper.

## TWO CASES OF CONVULSIONS IN INFANTS CURED BY CIRCUMCISION.

By ALEXANDER H. CROUCHER, M.D. Edin.

HAVING recently had under my care two cases of convulsions occurring in infants suffering from phymosis, it occurred to me that a few short notes of them would not be without interest. Both infants developed convulsions within a short time of birth, and in each there was apparently no obstruction to the flow of urine, but adhesions between the glans and the prepuce were marked. The convulsions ceased in each case shortly after the operation of circumcision.

It would no doubt be of advantage to the community if every male child with a long prepuce and phymosis, were circumcised, and that those suffering from a tight foreskin only, with no excess of prepuce, had the preputial orifice enlarged, the adhesions between the foreskin and glans separated, and the foreskin retracted.

The persistence of phymosis is the cause of much unnecessary suffering among children, and neurotic reflex affections are often induced which excite a prejudicial effect on a considerable number of men during the whole of their lives.

Complete retraction of the prepuce is necessary, in order to prevent the retention under it of the secretion of the numerous sebaceous glands in the mucous membrane of the corona and glans penis, and for purposes of cleanliness.

The collection of this sebaceous secretion, and the resultant inflammation, act as a peripheral irritant through the terminal branches of the internal pudic nerves. The results of the irritation are more or less severe according to the temperament and condition of the child; there may only be peevishness, much screaming, and little sleep, or much graver issues, such as convulsions, may occur.

Of course it is not always easy to convince the parents (of phymotic children) of the necessity of circumcision, unless they themselves see some obvious morbid process going on. Before giving notes of the two cases mentioned above, it may be useful to briefly give a *résumé* of some of the complications and morbid processes which

have been known to arise from, and have connection with, this congenital malformation.

1. *Phymosis with Retention of Calculi in Preputial Cavity.*—In the *Lancet* of September 22nd, 1882, are the notes of a case, where a man, æt. 35, suffered with retention of urine; circumcision was done because of the tightness of the contraction, eleven calculi of various sizes fell out weighing in all 70 grains, which for the most part consisted of triple phosphates. In the same journal of May 15th, 1880, is the record of a case occurring in a child, 3 years old, where a preputial calculus weighing 50 grains, and of the size of a sparrow's egg, was removed; it was a phosphatic concretion.

2. *Extravasation of Urine.*—Two cases of this complication are recorded by Mr. William Thomas in the *Lancet* of August 21st, 1886.

3. *Purulent Cystitis.*—A case is recorded in the *Medical Times and Gazette* of 1872.

4. *Enuresis.*—Nocturnal and diurnal has often been relieved by circumcision.

5. *Reflex Paralysis* of different parts of the muscular system.—Cases of this have been reported by Brown-Sequard and others.

6. *Warts.*—In the *British Medical Journal* of April 10th, 1886, Dr. Dabbs reports two cases in which circumcision was performed; the children had warts on their hands and fingers. They very soon disappeared after the operations, which were not done for that object.

7. *Epilepsy* has been cured by circumcision. The *Paris Medical*, of December, 1887, has notes of a case where a child æt. 3 years and a quarter, was first attacked by epilepsy in 1884, the attacks, which occurred once a week at first, increased in violence and frequency until in 1885 he had one daily, which lasted 3 or 4 minutes. The child began to lose both speech and intelligence. Circumcision on account of phymosis was performed. The week following the operation there were two attacks, but they were the last, and in a short time the cure was complete, the child enjoying good health moving and speaking freely.

8. *Hernia.*—This is a frequent result of phymosis, due to the straining required to force the water through the narrowed preputial orifice.



9 *Vesical Calculus and Bladder Troubles* have been simulated by this malformation, and the symptoms removed by circumcision.

10. *Hip-joint Disease*.—In the *Lancet*, August 2nd, 1879, there is an interesting paper by Mr. Richard Barwell, *On Certain Points in the Etiology of Hip-joint Disease*. In this paper strong arguments are adduced as to the causal relationship between phymosis and hip-joint disease.

11. *Cough and Convulsions*.—A case is reported in the *Lancet*, of April 27th, 1889, where a child, aged five years, "had had a constant dry hacking cough for the previous two years. It was always worse at night, and kept him awake for several hours, coming on in paroxysms, and often accompanied with convulsions." Both troubles were relieved by circumcision.

12. *Masturbation*.—Phymosis and the attendant irritation has often been the inciting cause of this pernicious habit.

I will now briefly relate two cases of convulsions occurring in infants under my care.

#### CASE I.

R. K. was born hurriedly on April 10th of this year. The first place he made his acquaintance with was a water closet. However, he appeared to have sustained no serious injury, beyond a slight bruise on the forehead. He remained well until a fortnight after his birth, and then I ceased attendance. Five weeks later, the mother consulted me about the infant. The day after I ceased attendance convulsions began, his eyes turned up, he had strabismus, his legs were drawn up and his hands clenched; there were general clonic spasms. These attacks lasted one or more minutes, and got so much more frequent that on June 9th he was having 12 or more attacks daily. On June 12th he was circumcised; he had one severe seizure 20 minutes after the operation, it proved to be the last, and he is now in excellent health.

#### CASE II.

A. T. C. was born on April 30th of this year. He was a healthy infant, but was fretful, and seemed uncomfortable; this was not put down to any particular cause, but there being phymosis, it was intended to circumcise him

as soon as he was settled with his feeding arrangements. However, the performance of the needful operation was accelerated ; for on May 5th, at 1.30 p.m., the child had a convulsive seizure of short duration ; another attack occurred a few minutes later, in fact he hardly seemed to emerge from it, for there was a continued laryngeal stridor going on. At 3.30 p.m. circumcision was done ; he had three or more convulsive attacks, and the stridor was continuous till 4 a.m. on May 7th, when the last convulsion occurred ; the stridor continued for most of that day and then ceased. This patient when six weeks old had a very severe attack of bronchitis, and for four days his life was despaired of. Dr. Roberson Day kindly came from London to see him and gave his valued advice, and the patient pulled through. I may mention that an inguinal hernia developed itself during this bronchitic attack, but has not troubled since.

It is also satisfactory to mention that although when vaccinated at the age of three months the arm "took well," and there was a good deal of erethrism ; no return of convulsions occurred.

In Case I. I may add that an inguinal hernia also occurred after the operation, but from no obvious cause.

Eastbourne.

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## TWO CASES OF NEURALGIA.

By A. MIDGLEY CASH, M.D.

Mrs. P., aged 60, in course of influenza attack began to feel slight stabbing in left parietal eminence. This increasing in severity I gave her gelsem. No relief. Pain increased. Thinking it might be caused from pure debility, as she was greatly reduced by long continued illness, arsen. 3x was then tried. She now suffered 19 hours of acute agony, during which pain spread over the left side of the head, it was "boring and often seemed like something screwing into the skull, the area of its greatest intensity was about size of crown piece, and from this it seemed to radiate over whole of side of head. No fever : face pale and wan, pain increased by touching place, or movement. Several external remedies which she had formerly found useful were tried with

effect of aggravating the pain, and a glass of hot port wine increased it so that she became almost frantic. A hypodermic injection of morphia seemed inevitable, but first I mixed her some spigelia 1x. in water and gave a teaspoonful every hour. This touched it, at the first dose great relief was felt, and when I saw her some hours later, she had had some quiet sleep. All acute pain gone, and only an occasional twinge was felt.

Miss C., aged 56, a stout, semi-hysterical invalid, sent for me for a severe attack of facial neuralgia, affecting the left side, chiefly in the jaws and temple. The pain was "jerking." Hot applications gave no relief, but cold certainly caused some amelioration of pain. The cause was evidently dental, several loose and decayed teeth being in lower jaw. Pulsatilla was indicated, and I gave it in 3x, a dose every two hours. Shortly after commencing the medicine she had a severe paroxysm of pain, the worst she had yet felt; thereafter she experienced great relief, and at the next visit had nothing further to complain of.

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## REVIEWS.

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*Asthma: Is it Curable? With Adenula: Bright's Disease and its Treatment, and Relaxed Throat and Uvula versus Bronchitis.*  
By G. A. MacNUTT, M.D., M.R.C.S., L.R.C.P. Dundee:  
William Kidd, 1898.

THIS little brochure by Dr. MacNutt, of Dundee, is very interesting. Asthma is in all hands a troublesome disease to cure, and often very difficult to alleviate to any great extent, as it is so dependent on climatic influences. Dr. MacNutt's cases, of which he relates fifteen, are certainly most remarkable in success. They were all severe cases, and many of them had been looked upon as incurable under long-standing allopathic treatment. Our author lays great stress on the connection between asthma and the digestive system, and careful dieting forms a very important part of his treatment. His cases of Bright's disease, of which he gives three, were also most successful, and his remarks on diet are excellent. The medicine he mostly trusts to in this disease is the arsenicum iodidum.

The last set of cases are those which had been long treated as bronchitis by others, but which turned out to be nothing of the kind, but only cases of relaxed throat and hypertrophied uvula. He gives eight cases of this mistaken diagnosis

which were rapidly and completely cured by suitable treatment. As a contribution to our clinical experience these cases are all very valuable, and we commend the perusal of this *brochure* to our colleagues. Though published in Dundee, it is to be had from Messrs. Kimpton in Holborn. It has long been a matter of regret that a city of the size and importance of Dundee should have for years been without a homœopathic physician, and we are glad that this anomaly no longer exists, and that Dr. Macnutt is so energetically working this large field.

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## NOTABILIA.

### THE FETTERS OF A MEDICO-ETHICAL CODE.

DR. MACK, formerly the Professor of Materia Medica in the Homœopathic Medical Department of the University of Michigan, contributes the following interesting conversation with a former fellow-student to the *Norih American Journal of Homœopathy* for July:—

“*Fetters*—Why, Freeman! Where did you come from? I thought you lived in Denver.

“*Freeman*—So I do; and am on my way there now. Train leaves at 5.30.

“This meeting was in the dining room of the West Side Railway Station in Chicago. I had not seen my friend Fetters since we were hospital internes together, after graduation from the Sydenham Medical College in Philadelphia a dozen years ago. After graduation he settled in Philadelphia, where he has somewhat distinguished himself as a student of bacteriology and a writer upon the subject. He is at present one of the Sydenham faculty. We were very intimate in student days, and during our residence in the hospital. I settled in the West and until this meeting had had no communication with him, excepting that he wrote me a note of bantering criticism, astonishment and reproof when he learned four years ago that I had actually associated myself by practice and by name with homœopathy. The whole tone of his note was such that I made no reply to it. And here we were sitting down to lunch together while waiting to get out of Chicago.

“*Fetters*—Well, this is luck. I've thought of you often, and have wondered how in the world you ever came to take up with homœopathy. Do you practise it only, or are you one of those who claim to practise 'both ways'?

“*Freeman*—What do you mean by practising both ways?

“*Fetters*—I mean do you sometimes use rational practice, and do you use empiricism; or do you ignore all the modern research and discoveries that don't lead up to homœopathy,

and do you disregard the accumulated experience with practices which seem to do good but have nothing to do with homœopathy?

“*Freeman*—I have great respect for rational practice and use it frequently. I also have respect for empiricism, and use it when I think I can't do better.

“*Fetters*—Good for you. I'm glad that you're not so taken up with homœopathy as to lose sight of everything else. I have nothing against homœopathy—I was brought up on it, and for aught I can see the homœopaths (if they don't tie to homœopathy alone) do as well with their patients as any of us. But what I don't see is what reason you have for calling yourself a homœopath when you practise rational medicine and empiricism as well as homœopathy. Come, now, can you really give me any good reason for it?

“*Freeman*—Indeed I can—the very best of reasons; and if you are willing to listen, you are just the man I'm looking for, for I am brimful upon that particular subject.

“*Fetters*—That's right. I like enthusiasm, if it is well directed—and yours is well directed if you can give any earthly reason why a man who practises rational medicine and empiricism as well as homœopathy should call himself a homœopath. Fire away, and be quick about it, for it's near my train-time.

“*Freeman*—The point is this. The particular cure of which *similia* is the law outranks, in a sense, any other cure which one can intelligently attempt with drugs—it transcends the possibilities of rational practice and cannot be intelligently attempted in empiricism. Seeing this, and seeing, too, that

—  
“*Fetters*—Hold on. You are going too fast. What do you mean by saying that the cure of which *similia* is the law transcends the possibilities of rational practice?

“*Freeman*—I mean precisely what I say. Let me define that particular cure of which *similia* is the law: it is ‘such modification of the quality of vital processes and their effects that, whereas these processes and effects are abnormal, they shall become normal as the immediate result of the medicine used.’ By *immediate* in this definition I do not refer to time—I simply mean that there is no drug effect mediate to, or precedent to, the cure. In rational practice one cannot attempt to immediately transform vital processes from abnormal to normal, for the data to any rational practice must be in themselves knowable, and vital processes are not in themselves knowable. Vital processes can be known only in their effects; so, too, of the dynamic properties of a drug (those properties by reason of which the drug acts immediately upon the

vital processes) they can be known only in their effects. Now, while we cannot in rational practice attempt the cure I have defined, we can attempt it under guidance of a law of nature (if such there be), stating what relation between the effects of diseased vital processes and the effects of a dynamic drug as a pathogenetic agent indicates that drug as capable of effecting that particular cure. Do you see what I mean?

"*Fetters*—Yes, I think I do. As vital processes are known only in effects, and as the properties by reason of which a drug acts immediately upon vital processes are known only in effects, you would look to a law of nature for a statement of the relation between the effects of disease and the pathogenetic effects of a dynamic drug capable of immediately transforming from abnormal to normal the vital processes back of the disease effects.

"*Freeman*—That's it exactly. I believe that *similia similibus curantur* is that law of nature. Now you know, as well as I, that those whom you call regular physicians are, as a body, opposing in every way they can the spread of homœopathy. They would gladly consign it to oblivion, while I believe that the cure of which *similia* is the law transcends any that can be attempted in rational practice, and, in a sense, outranks any other cure that can be attempted with drugs. In the circumstances I feel called upon to identify myself by name with homœopathy, so that, whatever my practice in a given case may be, I shall be known first, last and all the time as an adherent to and advocate of homœopathy. Do you understand now why I call myself a homœopath, though I practise rational medicine and empiricism as well as homœopathy.

"*Fetters*—Of course I do; it's perfectly clear, and the thing that's made it clear is your definition of that particular cure of which *similia* is the law. I never before heard that that cure is different from another, but I see that it is entirely different.

"*Train-starter*—The train is now ready for Marshfield, Pittsburg, Harrisburg, Baltimore, Washington, Philadelphia, New York and Boston. The train stands on track No. 5.

"*Freeman*—Here's your umbrella—don't forget it, and don't forget what I've been telling you.

"*Fetters*—Indeed I shall not. I've enjoyed your talk immensely. That definition lets you out in great shape.

"*Freeman*—I'm glad you like it. I'm going to send you a little book.\*

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\* *Principles of Medicine*, by Chas. S. Mack, M.D. Published by the W. T. Keener Company, 96, Washington Street, Chicago.

“ *Fetters*—Do.

“ *Freeman*—Will you read it.

“ *Fetters*—Indeed I will.

“ *Freeman*—All right. I’ll send it. Good-bye.

“ *Fetters*—Good-bye.

“ Off moved the train.

“ From the day of the above conversation *Fetters* has, in the bottom of his heart, believed that the homœopaths are the best all-round men in the medical profession, and that those who call themselves regulars are part of the time shutting their eyes to, and the rest of the time actively antagonising, that which is best in medicine. At times *Fetters* has even felt an impulse to identify himself by name with homœopaths, but he is fettered by an iron-clad code which he could not throw off and retain his position in Sydenham College. Besides, he is a bacteriologist and does not want to practise medicine. He says to himself, ‘If I were in practice, I’d throw off this miserable code and be free as *Freeman* is.’ ”

#### QUININE AND MALARIA.

THE *Standard*, of the 16th ult., published the following interesting and suggestive communication from a West African correspondent on some of the conditions of health in the tropics. The use—or rather the misuse—of quinine and arsenic are important factors of life in these malarious climates, while the purely empirical manner in which they are given and taken is particularly noteworthy—the choice of one or other appears to have no relation to the characteristic phenomena of the fever in each patient, but on extent of his means for obtaining the one or other !

“ The theory recently propounded by Professor Koch, with regard to the use of quinine in tropical and malarious countries, is somewhat alarming, coming from a professional man of such eminence. If it had been advanced by a younger, and a comparatively unknown, *savant*, it would probably be treated with little or no respect. Now, however, that the subject has been brought forward so prominently, it is to be hoped that it will receive, from those qualified to investigate such matters, the consideration it deserves. According to Professor Koch, the treatment of malarial fever by quinine has been so overdone as to cause in many cases the even more pernicious black-water fever. Whether quinine is, or is not, the cause of black-water fever, there can be no doubt that it is frequently given in very large doses, and is often taken far more indiscriminately than it should be. The drug first came into great prominence as the specific for malarial fever. A

few years ago, in many cases, it had to take a second place to arsenic—not that it was inferior, but because its cost put it out of the reach of many. Now it can be obtained at such a reasonable price that it has to some extent displaced arsenic, and nobody going to the Tropics has any reason now to consider the relative expensiveness of the two drugs. It is in many instances not only taken in large doses, but also as regularly as food, with the object of impregnating the system, and thereby rendering it proof against the ravages of malaria. Whether such a course succeeds or not, the person who takes quinine in this wholesale manner feels at ease, since he is under the impression that he has done all he can in what is generally accepted as the right direction. For it must be remembered that at present there is no check on the promiscuous use of quinine by those who know very little about all its properties. The writer, who has had many years' experience in malarious countries, and enjoyed numerous opportunities of observing the treatment of malaria, is, however, emphatically of opinion that the object desired by the habitual consumer of quinine is not attained. Those who saturate their systems with the drug die in the same way as those who do not, and, as a matter of fact, close observation goes to prove that the regular use of quinine is almost entirely confined to persons comparatively new to malarial regions, and that, if the consumer survives, the tendency is to leave it off as experience is gained. Taken in excess, quinine can be a poison, like everything else, and often produces cinchonism. A subject getting a bad attack of fever, who is already debilitated by the use of quinine, and in many cases also by anti-pyrim and anti-febrin, is weakened still more by the effects of the fever, and increasingly heavy doses of the remedies are resorted to. Is it any wonder, therefore, that in the great majority of cases where death occurs the actual cause is assigned to 'failure of the heart's action'? In partial support of this argument, it may be pointed out that the mortality in certain portions of West Africa, for instance, is greater now than formerly, although the conditions of life have been vastly improved. If Professor Koch's theory be correct, the fact that quinine is so much more within reach of everyone, and as a result is far more used, may be some explanation. Besides being cheaper, the drug may now be obtained in forms that render it less distasteful. Thus, tabloids are not so unpleasant as the soluble form of quinine, and, if sugar-coated, have no taste at all, while they are more easily carried about. Again, it has been found that women are unable, for various reasons, to take quinine in the same wholesale way as men. And yet



the mortality amongst women on the West Coast of Africa is infinitely less, in proportion, than that of the other sex.

“ Malarial fever in pernicious climates, in subjects not accustomed to the habitual use of quinine, has, where no complications have existed, been coped with by doses not exceeding thirty grains in the twenty-four hours, and that in cases where the temperature has risen to one hundred and four and one hundred and five degrees; while in cases of remittent fever, where quinine has proved ineffectual, arsenic given regularly in moderate doses has often proved successful. Apart from the quantity of quinine which may be in a person's system, perhaps unknown to the medical attendant, in ordinary cases of fever on the West Coast, fifty, sixty, or seventy grains, or even more, in twenty-four hours is no uncommon quantity to be administered, even to a new subject. But on this point one fact must be conceded—viz., that the progress of malarial fever on the West Coast of Africa is more rapid than in many other malarial regions, and drastic measures are necessary. But, as the mortality has increased notwithstanding, the problem suggested for solution is, why do some live and some die when all climatic and other conditions are apparently equal? For example, putting aside the question of quinine, why is it that, as before stated, women stand the West African climate better than men? During the appalling mortality on the Gold Coast within the past four years, there was hardly a death amongst the women living out there, while every kind of man was dying—men new to the Tropics, men almost born in them, men who had been accustomed to them for years, men who had battled with the ravages of West Africa itself for upwards of ten years. How is it that, with all the advantages given to Government officials in the way of unlimited free medical attention and exceptional leave privileges, the death and invaliding rates amongst that class have been far in excess of those of the mercantile community, who invariably have, owing to their vocation, to live in the more unhealthy portions of the towns, and to reside on the West Coast for longer terms? Why should the death-rate be higher amongst certain classes of Government officials than others? These peculiarities are not mere accidents, any more than, as Professor Koch says, ‘It is certainly not an accident that black-water fever occurs almost exclusively in men, and only exceptionally attacks women and natives.’

“A possible explanation is that while men are more exposed to the sun and rain and other such influences than women, the great majority of men, or those in charge of them, do not realise sufficiently the dangers of such exposure. The question of clothing, for example, is most important. The

old idea of wearing nothing but linen, and very little of that, is by degrees giving way to the more sensible one of wearing light woollen clothing in the Tropics. The best protection from the sun and rain is required, for, the principle being admitted that both are dangerous, it is essential that care be taken to minimise the attendant risks. Moreover, the system of requiring men to go to work (some in the sun) for three or four hours, return to their proper breakfast at eleven or half-past, and resume work about one o'clock—all the hottest hours of the day—is a tax upon the constitution to which women are never subjected, and members of the mercantile community but rarely. These and other apparently small matters may not entirely account for the peculiarities referred to, neither do they dispense with the urgent necessity for coping with the larger question; but, as long as those peculiarities exist, it is as well to ascertain the cause of them. Instruction in a school for Tropical medicine, such as has been suggested, would be a step in the right direction. But the lines upon which that tuition is to be given must be clearly settled in the first instance, and if it be found and recognised that a drug which is a specific in some cases is injurious in others, or in most instances requires to be used with greater care and caution, and, further, that a check upon the promiscuous use of such a drug is essential, then it follows that the hitherto accepted theory of 'piling in' quinine at all costs is wrong. The subject is as urgent as it is important. England owns many Colonies with vast resources, the development of which is retarded by the mortality involved, while the cost of human life in holding them is deplorable; and it is to be hoped that those who have to treat malaria, or assist in the efforts of coping with it, will not too lightly disregard the emphatic warning given by Professor Koch in the words, 'It is certain that the treatment of black-water fever with quinine must absolutely cease, and that malaria patients who have had one attack of black-water fever must have quinine given to them with extreme caution; but that it is still better to give them some other remedy instead.'"

Since the foregoing was published the following letter on the same subject has also appeared in *The Standard* :—

“ MALARIA AND QUININE.

“ *To the Editor of The Standard.*

“ Sir,—As a medical man who has had some experience of malaria both on the West Coast of Africa and in tropical America, allow me to confirm the opinion expressed in your article of to-day, that large and long-continued doses of quinine will cause symptoms resembling those of malarial

fever. In small or reasonable doses, however, quinine is, of course, highly beneficial in ordinary tropical fever.

"The fact is, I think, that large and small doses of drugs have in many (if not in all) cases opposite actions, and this is probably the secret of the theory *similia similibus curantur*.

"I am, Sir, your obedient servant,

"W. H. CROWTHER.

"August 16."

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R. HUGHES.

#### REMOVAL OF THE STOMACH.

A CASE in which the entire stomach was successfully removed occurred some months since in Switzerland. The following record of it appeared in the *Surgical Era* for January (Chicago). The editor writes as follows:—

"Partial, almost complete, excision of the stomach has been done in a number of cases with a successful result, but complete ablation of the organ has now been done with the survival and well-doing of the patient.

"We are indebted to the *New York Medical Record* for a carefully written report from which we learn that on September 6, 1897, Dr. Carl Schlatter, privatdocent at the University of Zurich, did remove the entire stomach from one Anna Landis, aged 52, and that at the date of the report, December 9th, 1897, she was alive, well and working. That the entire stomach was removed is shown by the microscopical examination of the specimen, which showed oesophageal structure at one end and duodenal at the other. The operation was performed for a carcinomatous growth, occupying most of the gastric cavity and confined entirely to the organ. The tumour was palpable between the left hypochondriac region and the umbilicus, and as large as two fists. The diagnosis of cancer was made, and, as the patient was unable to retain any nourishment whatever and was losing flesh rapidly, operation was decided upon.

"Under morphine-ether anæsthesia and strict antisepsis the abdomen was opened in the middle line from the

ensiform process to the umbilicus. The stomach presented as a hard mass which was freely movable and readily lifted out of the peritoneal cavity. As a gastro-enterostomy was impossible, Dr. Schlatter decided to attempt the removal of the entire organ, or, failing in that, to do a jejunostomy. The operator proceeded to isolate the diseased organ by incision and suturing between forceps, until only the œsophageal and duodenal attachments were left. These were then divided between clamps. It being impossible to bring the cut extremity of the duodenum to the stump of the œsophagus the open duodenum was closed and a loop of bowel fifteen inches below brought up to, and anastomosis effected with the œsophagus by three lines of suturing, *i.e.*, of the mucous membrane, of the muscular and serous coats and a reinforcing Lembert suture over all. There was small loss of blood and the patient left the table in good condition after an operation lasting nearly two and one-half hours.

“ While it is to be noted that the conditions present, the mobility of the viscus with its contained, circumscribed neoplasm, were eminently favourable for total extirpation and such as are rarely to be met, it is clear that the indications were met boldly and brilliantly by the operator and an epoch marked in the surgery of the stomach. Dr. Schlatter has achieved deserved celebrity by his unique operation.

“ The post operative course of the patient has been more surprising than the operation itself. Small quantities of liquid food were given on the second day and from the tenth day on ‘ fairly large quantities of food ’ were taken and generally well retained. On the tenth day the patient suffered from nausea and vomiting ‘ apparently superinduced by having witnessed a change of dressing in a neighbouring surgical case ! ’

“ The ancient and accepted expression of ‘ turning the stomach ’ will have to be given up. There were several attacks of vomiting during convalescence. Nov. 25 the patient is reported as feeling quite well and able to walk about comfortably. There was a steadily progressive increase in the weight of the patient after removal of the cancerous stomach. At first pepsin and hydrochloric acid were given to assist in the digestive process, but were soon given up as valueless. Chemical analyses of the stools showed no marked difference from those of health, and with the exception of diminution of the quantity of chlorides excreted there was nothing abnormal in the urinary secretion after the operation. The patient’s food it should be noted, was prepared with less salt than that of the other patients. In the recorded cases of almost

total ablation of the stomach in the human subject, *post mortem* examination has shown that the small portion of gastric structure left has undergone dilatation or pouching to some extent, so that more or less of a reservoir existed for food, and as it is remarked in the report that at one time this patient vomited thirty ounces it is possible, and probable, that the portion of intestine above the œsophageal junction has taken on the function of a reservoir.

“From study of the record of this remarkable case the salient points of which are presented above, we conclude, contrary to previously accepted notions, (1) that the stomach is not a necessary organ; (2) that in the absence of the stomach digestion and assimilation of ordinary foods may be thoroughly performed by the intestines; (3) that decomposition of the intestinal contents is not prevented by the gastric hydrochloric acid; and (4) the principal functions of the stomach seem to be those of a reservoir for the reception and preparation of food and to regulate the temperature of solids and liquids as ingested.”

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#### THE DOCTRINE OF SIGNATURES.

The following amusing illustration of a popular application of the notion which Hahnemann termed a “fantastic speculation,” and the appropriate remarks of the coroner, appeared in an evening newspaper on the 11th ult.

At an inquest on a child in London yesterday the mother stated that all her children had been down with the measles. She kept them warm and gave them saffron tea.

The Coroner: Why did you give them saffron?

Witness: Because my mother gave it to me when I had measles.

The Coroner: And that was, I suppose, because your grandmother gave it to her. I can't understand you mothers giving your children saffron. It is an old washerwoman's tale. I suppose it was originally recommended by some quack because it was the colour of measles spots.

A Juryman: But saffron is the usual thing to give children for measles.

The Coroner: Yes, but it's all nonsense. It reminds me of the old story told of one of the kings of England—I forget which—who was taken ill with scarlet fever. The Court physician ordered him to be placed in a bed the hangings and drapery of which were scarlet. Strange to say, the king recovered, and the lucky medical man was made a baron and given much land. (Laughter.)

A Juror: And the next one who tried it had his head chopped off, I suppose? (Renewed laughter.)

The Coroner: History is silent on that point.

## TORQUAY DISPENSARY.

THE following medical report for 1897 has been received :

|                              |     |     |     |     |
|------------------------------|-----|-----|-----|-----|
| Patients remaining from 1896 | ... | ... | ... | 121 |
| Admitted during 1897         | ... | ... | ... | 595 |
|                              |     |     |     | 716 |
| Cured                        | ... | ... | ... | 265 |
| Relieved                     | ... | ... | ... | 257 |
| No Change                    | ... | ..  | ... | 15  |
| No Report                    | ... | ... | ... | 47  |
| Deaths                       | ... | ... | ... | 6   |
| On Books                     | ... | ... | ... | 126 |
|                              |     |     |     | 716 |

The honorary medical officers are Dr. Midgley Cash and Dr. Edgelow.

## CHRONIC LEAD POISONING.

KÄRCHER (*Correspondenz-Blatt. f. Schweiz. Aerzte*, May 1st, 1898) reports two cases of lead poisoning. (1) A painter, aged 50. In 1895 he had colic and paresis of the upper extremities, less marked in the forearm than in the shoulder muscles, especially the deltoids. This was cured. In August, 1897, he suffered from renewed colic, tremors, and violent pains in both arms. There was paresis of the muscles supplied by both radial nerves, which, however, disappeared, leaving only paralysis of the extensors of the ring fingers. The paralysis and atrophy affected chiefly the scapulo-humeral muscles; the deltoids, pectoralis major, rotators of upper arm (especially infraspinators and teres minor), and the levator scapulæ being almost absent. Such a case is chiefly interesting from the point of view of differential diagnosis, the muscles affected being the same as in Erb's type of progressive muscular atrophy. The author also reports an undoubted case of the latter, and then compares the two. At the height of the paralysis and atrophy due to lead, the two were very similar, and the differential diagnosis could not be made with certainty. The shoulder muscles were first affected in both; in both atrophy was the most marked symptom and fibrillary tremors were absent, and there was no R. D. in either. The following facts were in favour of lead paralysis (a) lead poisoning was certainly present; (b) the deltoids were markedly affected, muscles which are attacked very seldom and then late in the disease in Erb's paralysis; (c) the temporary paralysis of the forearm muscles; (d) the

muscles affected corresponded as a whole to Remak's brachial type of lead paralysis, though the slight implication of the forearm was exceptional. The diagnosis was cleared up by recovery following treatment in December, 1897. (2) A solderer, aged 35, who, besides typical lead poisoning combined with general muscular weakness, had ceaseless fascicular contractions producing no locomotor effect in the dorsal muscles of the hand and in the lower extremities, especially the calf muscles. These fascicular contractions are called by Schulze "myokymia," and have no connection with degeneration. They may be present in other diseases, and are purely of a functional neurotic character. This patient had other neuroses, a limitation of the visual field, and weakness of normally developed muscles. The presence of these neuroses in this case is interesting as illustrating the fact that lead poisoning plays an important part in the etiology of the neuroses, especially hysteria.—*Brit. Med. Journ.*, July 30th.

#### DEVONSHIRE (WHIMPLE) CIDER.

WHILE it is well known that there are fashions in medicine in the old school, though fortunately not in the homeopathic school, it is no less true and curious that there are fashions in food and beverages. For example, port wine, which at one time was so largely consumed and prescribed, went out of fashion for years, and came to be considered as next to poison, while now it is revived again, widely recommended by doctors, and largely drunk. So with cider. At one time, it was considered a most sound and wholesome beverage, as one suitable for daily use, and still more as a drink for those of gouty habit and its allied evils. And it is pretty well known that in cider-producing and cider-drinking counties, gout, lithiasis, and allied troubles are practically unknown, or, at all events, are much rarer than in parts where wine and beer are chiefly consumed. For a long time, the fashion of cider-drinking has gone out, and one seldom hears of it being used, or prescribed by doctors. It has for many years been the professional dictum (practitioners following like a flock of sheep the opinions of one or two authorities) that fresh fruit of all kinds, and especially apples are to be tabooed in gout and gouty states of constitution, on account of their acids. We have long believed such a view to be quite a mistaken one, and have acted on this belief with the greatest benefit to the sufferers, to say nothing of their enjoyment in being allowed such a delightful addition to their strict diet. We believe

that the gouty acidity is benefited immensely by the addition to the food of the wholesome vegetable acids of fruit. And of none can this be said more truly than of ripe apples. One unfortunate result of the tabooing of fresh fruit in gout, lithiasis, &c., has been the difficulty of getting good cider. When one asks for "cider" one often gets stuff not fit to drink, and containing much more alcohol than is natural to cider. This, as we have said, may be the result of the small demand for it in recent years, or it may perhaps be, to a certain extent, the cause of it. But the fact remains. Pure cider, non-alcoholized artificially, and carefully prepared from the finest apples, is not only a most wholesome drink as a beverage, but, being made from apples, is a valuable food in gouty states—we had almost said a valuable medicine. It ought to contain not more than 8 per cent. of alcohol—hardly more than the celebrated temperance drink, ginger ale, is said, on the best authority, to contain. So that in drinking *pure* cider, those gouty patients who are permitted to take a little alcohol, (and most of them are allowed whisky) will find there just the small modicum which is permissible, while those who are not rabid teetotalers will hardly be aware there is any alcohol at all in cider, as far as their comfort and well-being are concerned. Few but extremists in temperance will refuse, on medical advice, to take a beverage such as pure cider, which is so beneficial to their complaint. It is on these grounds that we draw the attention of our colleagues to the "Whimple" cider. Here we have all that is desired. It is perfectly pure, prepared with the utmost care to produce a really pure drink, made from the choicest apples of the district, a district which is famous for its fine apples, and only containing 8 per cent. of alcohol. As a result of this care and selection, the "Whimple" cider is quite delicious to the palate, and so "clean to the mouth." We have tasted samples of the five varieties, and can thus speak from personal knowledge. The "Woodbine Blend," being dry, is perhaps the finest of all, while the "Whimple Pomona" and the "Fair Maid of Devon" are nearly, if not quite, as good. The "Sweet Alfred" is a little sweeter, but is a delicious beverage, and more effervescent than the others. The cheaper brand "Whimple Specialite"—extra dry—is excellent also, though the other brands are more delicate. There is now no excuse for not prescribing cider when it can be got so pure and agreeable, and we strongly recommend our colleagues to try it as a beverage instead of beer or wine, and to test its value as an article of diet in gouty patients. The proprietors are Messrs. Henry Whiteway and Co., Whimple, Devon.



### PHOSPHORUS AND MORPHINE POISONING.

SOHREIBER (*Centralbl. f. inn. Med.*, June 11th, 1898) mentions that potassic permanganate has been recommended as a remedy against both acute phosphorus and acute morphine poisoning, and in some such cases it has given very good results. The oxidation products of phosphorus and morphine are non-poisonous, at least in the doses in which they are then likely to be present in the stomach. The only disadvantage of potassic permanganate is that the potassium salt is poisonous, and therefore cannot be given in large doses. The author has made experiments to ascertain whether the sodium salt, which can be used in larger doses, would answer as well. Thus, 2.75 g. of potassic permanganate killed a rabbit, whereas the same dose exercised no poisonous action upon another similar animal. Sodium permanganate is, however, not harmless; the maximum dose for a medium-sized dog is 4.5 g. Strong solutions are especially to be avoided, as they act as corrosives to the gastro-intestinal mucous membrane, and produce fatty changes in the liver and heart, and also renal irritation. The good effects obtained by the sodium salt were shown to be not inferior to those of the potassium salt. Although experiment shows that the administration of the antidote suffices, yet the stomach should be previously washed out with a two per cent. sodium permanganate solution. This should be done even if the poison has been taken some hours previously. After this, half a litre of the same solution is taken, or it may be passed through the tube into the stomach. The washing out should be repeated again in a few hours. If washing out is not possible, apomorphine should be injected, as emetics administered by the mouth interfere with the permanganate. Where the emetic must be given by the mouth, half a litre of sodium permanganate is given immediately afterwards, and then another half litre after the vomiting. The usual remedies must not be omitted if there is any evidence of absorption having taken place from the stomach, because permanganate is of little service after the poison is absorbed.—*Litt. Med. Journ.*

### OBITUARY.

STAMMERS MORRISSON, M.D. Philadelphia,  
M.B.C.S. Eng., L.R.C.P. Lond., & L.M.

WE regret to have to record another loss by death in our ranks.

Dr. STAMMERS MORRISSON, of Clapham, passed away at Bexhill on the 28rd of July, in his 56th year. Dr. Morrisson had

been in bad health for a long time, and those of his colleagues who saw him professionally had no hope of his ultimate recovery. Dr. Cronin, of Clapham, saw him regularly, and others with him in consultation, and though often being near death's door during the winter, he made a remarkable rally, yet none of his medical advisers expected his recovery. Dr. Croucher attended him at the last. Dr. Morrisson was born in 1842, went through his medical studies at University College, and was house-surgeon at the hospital for a time, afterwards settling in practice at Brixton and Clapham, where he carried on a successful career for 80 years. He made a number of contributions to the homœopathic journals, one of the most interesting and important being his proving of *lycopus virginicus*. He also published several brochures on consumption and other diseases. He had a singularly gentle, unobtrusive, and kindly manner, which, with his devotion to his work, made him endeared to his patients and friends. He spared no pains or fatigue in the care of his patients, and in fact kept on working when he was physically unfit for it by his ill-health. His patients and friends will miss him much. Dr. Morrisson leaves a widow and two daughters to mourn his loss.

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#### DR. H. W. DANFORTH, MILWAUKEE.

OUR American exchanges notice with deep feeling, as one of the saddest circumstances of the Hispano-American war in Cuba, the death, or as the *Medical Era* quite justifiably terms it, "the unholy slaughter," of this promising young surgeon, while attending a wounded soldier.

Dr. DANFORTH was a graduate of the Homœopathic Medical College of Chicago of 1888. He had been in Cuba for well-nigh two years as physician to General Gomez, but had returned to this country to regain his health, which had been badly shattered by exposure and insufficient food. Upon the declaration of war he was called to Washington by President McKinley, and by virtue of his practical acquaintance with Cuba and the conditions of the island was given special place with the army of invasion. It was here, before Santiago, while attending to a wounded soldier, that he was shot down by a Spanish guerilla and the army was robbed of an efficient surgeon and director.

This sad occurrence is thus described by a correspondent of the *New York Sun*, who was a witness to the deed:—

"To-day, July 2nd, Col. Cajrivas, a guerilla, is still lurking along the line of the road, his men hiding in trees and shooting at the wounded as they pass by. While I was

crossing a stream this morning, leading a mule bearing a wounded Rough Rider, five shots were fired at us. The mule was killed, and Dr. Danworth, a surgeon in the cavalry, was wounded, a bullet passing through his head and inflicting a mortal wound. A few moments later two other wounded men were shot at the same crossing."

The *Medical Era* thus writes of him:—

"Though still a young man he had already attained considerable distinction, particularly as a surgeon. He was popular with his associates, a close student, a thorough patriot, and had he been spared would have proven of great usefulness to the army medical service"

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## CORRESPONDENCE.

### MR. THEOBALD AND THE MEDICAL COUNCIL.

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

GENTLEMEN,—The fact that I have been deprived of my diploma by the Royal College of Surgeons, and have been "Disqualified" by the General Medical Council, has been several times referred to in your journal; and I presume that many of your readers will be interested in knowing what progress I am making in my efforts to obtain restoration from both these bodies. When I was condemned, I learnt from an official since, that in two years I might expect my diploma to be returned. More than four years have elapsed and this is still refused. Under these circumstances, it appears to me that the College has come to a final and irreversible decision to treat me as an outcast for ever, and my only hope of regaining my professional standing is by an appeal to the law courts, and a judicial decision as to the legality of the whole proceedings. This I am anxious to do. I am fully persuaded that I have a very strong case for legal appeal, but for this I must be supported. And in the first place I ask my own medical brethren to do so. I require support for two purposes: 1st, the publication and circulation of my documents; 2nd, providing the sinews of war for the law-fight.

Now I am informed that many of my own colleagues hesitate to support me because they think the question at issue to be *Matteism*. This is not the case. This was the ostensible ground on which action was taken, but I am persuaded that if I had not been a homœopath the clemency of the College would long ago have been exercised on my behalf. My real offence is that I am a homœopath.

Let me put out a few facts that indicate this.

1. The unexampled duration of the penalty. Any man of good character coming under the legal danger of these bodies for a venial offence, speedily admitted and corrected, with promise not to repeat the offence, would be very soon pardoned. No conceivable circumstance of aggravation exists in any case except this fact that I am a homœopath.

2. The College in deliberating on my case used as evidence against me *chemical analysis*. My practice is assumed to be fraudulent because certain remedies which I have employed yield no positive result to chemical analysis. Evidently this is evidence that may be used against plenty of remedies constantly used by homœopaths.

3. My counsel, Mr. Acland, in his speech to the G. M. C., pointed this out, and by way of a *reductio ad absurdum* of this kind of evidence, said: "Why, gentlemen, if you condemn Mr. Theobald because he uses medicines of this kind, you may condemn every homœopathic practitioner in the kingdom. You must strike them all off the register." This precious suggestion was received with a "hear, hear," from one member at least of the G. M. C., whose "hear, hear," was echoed by the sympathetic laughter of the rest. There was no rebuke from the chair for this levity—no protest from any sober-minded member. Evidently the notion of emptying the Register of its homœopathic element was not at all unacceptable to the Council.

4. This was not the only incident of the kind. I quote the following from the report in the *Lancet*, December 8th, 1894. Mr. Acland was speaking:—

"The statute to which the Council owed its existence made it perfectly clear that a name could not be erased on the ground of the person having adopted any theory of medicine.

"Dr. Heron Watson: *Theory!*

"Mr. Acland: And practice.

"Dr. H. W.: No! no!

"Mr. A.: I respectfully submit that theory is nothing at all unless it is to go into practice."

So you see that one member at least (the "hear-hearer") on the G. M. C. commits himself to the portentous absurdity that a man may lawfully hold a theory of medicine which he is not allowed to practise. He will, if possible, evade the application of the protective clauses of the Medical Act by this contemptible subterfuge.

5. Very strong anti-homœopathic bias has been shown most conclusively by the absolute indifference of the College to the petition in my favour presented last year, signed by 66

medical men of good standing and position. I suppose no plea for restitution has ever been so weightily supported, nor has any petition presented by even a much smaller number of medical men been refused. The opportunity of snubbing a large body of homœopaths was too tempting to be resisted.

We all know what kind of animus in regard to homœopathy is prevalent in the profession. And this animus is not confined to the small fry, incapable of rising above vulgar prejudice. It is shared by the most eminent men—the class of men that are selected to occupy seats in the governing bodies. And it seems to me clear that this is the real obstruction in the way of recovering my legal rights.

I have been 42 years in the profession, practising homœopathy in a quiet, unsensational way. Not a whisper of scandal has ever assailed me. My reputation among those who know me certainly stands as high as that of any member of the R. C. S. or G. M. C. The incriminated book has been withdrawn from circulation. I have done all that is possible to “purge” my offence, such as it is, and I really cannot think it very aggravated. To most persons it is invisible.

Quite apart from homœopathy, it is intolerable that medical discipline should be thus administered, and even from this point of view I can scarcely believe that the law will endorse it. But the whole process has, from beginning to end, been unlawful. The very bye-law quoted against me—that against secret remedies—no longer exists; it has been abrogated. And even if it were still in force it is guarded by a limiting clause, which, in the opinion of competent lawyers, exempts me from its application. So that I am condemned by the *doubtful application of an extinct statute*.

I cannot occupy your space with further detail. Fullest particulars will be contained in the documents which I wish to publish. I am anxious to send a copy of my indictment of these bodies to every Member of Parliament, and to all the principal journals in the country. Unaided I cannot do this. I have no hesitation whatever in asking to be assisted in what I am sure is a matter of large public interest. No loyal citizen can be indifferent to official action by which penal laws are strained, and cracked, and even broken, in order to feed rancour of the professional antipathies. And I feel confident that in resisting these bad deeds I shall be solidly supported, first by my own colleagues and their friends, and afterwards by the general public.

I am, Sir,

Yours very truly,

R. M. THEOBALD.

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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. EDWIN A. NEATBY.

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

Communications have been received from Mr. DUDLEY WRIGHT, Mr. BUIST PICKEN (London); Dr. WILKINSON (Windsor); Dr. ORD (Bournemouth); Dr. BLACK (Torquay).

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 BOOKS RECEIVED.
 

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- Journal of the British Homœopathic Society.* July. London.  
*The Homœopathic World.* August. London.  
*The Chemist and Druggist.* August. London.  
*Calcutta Journal of Medicine.* July.  
*North American Journal of Homœopathy.* August. New York.  
*Homœopathic Eye, Ear and Throat Journal.* August. New York.  
*The Medical Times.* New York.  
*The New England Medical Gazette.* August. Boston.  
*The Hahnemannian Monthly.* August.  
*Philadelphia Homœopathic Recorder.* July. Philadelphia.  
*The Homœopathic Encyclopaedia.* August. Lancaster, Pa.  
*The Clinique.* July. Chicago.  
*Hahnemann Medical College and Hospital Thirty-Ninth Annual Announcement.* Chicago.  
*The Medical Era.* August. Chicago.  
*The Hahnemannian Advocate.* July. Chicago.  
*The Medical Century.* August. Chicago.  
*The Minneapolis Homœopathic Magazine.* August.  
*The Medical Brief.* August. St. Louis.  
*The Pacific Coast Journal of Homœopathy.* July. San Francisco.  
*Revue Homœopathique Française.* July. Paris.  
*Revue Mensuelle de Bibliographie Médicale.* July. Paris.  
*Allgemeine Homœopathische Zeitung.* August. Leipzig.  
*Leipziger Populäre Zeitschrift für Homœopathie.* August.  
*Rivista Omiopatica.* May and June. Rome.

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Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D DICE BROWNE, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON 56, Moorgate Street, E.C.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### THE BRITISH HOMŒOPATHIC SOCIETY.

At the closing meeting of the British Homœopathic Society, held in the mid-summer, Mr. KNOX SHAW, who had been for the last six years its honorary secretary, resigned his office, and took occasion to present to the members an interesting report of the work of the Society during his term of secretaryship. This report will, we presume, appear in due course in the *Journal of the Society*; the progress of the British Homœopathic Society is, however, of interest not only to its members, but to all and several who are concerned with the advancement of homœopathic therapeutics. For this reason, we think a few remarks on the progress of the Society will be welcomed by some not present at the annual meeting, and not receiving the *Journal of the Society*.

The status of homœopathy does not consist merely of the number of names attached to a medical society, or appearing in a medical directory; the scientific culture, the clinical experience, the technical knowledge of the exponents of this system of medicine, all bulk largely in elevating the medical and scientific tone of the individual members of the homœopathic section of the medical profession, and in making them successful practitioners of the art of medicine. To this end well-equipped hospitals and well organised medical societies are necessary. Nothing is more striking amongst our body, during the last decade, than the extraordinary development of our hospitals and medical societies. Nothing, in our opinion,

presents more convincing evidence of the vigour of the small but steadfast band of men who have thrown off the shackles of medical trades-unionism to fight the battle of liberty of thought and of freedom to practise medicine according to their individual knowledge and experience than this fact. From this standpoint we have watched with great interest the remarkable expansion of the London Homœopathic Hospital, and the development of the many provincial hospitals devoted to homœopathic therapeutics; and now the Secretary's report of the progress of the British Homœopathic Society during the last six years stimulates an ever watchful interest in its work. Not that the Society is an aspiring and precocious infant. In May, 1894, we referred fully to the celebration of its jubilee, and then noticed that it was entering on a new life and was adapting itself to more modern requirements. As to the necessity of a good medical society for those who are interested in homœopathy, and the need for all who are united by this therapeutic tie becoming members we can add nothing to what we said then. Medicine and surgery are not stationary arts, their very progressiveness make the constant interchange of personal experiences a necessity to the man who would be thorough, and he must be an extraordinary being who cannot learn something, or even impart something, by meeting and discussing subjects of practical importance and professional interest with his colleagues. From Mr. KNOX SHAW'S report we learn that up to the summer of 1892 the Society conducted its meetings much in the same way as it had done for many, many years past, but that in that year, after much deliberation, important alterations were made in the laws of the Society, with a view to the "further advancement and extension of its work." His modesty prevented him saying that these alterations were the outcome of a paper read by him, on his retiring from the President's Chair, on *The Future of the British Homœopathic Society*. A new and enlarged Council, with extended powers, and containing Members as well as Fellows, set to work.

Mr. KNOX SHAW went on to say that "during the summer of 1892 the Council was busy with its work of reorganisation, and secured the services of so able a littérateur as Dr. HUGHES as editor of its *Transactions*. At the commencement of the Session 1892-1893 there were 116 active members of the



Society, and as evidence that the homœopathic body was ready for reorganisation, 66 new members joined the Society during that Session ; and during the past six years a total of 111 members have been added to its roll.

“ In November, 1892, the Liverpool Homœopathic Medico-Chirurgical Society—an old-standing homœopathic society—applied to the Council, and was duly registered as the Liverpool Branch of the British Homœopathic Society. This important branch has steadily increased in numbers, and has risen from a membership of 15 to one of 81.

“ In January, 1893, the *Journal* of the Society appeared, and its sterling value as a homœopathic medical periodical soon caused it to have a circulation outside the membership of the Society, both in this country and America. With the journal was issued, as a supplement, an annual classified list of officers and members of the Society.

“ At the Annual Assembly in 1893 the method at present in vogue for the election of the Officers and Council was adopted, and a new law defining the qualifications of members for the Fellowship was passed.

“ In April, 1894, the Society reached its jubilee, and with its President, the late Mr. CAMERON, the only surviving founder of the Society, in the chair, celebrated the occasion by a well-attended banquet.

“ At the annual assembly of 1894 the Council proposed certain new bye-laws, which were adopted. The most important addition was the division of the work of the Society into sections, three sections being formed, each with its chairman and secretary, viz.:—Materia Medica and Therapeutics, Medicine and Pathology, Surgery and Gynæcology. The varied and interesting papers, which have been the result of this division of labour, testify to the wisdom of this new step. Under the new bye-laws the old plan of ‘ private and public business ’ was done away with.

“ In 1896 the section of Medicine and Pathology, upon the direction of the Council, undertook the formation and distribution of schedules for the collective investigation of certain diseases. The returns are slow in coming in, but when they are complete they will form a most valuable contribution to the statistics of homœopathy.

“ During the same year the Council appointed a Committee of the Society, under the guidance of Dr. Burford, to index British Homœopathic Literature. The staff of collaborators are steadily at work at this important task.

“ In July, 1896, the Council appointed a Sub committee to arrange for the entertainment, at a banquet at the Hotel Cecil, of the members of the International Homœopathic

Congress, then visiting London. Towards the end of 1896 the Council ordered the re-arrangement of the library of the Society, and instructed the librarian, Dr. E. A. NEATBY, to prepare a catalogue of the books, this catalogue to be issued, in quarterly instalments, free to each member, as a supplement to the *Journal*, and the final part was issued with the July number. They further arranged for increased facilities for the loan of books to country members, and for the early publication of a catalogue classified according to subjects."

"At the Annual Assembly of 1897 Dr. HUGHES was able to announce that the first part of the repertory to the Cyclopædia of Drug Pathogenesis was nearly ready, and the Society thereupon undertook to subscribe for 250 copies, and to distribute them and future numbers without charge to members; two parts have already been delivered.

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"During the past six years 66 meetings of the Society and 29 meetings of the Council have been held. During this period 121 papers have been read, and 5 clinical and microscopical evenings have been arranged."

We have thought such a record worthy of a somewhat full quotation: it clearly shows the position of the British Homœopathic Society to-day, and though, in 1892, we feared that the aspirations of the Society might not be attained, the result of six years hard work has justified the optimistic spirit that animated the majority of the members. The Council have appointed Dr. JAMES JOHNSTONE, who has proved himself to be, by his management of many of the clinical and microscopical evenings in recent years, a very competent organiser, honorary secretary of the Society. We feel that in his hands the work of the Society will be carried on in a thoroughly scientific and progressive manner.

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## THE STUDY OF TEMPERAMENT, DIATHESIS AND DYSCRASIA AS AN AID TO TREATMENT.\*

By BERNARD THOMAS, M.B., C.M.

THE study of constitution has a special interest for those who favour the treatment of disease by the law of similars, for it deals with the individual and his morbid or special tendencies; and takes into account the

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\* Presented to the Liverpool Branch of the British Homœopathic Society, April 14th, 1898.

existence of certain proclivities or peculiarities, made known to us by the appearance, manner and history of the patient. The subject of this paper is, however, a practically inexhaustible field of enquiry, and it is, therefore, unnecessary to state that I have only attempted to write an introduction, which will, I hope, suggest material for consideration at some future time.

We find little reference in the more recent text books of medicine to diathesis and temperament, nor do we hear much concerning these conditions in our student days. On the other hand, we are early impressed with the importance of bacilli and their toxins. This must not give rise to a wrong conception of etiology, for not only must the seed be there, but the soil must be capable of receiving it; moreover the nature of that soil will modify, prevent or hasten its growth. In other words, there must be a proclivity to a special disease on the part of the individual, besides the accident of germ infection. And similarly in those diseases which have another exciting cause than the ubiquitous microbe, there is the same tendency among one or other to resist, to modify, or to succumb.

Before proceeding further it is necessary to define some terms which will be employed in this paper. Jonathan Hutchinson, in his lectures on "the Pedigree of Disease," says:—

"The term *temperament* is applicable to the sum of the physical peculiarities of an individual, exclusive of all definite tendencies to disease. Different temperaments are to be assumed to be likely to give some degree of peculiarity to morbid processes when such have been induced by other causes; but they do not themselves involve any special proclivity. When most strongly marked, temperament is still consistent with the prolonged enjoyment of perfect health."

The same authority says of *diathesis*. "It is any bodily condition, however induced, in virtue of which the individual is, through a long period or usually through the whole life, prone to suffer from some peculiar type of disease. Some diatheses are inherited, others are acquired. Of some the effects are permanent or constant, of others they are transitory, or recurrent after long intervals of health.

“To distinguish between temperament and diathesis, we may say that the former is a matter of physiology, and the latter of disease, and that the former term is applicable only to peculiarities which are a part of the original organization of the individual, whilst the latter may be acquired as well as inherited.”<sup>1</sup>

“It is important not to confuse diathesis with dyscrasia, for the latter term implies the ‘peculiar and immediate effects of disease.’”<sup>1</sup>

Lastly cachexia expresses an extreme degree of bodily debility consequent upon advanced and severe disease.

The condition of the constitution of an individual may be denoted by these four degrees of health and disease. A temperament alone indicates perfect health. A diathesis stands in a somewhat intermediate position; it indicates the tendency, though in many cases what we now call diathesis may at some future time be recognised as “latent disease.” A dyscrasia, and in a greater degree a cachexia, are obviously morbid conditions. Arranged in the order of severity we thus have (1) a temperament, (2) a diathesis, (3) a dyscrasia, and (4) lastly, a cachexia.

Various attempts have been made to classify the different constitution and diatheses. It is usual, it is interesting to note, for theorists to be satisfied with grouping these into three divisions. Professor J. Engel<sup>2</sup> gives three crases or dyscrasiæ, according to the relative amount of fibrin, albumen and serum in the blood. (1) The fibrinous crasis, including all acute inflammatory diseases; (2) the albuminous crasis, including all chronic inflammations, hyperplasias and new growths; (3) the serous crasis, including all dropsies and degenerations. These divisions seem to indicate stages in, and not differences of, morbid processes.

Grauvogl<sup>3</sup> mentions three constitutions (diatheses); (1) the hydrogenoid, (2) the oxygenoid, (3) the carbonitrogenous.

Hahnemann regarded psora, syphilis and syphilis as sufficient to explain the existence of all chronic diseases. These three dyscrasiæ corresponded more especially to sulphur, thuja and mercurius respectively.

This drug correspondence to constitution leads me to remark that those versed in homœopathy would under-

stand the significance of terms such as the following:—*the nux temperament*; *the calcarea carb. diathesis*; *the mercurius dyscrasia* and *the arsenic cachexia*. But this aspect of the subject we will defer for the present.

#### TEMPERAMENT.

The time-honoured division of mankind into four temperaments cannot be passed by unnoticed. *The Sanguine temperament* is characterised by vascular activity. It is shown by a florid complexion; sandy hair, straight and coarse; blue eyes; firm flesh; full, quick circulation and a mind impetuous and excitable. Ailments of the circulatory and respiratory systems and inflammations are said to predominate. Diseases run an acute course and terminate quickly in death or recovery.

*The Nervous temperament* is characterised by nervous activity and excitability. The head is large; the hair flaxen and inclined to curl; blue eyes; fair skin; firm flesh; the body inclined to be slender; quick and fine circulation; quick and excitable mind. Nervous diseases predominate, head complications and nervous symptoms are common in other affections.

*The Bilious temperament.* The outline of the body and countenance is angular; the hair, eyes and skin are dark; circulation strong and vigorous, and the mind steady and unexcitable. We may add that the complexion is often sallow or slightly icteric. The individuals with this temperament are disposed to take life seriously; they are even inclined to be pessimistic, while the sanguine are more given to optimism. The bilious temperament denotes a liability to bilious and gastric derangements and complications.

*The Lymphatic temperament* is shown by a tendency to fatness and softness of flesh; roundness of outline; pale complexion; light, straight hair; grey eyes; slow, weak circulation, deficient energy and a mind slow and sluggish. There is a liability to diseases of mucous and serous membranes, to dropsies and œdemas. Diseases run a slow and retarded course, and there is little tendency to reaction. Dr. Hayward, in a paper on "Cachexia of Young Children," to which I am in great part indebted for these descriptions, remarks that in infancy the nervo-sanguine temperament is the most prevalent, and that

more children of this type die than any other. This may be due to the greater activity of the nervous and vascular system during early growth and development. It is my impression that the majority of adult males conform most nearly to the bilious, and females to the lymphatic or lymphatico-nervous temperaments. It is the exception to meet with an individual who has the qualifications of a single temperament; more usually we have a combination, as *nervo-sanguine*, *lymphatico-bilious*, &c.

Jonathan Hutchinson looks upon these temperaments as arbitrary, and of little clinical value. He says, "I cannot but think that what has been called temperament divides itself naturally into these two parts, *race* and *diathesis*." Here we may agree that the complexion, whether light or dark, is a racial distinction, and has little to do with a person's proneness to modify disease. Complexion is determined by the quality or quantity of pigment, and also by the fineness or coarseness of the skin; it does not depend essentially on the degree of vascular or nervous activity. It cannot be denied, however, that some persons have more vascular activity, some more nervous excitability, and that others are sluggish or bilious. The chief fault of the above descriptions of temperaments is that they are a little too detailed and too precise to be easily adapted to any given individual. But it is of practical importance and interest to notice, in selecting the appropriate remedy, the conditions or special drug temperaments which aid us, more especially, perhaps, in chronic cases.

As two types of the nervous temperament, we have *nux vomica* and *ignatia*; the former for men, the latter for women and children. Farrington says of *nux vomica*, "It does not necessarily follow that you must not use *nux* if the constitution is not what I am going to describe; but it does follow that it acts better in the constitution about to be mentioned. *Nux* is best adapted to rather thin, spare people; it does not act so well in the fleshy. Especially is it indicated if the patient is rather irascible and quick to action on his motives. He has a nervous temperament; the face is rather sallow or yellowish. There is a sort of false plethora that gives the patient at times red cheeks on the yellow back ground. Generally, too, you will find that the patient suffers from any strain on the mind, particularly if this

overstrain of the mental powers is intensified or rendered more injurious by sedentary habits." This masterly description conveys, I think, an admixture of the bilious with the nervous temperament.

The following account of sepia, from the same author, seems to indicate that it should be useful in lymphatic women of a bilious tendency, and we may add to it that it is recommended, more especially, for the dark complexioned. "Sepia, has been found to act well in men, and more often in women, who are puffed or flabby, less frequently emaciated, who have a yellow or dirty yellow-brown, blotched skin; who are inclined to sweat, specially about the armpits, genitals and back; suffer from hot flushes; headache in the morning, and awaken stiff and tired."

As types of the more purely lymphatic, we may mention pulsatilla and sulphur.

Hahnemann says of pulsatilla, "the medical employment of the drug will be more salutary when in the maladies to which this plant corresponds, as regards bodily evils, there is at the same time a timorous, fearful state of mind and tendency to inward depression and quiet grief, or, at least, to pensiveness and resignation, especially if in health the patient was kindly and pleasant (or even of a light and changeable disposition). It therefore especially suits the lymphatic constitution, and is consequently but little appropriate to men, quick at their course of action and energetic in their movements, even though they appear kindly disposed."

Sulphur "is especially adapted to persons of rather light complexion (although the dark-complexioned may also yield to its influence), who are easily angered. It is one of our mainstays in the treatment of the negro. Whether this is owing to the rapid growth of scrofula in that race or not I cannot say. It is also suited to persons who are subject to skin affections, particularly to those who have a harsh rough skin, which very readily breaks out with eruptions of various descriptions varying from a simple erythema to a positive eczema. There is apt also to be an offensive odour from the body (perhaps originally due to uncleanness, for the sulphur patient is not fond of water), but this is not removed by washing; hence you must consider it also an abnor-

mality of the skin. The patient is rather of coarse fibre, his hair is harsh and coarse."<sup>5</sup>

Both ferrum and aurum are recommended for the sanguine temperament and for persons with a florid complexion, but a further delineation of their characters is wanted.

Among other drugs, a few of which it is only necessary to briefly describe, we may contrast the temperament of aconite with that of agaricus.

Aconite is especially applicable to the plethoric, or those leading sedentary lives, dark hair and eyes, and persons of rigid fibre.

Agaricus to those with light hair and lax skin and muscles, and in old people with indolent circulation.

Alumina for dry, thin, withered subjects, or old people; this drug is somewhat similar in this respect to conium.

Causticum suits those with dark hair and rigid fibre, thus somewhat resembling aconite.

Graphites for persons inclined to obesity, particularly females with a disposition to delayed menses and constipation.

Secale is a contrast to sepia, in that it is more suitable to tall, scrawny women of lax muscular fibre, and to the feeble and cachectic, also to very old and decrepit persons.

Silica may be compared for points of resemblance and contrasted for its differences to calcarea carbonica.

Thuja, which we have seen is recommended in sycotic conditions, is suitable to dark complexioned people with black hair, dry fibre, and not very fat, but of lymphatic tendency and lethargic nature.

These by no means exhaust our list of drug temperaments, but they will serve sufficiently as examples. It is necessary to understand, however, that it is no part of this paper to dispute their validity. They have been found, we may suppose, by provings on persons of these temperaments who have reacted more quickly, or they are the result of clinical observation; but whether the one or the other does not concern us now. That they are a useful addition to our means of finding the simillimum is undeniable. The question is how are we to make use of them? I would answer that we should use them in much the same manner as the antipsorics,



either alone for chronic diseases, where indicated, or as intercurrent remedies to supplement the action of more superficially acting drugs. And perhaps we may be right—though this is always debatable ground—to give them in the higher dilutions, 6, 12, 30, 200th, &c., and at long intervals. Thus, supposing we are treating a patient of the *nux temperament* for subacute rheumatism, we may make use of *bryonia*, of *rhus tox*, of any other remedy, but an occasional dose of *nux* will help on the cure, although one would not think of this drug as a specific for rheumatism. Such a case occurs to my mind at present.

#### DIATHESIS.

We have now to consider those special tendencies to disease which are known as diatheses. There is the difficulty already mentioned of distinguishing diathesis from dyscrasia. Thus, there is no ground for believing the existence of a syphilitic diathesis. Congenital syphilis is a dyscrasia, for the new-born infant inherits the actual disease and not the tendency to it. "A child inherits syphilis in precisely the same way that it inherits small-pox."<sup>1</sup> Again, the *malarial diathesis* is an acquired tendency from a previous attack, and is not to be confounded with malarial cachexia, the constitutional change resulting from ague saturation.

There is a condition known as the *oxalic acid diathesis*, which is probably only a form of dyspepsia. It is more commonly found in men of good position, who are accustomed to good living and sedentary habits. It is accompanied with the symptoms of atonic dyspepsia, with the presence of oxalates in the urine, and with a peevish, irritable and often melancholic state of mind. For this condition Dr. Begbie<sup>6</sup> recommends non-saccharine diet and nitro-muriatic acid. We can hardly, in view of the definition of diathesis, call this more nor less than a form of dyspepsia, seeing that there is no special tendency to a particular type of disease, except perhaps the possible accident of the formation of an oxalic acid calculus.

Diatheses are not, as a rule, easily recognised, they are more often learned from a study of the family history (hereditary diathesis), from the personal history (acquired diathesis), or from both. At least two well-

marked constitutions are exceptions to this, in that they present obvious physical characters. Of the two varieties of struma about to be mentioned, I feel it probable that there is some disease already present which interferes with nutrition and produces a condition of delicacy and debility, which prepares the way for more evident scrofulous or tuberculous manifestations.

After a description of these, a reference will be made to the tonsillar dyscrasia, which, as you all know, represents the physical changes brought about by mechanical obstruction to respiration in the naso-pharynx and fauces, but which, however, bears some relation to struma, and sometimes precedes it.

*The Scrofulous Diathesis* has long been recognised by two types: (1). The sanguineous or serous is thus described "There is a general want of muscular development, for although the figure may be sometimes plump and full, the limbs are soft and flabby; the skin is fair and thin, showing the blue veins beneath it; the features are very delicate; often a brilliantly rosy colour of the cheeks contrasts strongly and strikingly with the surrounding pallor; the eyes, grey or blue, are large and humid, with sluggish pupils sheltered by long silken lashes; hair fine, blonde, auburn or red; teeth white, and often brittle; there is frequently a fulness of the upper lip and *alæ nasi*; the ends of the fingers are commonly broad, with convex nails bent over their extremities. Such persons usually possess much energy and sensibility, with elasticity and buoyancy of spirits; they often possess, too, considerable beauty. In this variety, with the same delicacy, the skin and eyes are sometimes dark."

2. *The Phlegmatic or Melancholic*. "The skin, pale or dark, is thick, muddy and often harsh; the general aspect, dull and heavy; hair, dark and coarse; the mind is often, but not always, slow and sluggish. Children, especially those in whom the diathesis is strongly marked, are often distinguished by the narrow and prominent chest, the tumid and prominent abdomen, and the paste-like complexion. The limbs are wasted; the circulation languid; chilblains are common on the extremities; the mucous membranes particularly, and above all the digestive, are liable to morbid action; the breath is often sour and foetid; the tongue is furred, and

the papillæ towards the apex red and prominent; the bowels act irregularly, and the evacuations are unusually offensive; the digestion weak; the appetite variable and capricious." (Sir Wm. Savoy.)

Of these two, the sanguineous, or, as it is often distinguished, tuberculous diathesis, is more liable to visceral tuberculosis, especially to phthisis. I think it corresponds most nearly to the genius of iodine, but we also find points of resemblance to aurum, pulsatilla, calcarea carb., and I think in some measure, agaricus. The phlegmatic, or more purely scrofulous diathesis, has a greater liability to bone diseases, joint diseases and skin affections. It suggests sulphur, also mercurius, hepar and silicea. I need not mention in both diathesis the utility of hygienic treatment and cod-liver oil.

*The Tonsillar Dyscrasia* is a condition of childhood, or early puberty, produced by the obstruction to respiration caused by the hypertrophy of the tonsils or by adenoid vegetations; often both conditions exist together. Children, before the age of puberty, are nose-breathers, and hence any nasal obstruction has greater effect on the respiration than in the case of adults. Moreover, these lymphoid structures are normally larger and more active before, and tend to atrophy after, puberty. This constitution is characterised by snoring and buccal respiration, the speech is thick; there is sometimes stammering and often a greater or less degree of deafness. The mouth is open, the upper lip is short, thick and protruding, alæ nasi drawn in, the face pointed, but flattened laterally. The chest is small and narrow, while the respiratory movements are limited and imperfectly performed. The mind is usually slow, there is a vacant expression, and often a lack of intelligence.

Undoubtedly baryta most nearly of any of our drugs corresponds to this condition. There is the hypertrophy of lymphoid tissue, especially the tonsils, the liability to attacks of tonsillitis and also the slowness of mind which is so often associated. With regard to the local removal of the vegetations and tonsils; when the period of puberty is near and immediate interference unnecessary, it is but to wait, to counsel gymnastic exercises, which will improve the capacity of the thorax, and to see if the condition itself will not improve and the glands atrophy.

We will now briefly consider a few diathetic conditions which are not so plainly manifest by observation alone.

*Gout* is one of the most important. Here hereditary tendency is marked, and in those predisposed the least indiscretion will promote a paroxysm. Although a disease of middle or advanced age, it has been known to occur in early manhood or even before puberty, where the hereditary tendency was a strong one. Treatment is principally dietetic, and the avoidance of sedentary habits. As a medicine in the goutily disposed, I should place most reliance on *nux vomica*, and next to that on *lycopodium*.

The *Hæmorrhagic diathesis* is rare. Hereditary influence is important, but, oddly enough, although most frequent in males it is transmitted through the female members of a family. Jonathan Hutchinson<sup>1</sup> says it has a distinct affinity to gout, which usually figures in the pedigree. I have fortunately had no experience of the complaint—for I can conceive of no more distressing condition to treat—but would accept phosphorus as the best established remedy.

The *Rheumatic diathesis* is ascertained from the history, and, where such exist, the evidences of former attacks. Here I am speaking of the acute or subacute disease. We know that it is to a certain extent hereditary; we know also that some individuals have one attack after another from seemingly trifling causes; and we also know that there is a relation between acute arthritic rheumatism, myalgia, chorea, endocarditis, pleurisy, etc. I call to mind one little patient who had an attack of acute rheumatism, followed by chorea, and this finally by another attack of acute rheumatism; all within a few months' time.

Prophylactic treatment is the obvious avoidance of the direct existing cause. As a drug I would suggest *actea racemosa*.

A *Catarrhal diathesis* is often mentioned. It has some similarity in ætiology with the afore-mentioned. But I think catarrhs are more frequently produced by change of temperature than by damp or a wetting. It is denoted by a tendency to inflammations of the skin, or mucous membrane, of a catarrhal nature, from apparently slight causes. Certainly there are people who are more susceptible in this way. They are often subject to cold

hands and feet ; the circulation is slow, and they have a somewhat lymphatic tendency. The result of exposure may be dermatitis, coryza, diarrhœa, &c. For the diathesis pulsatilla seems most indicated ; for the actual attack we have our usual remedies, such as aconite, bryonia, arsenicum, dulcamara, &c. I think senega should also find a place. Hering says of it that it is useful " for the phlegmatic, also for fat children predisposed to catarrh, or to the sluggish who react from colds indifferently."

#### DYSCRASIA.

The diatheses are in many cases so intimately linked with the dyscrasiæ that this paper would be incomplete without some mention of them. It will only be possible to select some examples.

The condition of rickets in its later stages is manifested by obvious bone changes well known to all. The rickety cranium must be distinguished, on the one hand from chronic hydrocephalus, where the head is more spherical, and the eyeballs are displaced downwards ; and, on the other hand from congenital syphilis, where we have the hot-cross-bun-like or natiform skull. I have also found it remarked that the hair on the scalp in rickets is generally thin, and that the skin becomes thick, opaque, and covered with downy hairs. We know further that rickety children are prone to suffer from convulsions, laryngismus stridulus, &c., and also that there is special danger from whooping cough, measles, bronchitis, or broncho-pneumonia. The subsequent effects of rickets are the bone deformities resulting in pigeon-breast, kyphosis, genu vulgum and varus, &c.

General treatment, consisting of a proper dietary and hygiene, is essential. Our most efficient constitutional remedies are those containing phosphorus (*i.e.*, phosphorus, phosphoric acid, calcaria phos., &c).

Scorbutus or scurvy is manifested in children by an earthy pallor, emaciation, spongy gums, tenderness and swelling of the legs, referable to hæmorrhage beneath the periosteum, œdema of the feet and separation of the ends of the long lines, indicated by crepitus. In adults we have the petechiæ or purpuric spots, usually situated at the base of a hair ; the ecchymosis or actual hæmorrhage ; the spongy gums, and the tense, brawny swellings which are most frequently found in the

popliteal space, at the bends of the elbows, under the angle of the jaw and front of the tibiæ. The face is sallow and bloated; there is œdema of the feet, and the patients are breathless and liable to attacks of syncope. Treatment consists in corrected diet and lime-juice. Of medicines the muriates seem to act best. Farrington recommends chlorine, natrum mur., and ammon. mur. (the latter has caused an analogous condition.) We might also add acid mur. on pathogenetic grounds.

In the dyscrasia of osteo-arthritis we have first the evidences of disease in the joint changes. We notice that the phalanges and metacarpus deviate to the ulnar side; the joint at the base of the index finger is often much swollen; the ulna sometimes projects at the back of the wrist. The hip, which is often alone affected, shows its implication in a characteristic manner, first by pain and stiffness, next by shortening and eversion. The knee and jaw are sometimes involved. When it begins in those more advanced in life one joint only is often affected, and undergoes extensive change. In the young adult many joints are involved, but at first less severely. Besides these changes there is also more or less atrophy of the muscles, the interossei, the muscles at the lower end of the femur, and the deltoid being more particularly involved. The constitutional effect is marked by anæmia and debility. There is also noticed in advanced cases a peculiar velvety softness of the skin of the hands.

The disease is incurable. To modify the pains—and one can do little more—I place most reliance on colchicum, arsenicum, and rhus.

The cachexia produced by advanced phthisis is unmistakable. In the first place the emaciation is noticed, and this is often more marked about the body and limbs than in the face. We notice an anæmic condition, with the hectic flush of the cheeks, or sometimes, cyanosis, which may mask this condition, either in those acute cases where a large area of lung is involved, or in the more chronic where the right side of the heart is dilated. Further, on inspection of the chest, we notice the alar contour, the flattened infraclavicular regions, the ribs, which can easily be counted, the protruding scapulæ, and the atrophied deltoids. Besides these, we notice the clubbed finger ends, and the red

margin of the gums, and the frequent presence of xanthelasma.

The *cancerous Cachexia* is marked by emaciation; by a peculiar sallow complexion with a yellowish earthy tint; a careworn, gloomy expression; debility and languor; anæmia and its accompaniments; and irregular fever. The cachexia is most marked in gastric carcinoma. Arsenic is undoubtedly the drug which most corresponds to this condition.

Among other dyscrasiæ and cachexiæ we may mention the constitutional changes produced by myxœdema (cachexia strumipriva), cretinism, Graves' disease, acromegaly, pernicious anæmia, lymphadenoma, leucocythæmia, Addison's disease, and many others, including those caused by the various poisons, as alcohol, lead and mercury. Most are characterised by a form of anæmia which varies somewhat according to the particular disease present, so that the countenance is itself, in some measure, an indication of the special morbid disturbance. But too much time would be occupied by a satisfactory consideration of so many conditions.

To sum up, we find first certain temperaments which, apart from the disease with which our patient is suffering, we must take into account in treatment. Next, the diathesis is important both for prophylactic and therapeutic reasons. Lastly, the dyscrasias and cachexias are treated by the specifics (where such exist) for the diseases which have given rise to these conditions. These remedies must be used, whether indicated by the special symptoms or not, on the grounds of the general condition.

Lime-juice for scorbutus, mercury and the iodides for syphilis, cod liver oil for struma, form the treatment advocated impartially, or almost so, by both schools. For ourselves, we might add iodine for the tuberculous, sulphur for the scrofulous, phosphorus for the rachitic, the use of baryta for the tonsillar, the muriates for scurvy, and so on.

In conclusion, we have two great classes of remedies, the first corresponds to the direct result of the determining or exciting cause, unmodified by any special diathetic or constitutional tendency. Drugs of this class, although equally useful even in combating grave morbid conditions, are nevertheless superficial or local in their

action. The second class corresponds to the constitutional condition, acts more profoundly and generally on the system. The first is necessary to the treatment of acute diseases (for example, aconite in inflammatory processes), and may be all that is required. The second is of use in chronic diseases, and also occasionally in acute, in order to effect a more speedy and permanent cure.

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## THE EARLY RECOGNITION OF GOUT AND ALLIED DISORDERS.—II.

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### THE ORIGIN AND FORMATION OF URIC ACID.

HAVING outlined briefly\* the leading disorders produced by gouty poisons from childhood to old age, we may next enquire what is known as to the substances which, when retained in the system, produce these results. The one to which Haig and others attribute all these effects, and of which we perhaps hear most at the present time, is uric acid. Although it is well known that a small and variable amount of uric acid can always be detected in the urine, there is much uncertainty as to the true rôle played by uric acid in these conditions, owing to the difficulty of its detection in the blood. That it is found in the blood in distinctly gouty persons (*i.e.*, those subject to attacks of ordinary gout) was proved by Garrod many years ago, and is universally admitted. It has also been proved to exist in the blood in conditions in which oxidation is interfered with, such as pneumonia,

\* For previous paper see *Monthly Homœopathic Review* for September.



emphysema with cyanosis, etc. Also in diseases of the liver, spleen and kidneys uric acid is usually present. In certain conditions also in which there is an increase in number of the leucocytes it seems to appear in the blood in excess. But in the many functional disorders which, according to Haig, are caused by its presence, analysis has failed so far to detect uric acid. It seems probable that, as Dr. Moir recently suggested,\* Dr. Haig's views will probably be modified as our methods of analysis of blood improve. It is, however, quite possible that these discrepancies between his theory and analytical results may be removed, for at present the detection of uric acid in small quantities of blood is most difficult and uncertain.

Dr. Luff, on the contrary, maintains that uric acid never occurs in the blood in health, and in gout only when the kidneys are affected. He thinks that it is formed only in these organs, and that when their function is impaired it is thence re-absorbed into the circulation. Most authorities now deny that it is formed directly from food, as Haig supposes, a few going so far as to assert that diet has nothing at all to do with its production. Haig's view is that it is produced exclusively from the extractives occurring in nitrogenous diet, such as xanthin, hypoxanthin, leucin, etc., and also that the caffeine compounds contained in tea and coffee are immediately converted into uric acid on absorption into the blood.

Personally, after carefully weighing the evidence, I suggest as the most probable explanation, and the one that covers most of the facts, a modification of the theory put forward by Dr. Levison of Copenhagen†; it is based chiefly upon the experiments of Horbaczewski and others in blood and urine analysis. According to these observations, which have been frequently verified, increased excretion of uric acid always occurs after excessive formation and disintegration of white blood corpuscles. This increase of leucocytes occurs normally after meals, but especially after ingestion of nitrogenous diet. The substance chiefly set free by the destruction of leucocytes is nuclein, and this is liberated in the spleen

\* *London Homoeopathic Hospital Reports*, vol. vi., 1897, p. 47.

† *The Uric Acid Diathesis*. Cassell and Co., p. 34.

which, as we know, enlarges after a meal. Nuclein is also formed in the body by disintegration of the albuminous substances of its tissues. Nuclein can readily be prepared from fresh spleen pulp, and can be converted into uric acid in a weak alkaline solution by treating it with blood at 40° C.\* Although this is a laboratory experiment, it is of so simple a nature that we may conclude that the same process occurs when nuclein is carried from the spleen into the general circulation. Further, clinical as well as laboratory experience teaches us that the excretion of uric acid becomes increased or diminished by all factors (diseases, drugs, muscular exertion, etc.) which give rise to a more rapid or slower disintegration of the cellular elements of the body, and especially of the leucocytes. This is also true of the production of nuclein.

Further investigations may modify this view, but it is certainly more likely to prove correct than the comparatively unsupported ideas of Haig, whilst it equally accounts for all the facts which he has so ably brought forward in his book on uric acid.†

It is probable that a too implicit reliance on laboratory experiments accounts for the contradictory views put forward by other observers. It is impossible to imitate in test-tubes the complex physiological processes which determine the production and behaviour of these substances in the body. In the present state of our knowledge, theories founded upon such experiments can only be accepted if supported by a mass of clinical experience and facts evident to every practical physician. It is because the view of the production of uric acid from nuclein, as explained above, seems to me to satisfy these conditions to a degree that no other theory approaches that I advocate it as probably the correct one.

#### URIC ACID NOT THE ONLY GOUTY POISON.

There seems good reason for supposing that there are other poisons besides uric acid concerned in the production of these many symptoms and disorders. Few observers as yet agree with Haig in supposing this to be the only one. In true gout, with deposits of urate of soda, uric acid may be the only factor involved; it is obviously the most important one. But in earlier life,

\* *The Uric Acid Diathesis*, p. 22.

† *Uric Acid in the Causation of Disease*.—Churchill.

although uric acid may yet be proved to be the prime cause of the disorders produced, it seems more reasonable to suppose that other poisons must be present. Abnormal matters in the blood, that have been detected by analysis so far, are given by V. Jakschi,\* as urea, xanthin and hypo-xanthin (closely allied to uric acid), traces of volatile fatty acids, lactic acid, fatty matters (lipæmia), biliary acids, cholestrin, toxic alkaloids and ptomaines, and acetone. These have all been detected in various morbid states, not especially in those under consideration. Their effects are but little known, even those of urea, which V. Jakschi asserts does not occur in excess in the blood during uræmia. Whether further research will prove that these substances, or others yet unrecognised, share with uric acid in the production of the various pre-gouty affections of which we are writing, remains to be ascertained. We may consider it probable that there are other complex substances which, by their occasional presence and varying amounts, account for the great variety of symptoms and disorders recognised as indicating the gouty diathesis, especially in early and middle life. Even supposing, as Haig does, that uric acid is always the predominant factor, we may suppose that the presence of other unknown poisons influences and determines the variety of symptoms by which uric acid manifests its effects. This probably accounts for the fact that many persons go through life saturated by gouty poisons, and die ultimately from their effects, without ever having true gout or any deposit of urates in their tissues, the deposition of these salts having been perhaps inhibited by the presence of some other substances which are absent in the blood of those subject to deposited crystals.

Admitting the variety and complexity of the gouty poisons, we can understand how these, acting upon the different constitutional weaknesses of various organs, both inherited and acquired, will cause one person to have asthma or nasal catarrhs, another eczema, a third periodical bilious attacks, others articular or muscular rheumatism, whilst some suffer from epilepsy, diabetes, albuminuria, or uric acid calculi, etc.

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\* *Clinical Diagnosis*, 3rd edition, p. 79-90.

CLASSIFICATION OF THE PARTS INVOLVED IN THE  
PRODUCTION OF GOUT AND ALLIED DISORDERS.

Accepting then uric acid as the most important factor in the production of these gouty and pre-gouty conditions, and admitting the existence of others of which we know hardly anything, before we can intelligently apply rules for treatment of these conditions we must ascertain in what parts of the body the poisons are most prone to occur in excess, what symptoms indicate their presence in these parts, and what causes determine their selection of the parts involved.

A number of facts and considerations, which it would be tedious to enter into at length, have caused me for practical purposes to classify the parts involved into four divisions, the importance of which will at once appear. Haig and others\* acknowledge the differences between these spheres of influence. These are :

(1). *Normal Storage Organs.* (Liver, spleen and kidneys).—In these surplus gouty matter seems to be temporarily stored when produced more rapidly than it can be excreted.

(2). *The Blood.* Which conveys, distributes, deposits and reabsorbs gouty matter through the body.

(3). *Organs of Surplus Storage in Early Life* (chiefly portions of joints, muscles, connective tissues, certain mucous membranes and glands).—These are affected by excess of gouty matters without deposition of urate of soda, so acting as additional storage organs and producing various disorders when overcharged.

(4). *Organs of Deposition of Urates in Later Life* (chiefly cartilages, ligaments, tendons, fasciæ, also intestines, arterial coats, and many other parts).—Those in which true gouty deposits of urate of soda are most prone to occur, producing symptoms of ordinary gout.

This arrangement is not so artificial as it may first appear, and I have found it of great value in understanding the true bearing of many symptoms which otherwise would be incomprehensible. For example, when excretion of uric acid and other gouty matters falls below their production, a long period, even years, may elapse

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\* Thus *Lauder Brunton* says (Cavendish Lecture, *British Medical Journal*, June 20th, 1891), "There are certain parts of the body in which the uric acid, wherever it may be generated, has a tendency to be stored up, and this is especially the case in the spleen and the joints, which may be regarded as dustbins for uric acid."

before evident symptoms appear, although the system is unconsciously accumulating material for an inevitable crisis. What becomes of this matter? A study of this arrangement enables us to understand where storage is taking place. Again, in treating these conditions, the object to be aimed at is to eliminate gouty matter out of the system, but it is easy to suppress and apparently relieve symptoms by merely causing a transference of gouty matter from one set of organs to another. So no permanent cure is effected, and presently other disorders arise.

All remedies which relieve gouty symptoms (whether homœopathically or otherwise) probably act in one of two ways, either (1) by driving gouty matters out of the blood, and from parts where symptoms are produced, into other storage organs, hence causing increased accumulation of poisons in the system; or (2) by increasing excretion, clearing the blood by true elimination, and re-dissolving gouty matter from storage organs, thence discharging it by the kidneys. The first method gives temporary relief, the second is more truly curative. As I hope to show later on, with the commoner drugs it is easy to see under which heading they group themselves, both from their provings and from clinical experience.

**SYMPTOMS PRODUCED BY EXCESS OF URIC ACID AND OTHER  
GOUTY MATTERS IN VARIOUS GROUPS OF ORGANS.**

*I.—Organs in which gouty matters are normally stored.*

The liver and spleen, those two great glands by which purification of the portal blood stream, and renewal of the blood corpuscles are respectively performed, intercept, store, and perhaps aid in producing surplus gouty matter which cannot be immediately excreted by the kidneys. Although as previously suggested, it seems probable that uric acid is formed by the passage of nuclein into the blood stream (this nuclein resulting from the destruction of surplus leucocytes in the spleen), it seems equally probable that the other yet unrecognised poisons, which as well as uric acid cause the various gouty symptoms under consideration, are bye-products produced in destruction of effete matters entering the liver by the portal circulation. Thus in performing its functions after a meal the spleen enlarges, and so less markedly does the liver. We know nothing of the effects of excessive storage in the spleen, unless the

permanent enlargement in chronic malarial poisoning has some such origin. But with the liver it is very different. This is the great blood purifier, and the organ which we should expect to give most trouble when overcharged, as indeed it does. When embarrassed by a greater quantity of effete matter than it can effectively dispose of, the liver gradually accumulates these waste products of a too liberal or rich diet which, helped by insufficient exercise, clog the organ, hindering proper purification of the blood, and when charged beyond its capacity causes the overplus to pour into the circulation. Thence result, biliousness, indigestion, constipation or diarrhoea, and various symptoms of functional liver derangement. These are preliminary to lithæmia and more distinct pre-gouty manifestations.

Thus the liver is our great storage organ, the spleen probably storing nuclein to form uric acid, and further embarrass the liver directly it becomes overcharged and discharges it into the blood. Probably the kidneys also act as storage organs. Those who follow Luff in supposing uric acid to be only formed in them would certainly think so. It seems possible also that the medulla of bones, having such important functions to perform in the production of blood corpuscles, may also aid in storage of gouty matters. Whether or not these other organs are concerned in storage, the fact that the liver is the great performer of this function is evident from the clinical experience of all observers for many years, and it is upon this organ that from a practical point of view our attention must be concentrated. It may be added that chemical analysis of liver, spleen and kidney tissues discloses a far greater proportion of uric acid than is found in any other tissues of the body.

The immediate effect of abnormal accumulation of gouty matters in the liver seems at first to be two-fold. (1) Diminished discharge of bile, causing constipation and light-coloured stools; and (2) imperfect purification of the blood, causing loss of appetite, malaise, drowsiness, furring of the back of the tongue, and other familiar symptoms. These premonitory symptoms last for a day or two, when nature usually relieves the condition in one of three ways; (1) by discharging uric acid, etc., into the blood, causing a distinct train of symptoms to be presently described; (2) by a profuse discharge of

bile through the common bile duct, producing diarrhoea and bilious stools; or (3) by a regurgitation of effete matter backwards into the stomach in the form of a bastard bile, causing bilious vomiting and usually sick headache. This is often accompanied by a discharge into the general circulation as in (1). The relief following these processes is usually immediate and complete, and the normal balance of health is restored often in a few hours, only to be followed in a few days or weeks by a repetition of the disorder if the same diet be persisted in. Hence the periodicity of sick headaches, biliousness, and bilious diarrhoea in such subjects.

I find on enquiry that the great majority of those who come to us in later life for various gouty troubles, have suffered when young from some such periodical attacks, usually sick headaches or bilious vomiting. A few days ago a gentleman, aged 65, consulted me, of typical gouty type, with high-tension pulse and other significant symptoms. As a young man he had been a martyr to headaches with bilious vomiting, which so increased in frequency that he was on the point of giving up his business on account of them. After having consulted many physicians with no permanent benefit, he was cured in the following significant way, through the wise advice of an old country woman. Immediately on an attack commencing he gave up all food and drink except bread and water, on which he lived for two days. After this brief abstinence he resumed his ordinary diet and had no attack for two months. Then a slight attack was relieved by one day's bread and water diet. After this, several months' freedom resulted, and only twice subsequently had he to resort to this dietary, being permanently cured. The explanation is simple. The two days holiday he gave his liver, enabled it to completely clear off, not only the overplus but probably the accumulated gouty matters of many months past, and to continue its work invigorated by rest and purification. No doubt the liver was then assisted by other organs giving help in the work of storage, from the effects of which he has since had many other gouty symptoms, and has now permanent tissue changes in arteries and elsewhere which are probably incurable.

In most persons, after some years of periodical bilious attacks and discharge of gouty matters, these tend to

cease, other parts probably relieving the pressure on the liver by assisting in storage. But persons of full habit, florid, and with large teeth (of the usually recognised gouty diathesis) often find relief in another way. The liver acquires the habit of continuously relieving itself by daily excessive discharges of bile, causing two or three bilious, loose, and very offensive stools per diem, which serve to keep such persons in apparently vigorous health, until gout attacks them in later life. If these discharges are checked in any way, liver congestion and often gouty attacks tend to appear at once. Alcohol, especially acid wines and beers, seem to assist the liver and promote free bile excretion, though hastening—as they are well known to do—the inevitable day of reckoning.

There is one important clinical observation connected with these liver conditions, the significance of which will presently appear. During the day or two of premonitory symptoms preceding these typical attacks, the urine is always high coloured and diminished in amount. During the attacks it is usually for a few hours loaded with urates, and after them it is limpid and clear and greatly increased in quantity.

Symptoms denoting excess of gouty matters in the blood and other parts will be considered in another paper.

*(To be continued).*

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## EXPERIENCES WITH VISCUM ALBUM.

By GEORGE BLACK, M.B. Edin.

*(Continued from page 548.)*

### FOURTH PROVING.

THIS refers to myself. I am 43 years of age, of medium height, and spare habit of body; my hair which was brown is now considerably mixed with grey; my eyes are what is usually called grey. I am a total abstainer, and have been for 27 years. I have also not touched butchers' meat, poultry, game or fish for eight months.

At 4.15 p.m. on Friday, November 6th I took 5 drops of viscum alb. 8x on s.l.

Saturday, November 7th. For about an hour after I experienced a dull aching in the head. During the night



I dreamt a great deal, but have no recollection now what my dreams were about; they were not, however, of an unpleasant nature. 4.15 p.m., viscum alb. 3x, 5 drops on s.l., and at 11 p.m. 5 drops more. I experienced a similar but longer continued sense of fulness in the head—a sort of dull aching—to that which I felt yesterday. I went out by train in the afternoon to visit a patient in the country and walked about three miles. Returning by train in the evening I became aware of a sensation in my left ear which partially interfered with my hearing. Sounds seemed to some extent muffled. This continued in a lessened degree during the evening, but on testing my hearing I found that the tick of my watch was audible five yards away. I also noticed when my arm was resting on the ledge of the carriage window, and my cheek resting upon my hand, that there was a pulsation in my right forefinger. I also experienced some momentary shoots of pain along the right ramus of the lower jaw near the chin. I feel well and have a good appetite. No action of the bowels yesterday, but to-day all right.

Sunday 8th. I remained up reading and writing till after midnight. On getting to bed I was somewhat sleepless and restless; my brain active and my imagination busy. About 1 a.m. I got off to sleep, but was roused up shortly after having had a seminal emission, the result of an erotic dream. To-day, with the exception of feeling somewhat sleepy in the afternoon while reading in front of a good fire, I have felt all right. Once or twice last night I noticed that my mouth filled rather suddenly with saliva. My left ear is all right to-day. I ought to mention in connection with this feeling in my ear that while the train was standing at the station a coldish current of air came against that side of my head and face from one of the windows which was open. At 4.30 p.m. to-day I took 12 drops of viscum alb. 3x on s.l.

Monday, 9th. Last evening in church I experienced, while standing up, sharp stabs or shoots of pain under the false ribs of the left side, and a sense of constriction at the upper part of the left lung, especially marked on taking a deep breath. I observed that the urine passed last night was this morning turbid, and that a pink deposit adhered to the bottom and sides of the vessel. During the time I have abstained from flesh meats my

urine has been remarkably free from lithates, although formerly it was a common enough occurrence to find these in the urine. My mouth felt disagreeable last night after supper of porridge and milk. After I was in bed my mouth again filled with water. I was awake many times in the night and seemed to be dreaming all through. To-day I feel all right. At 4 p.m. I took 15 drops of viscum alb. 3x on s.l.

Tuesday, 10th. Went in the evening to the station. Afterwards took the chair at a lecture on "Ruskin" and spoke for a few minutes. My mind seems clear and sharp. My spirits are good, and my appetite capital. Last night I slept well and was not conscious of dreaming so much. I felt one sharp shoot of pain on the anterior aspect of the right fore-arm, just below the bend of the elbow; it didn't last any time. I have felt some aching this evening in my back, but as I have been lifting the children, it may be due to that. Bowels all right. No further turbidity of urine. No medicine.

Wednesday, 11th. Last night I slept very well. To-day I was out driving during the forenoon and felt all right; the day was dull and misty. Scarcely could see anything in the morning; towards noon it cleared somewhat, but the sun never struggled through; the wind was N.W., the ground softening, the frost going. To-night, while I was sitting thinking, about 9 p.m. I was seized with severe pain in my right shoulder joint. I became aware of it on attempting to move after being in the same position for some time with my hands thrust into my trousers pockets, and looking at the fire. On withdrawing my right hand and attempting to move it I experienced, especially on elevation, a severe pain in the joint about the anterior and outer aspect. After moving the arm backwards and forwards, and up and down, it seemed easier, but after a period of rest, sitting as before, it came on again. At 10 p.m. I could just feel the slightest indication of pain on drawing the arm back as far as I could, and again on projecting it forwards.

Thursday, 12th. I had slight pain this morning on getting up in my right shoulder, a much modified state of the same as I had yesterday. I have not felt anything of it since. Viscum alb. 3x, 20 drops on s.l. at 4.30 p.m.

Friday, 18th. After I had taken the dose of medicine yesterday I went out to visit some patients. While sitting in the house of one I felt symptoms of a head cold setting in. My nose began to run. On getting home I found my P. 96, my face hot and flushed. A considerable quantity of flatus passed, having a very offensive odour. This state of things continued during the evening. At night there was a copious action of the bowels, the stool being very offensive. During the night there was some muscular twitching of the right leg—the lower part of the calf, some neuralgia pain in the right temple. To-day no pain but coryza bad.

November 26th. At 5 p.m. five drops of viscum alb. 2x. About 5.30 eructated a good deal; towards 6 p.m. slight numb sort of feeling in the head which passed quickly. 10 p.m. after reading on getting up from my chair experienced sharp momentary pain in left pectoral region. Hot feeling at night during micturition.

November 27th. Slept well. In the morning on turning felt slight stiffness in the lumbar region. Took food as usual. Cold N.E. wind blowing. No pain to-day while urinating. At 4 p.m. 10 drops of viscum alb. 2x on s.l. At 5 p.m. after writing for some time I experienced pain on the outer aspect of the right shoulder on elevating it. On passing flatus I perceived a similar offensiveness to that previously noted. Bowels moved last night; stool large and somewhat difficult to pass. To-day, stool easy. About 10.30 p.m. on going out after sitting I was conscious of a dull pain under the left false ribs which I felt while walking, and now about 11.30 I am still conscious of it. I am also at the present moment conscious of a dull aching pain at the lower part of my right lung, especially on stooping or bending forward or backward.

Saturday, November 28th. I went to bed about 11.45 p.m. After I had been lying a short time I had a sharp twinge or shoot of pain about the centre of my right thigh posteriorly. It appeared to me from the feel of it like a neuralgic pain of the sciatic nerve. After the lapse of some time I experienced a similar but milder twinge in my left thigh, and at a corresponding position. There was also a slight momentary prick in the cardiac region which was not repeated. I was rather wide

awake for an hour or more and kept wondering what part of me would experience the next twinge. By and by there was a sharp twinge of pain in the left tibia. My back, across the lumbar region, has felt stiff and rather weak to-day, particularly the right side. Soft stool this afternoon. At 5 p.m. I took 15 drops of viscum alb. 2x on s.l. Now 8 p.m. I feel my right shoulder somewhat painful and there are occasional twinges of pain in my right forefinger. The weather to-day has been cold and stormy, with threatening of snow. Wind N.E.

Sunday, 29th. Last evening I began to experience pain of an aching character in my right knee joint; it was painful to move and tender to touch; each time I awoke I was conscious of it, and I still feel it (10.30 a.m.) when I move my leg, particularly on drawing it inwards and moving it outwards again. I also had some shoots of pain during the night at the upper and posterior part of my left thigh. After getting into bed I lay down on my right side, but was soon conscious of a feeling of weight and oppression about the heart, such as I never remember to have experienced before. It was accompanied by a gripping sort of feeling as if a hand were squeezing the heart. After ten or fifteen minutes there was a relaxation of the constriction and a lifting of the load or weight that seemed resting upon me. This continued for a few minutes, during which the sense of relief was very great and a warm feeling seemed to overspread the cardiac region, but the respite was of a short duration, the feeling of weight and heaviness returned, and along with it the gripping sensation, and continued until I fell asleep. My wife tells me I got a good deal over on my back with my head drawn back and my mouth open and snored so loudly that she had to wake me up. One of the times when she awoke me I was dreaming of some place being on fire, but cannot now recollect more distinctly about it. 1 p.m. My right knee is still painful when the leg is extended. While I was sitting reading about 2 p.m. I felt a twinge of pain, momentary in duration, in my left ear. There have been several momentary stitches of pain, apparently superficial, in my thighs while I have been sitting reading, 3.30 p.m.

Monday, 30th. While in church last night, I felt

several sharp stinging twinges of pain above Poupart's ligament, on the right side, inner aspect. The same thing recurred after I had gone to bed, and was very painful for some time. On putting my hand down to ascertain the exact position, it seemed to come from the internal abdominal ring, and shoot downwards along the cord to the right testicle which was drawn up tight against the external ring. I had no doubt in my mind that it was a neuralgia of the cord that had been set up; it continued for some hours during the night, not bad enough to keep me entirely awake, but I passed a restless, sleepless night on the whole, and was frequently roused up, and on each occasion I found that the pain was there. By morning it was gone, and I feel nothing of it now, 11.20 a.m. The rheumatic pain is quite gone from my right knee, and although the east wind is as keen as ever I don't feel anything of it.

Wednesday, December 2nd. On Monday I had a dry sensation at the back of my nose which descended to the larynx, and in the evening I found considerable difficulty in reciting at the dinner of the Caledonian Society at Exeter. My voice seemed uncertain, which made me feel uneasy when I stood up; however, I managed to get through. Next morning I was suffering from a nasolaryngeal catarrh, and there was a quantity of thick disagreeable phlegm about the posterior nares and larynx. Each time on drawing a deep breath there was a tendency to cough, and to-day there is the same sort of feeling. I have been terribly down in the dumps to-day. Slept badly last night, but was in no pain.

Tuesday, December 8th. Since the previous entry the catarrh has been gradually subsiding, but it appears to have hung about me a much longer time than usual, which may be due to the fact that I have taken nothing for it lest it should interfere with the action of the viscum alb. Subsequent to the entry on the 2nd, I took part in a large concert at Newton Abbot; my voice felt somewhat uncertain, and my breath seemed as if it might fail me, but I got through all right. One night, after lying down in bed, there was some wheezing of a sonorous character which, however, passed away in a few hours. About 6 o'clock this evening, I experienced some ringing in my left ear; it lasted only a few moments and went again. Since then I have had a few shoots of

pain in my left temple. 7.40 p.m. My heart gave a throb just now, and then seemed to pause, it might be for the interval of an ordinary beat, and then go on again. 8.40. Sharp, sudden, momentary pain in the right side of my neck about 2 in. above the clavicle, while writing. 9 p.m. Flatus passed, having the same offensiveness already noticed, and from which I have been free since leaving the medicine off. In my notes, there is no mention of what was taken on the 7th. I believe it was the  $\phi$ ; at any rate, I know I began this by taking a single drop, and my next entry gives the dose as 4.

Wednesday, 9th. I had some vivid dreams last night, but the substance of them is forgotten. I have felt better in spirits to-day. At 4.45 p.m. I took 4 drops of viscum alb.  $\phi$  on s.l.

Thursday, 10th. Several times during last evening I experienced shoots of pain in the middle of the left thigh posteriorly. Viscum alb.  $\phi$  6 drops on s.l. at 4.30 p.m.

Friday, 11th. Sat up till 1 this morning; went to bed; slept very well till between 6 and 7 o'clock, when I had an erotic dream, with a threatening of a seminal emission, which, however, was averted by a strong effort of the will and sitting up in bed. To-day, with the exception of feeling my eyes weak while driving in the sun, I have been all right. Appetite good. I have once or twice felt a sort of tightening sensation as of tension in the brain; it has not been painful, but just as if strung up.

At 10.30 a.m. 6 drops of viscum alb.  $\phi$ , and at 4.30 p.m. 8 ditto in water.

Saturday, 12th. I felt nothing unusual during the evening. Sat up reading and writing till 12.30 a.m. then went to bed. I lay on my left side, but presently became aware of a curious feeling about the heart; it was not painful, but rather of the nature of a tickling sensation, which, however, became so uncomfortable that it was impossible to remain as I was, with any prospect of sleep, so I turned on to my right side, and shortly after fell asleep. I have a recollection of turning in the night from side to side, and feeling stiff and heavy while doing so. I had no feeling of discomfort on waking, and no stiffness. My head feels perfectly clear; appetite first rate. At 10.30 this morning I took 10 drops of viscum

alb.  $\phi$  in water. So far, 12.45 p.m., I feel no effect from it whatever, unless a sense of well being, clear headedness and good appetite can be attributed to its influence. During the night I experienced some pain in swallowing saliva. I do not feel it now, 1 p.m., nor had I any pain while swallowing my breakfast. I also had a sharp but evanescent pain at the left side of my throat, about the region of the tonsil. Easy stool last night 6.30 p.m. At 4.45 p.m. I again took 10 drops of viscum alb.  $\phi$  in water. About half an hour after taking it I had an uncomfortable feeling in my head while speaking to a patient, a sensation as if one didn't know what was going to happen; it passed off when I got up and moved about. Flatus passed has a most disagreeable cadaveric sort of odour.

Sunday, 13th. Went to bed shortly after midnight, and became conscious after I had lain down of a stinging stitching sort of pain at the left side of the rectum, but low down in the neighbourhood of the anus. The pain came and went like a succession of stings or shoots, and continued probably a quarter of an hour; the pain always came back to the same spot each time. During the night, on turning upon my back, I was conscious of a tearing sort of pain in the abdomen—the part affected seemed right across from one hypochondrium to the other—it was tolerably severe, but I don't seem now, at 2 p.m., to recall it with much distinctness. About 7 in the morning I began to experience twinges of pain of the nature of sciatica. The urine passed this morning was copious and pale yellow. To-day I have had a more copious flow of saliva in my mouth than anything I experience in a general way.

Monday, 14th. I took no viscum alb. yesterday, partly because of the bad night I had, and not wishing further to upset myself. I went to bed at 11.30. During the day I felt nothing amiss. I slept well at night, and had no pain or other inconvenience of any kind. When I awoke there was an unpleasant taste in my mouth, and my tongue was coated almost to the tip with an ochrey looking fur. At 10 a.m. viscum alb.  $\phi$ , 10 drops in water. Offensive flatus passed; slight singing in my right ear of momentary duration. Aptitude for mental work. Appetite good.

Tuesday, 15th. Slept well in the night. Had some slight twinges of pain which I am unable now to localise. Last night while out walking my heart gave an uncomfortable throb; it did not occur again. 10.10 a.m., 15 drops of viscum alb.  $\phi$  in water. 3.30 p.m. Slight and transitory screwing-up sensation in my head. 10 drops more of  $\phi$  in water. 4.10 p.m. Twinges of pain left side of neck while writing, behind the jaw.

Wednesday, 16th. Was unable to take any more medicine last night on account of being out. Recited several pieces in the afternoon; mind clear; memory all right. At first I was rather breathless, but it seemed due to nervousness. Last night during sexual congress I had a rather bad attack of palpitation of the heart. It quieted down after, and I slept all right. Felt somewhat languid on waking. 10.45 a.m. 15 drops of  $\phi$  in water. 3.30 p.m. ditto. When I went out at 5 p.m. on going up a slight ascent I felt drawing pains at the back of the left thigh in the region of the sciatic nerve. Pain in the lumbar region on stooping. 9.15 p.m. 5 drops more of  $\phi$  in water. Shortly after I experienced pain in region of right tonsil on swallowing saliva, and again when taking oatmeal porridge and milk for supper I had the same pain each time I swallowed. The food passing into the stomach seemed to cause considerable commotion (borborygmi). There was a feeling of uncertainty, too, as if something might happen; such as a flagging or failure in the action of the heart. On getting up and moving about this passed off. P. 58, regular. Soreness of left pectoral muscles on raising the arm; it was diminished on moving my arm up and down for some time. I felt it again to some extent on throwing my arm outwards. Momentary stinging pain in right ear and ditto in right upper eyelid. Muscular twitching about the right elbow, going on for some moments. Offensive flatus passed.

Thursday, 17th. While at breakfast this morning I became conscious of dulness of hearing in my left ear, which continued for about half an hour, after which I seemed to lose consciousness of it. 10.30 a.m. Viscum alb.  $\phi$  15 drops in water. 3 p.m. Some muscular stiffness experienced in lumbar region on first moving after sitting. 4.30 p.m. Viscum alb.  $\phi$  15 drops in water. In the evening I experienced several sharp



twinges of pain deep in the right ear; in a few minutes the pain was gone, and it has not again returned up to the present time, 10.45 p.m. 9 p.m. *Viscum alb.*  $\phi$  10 drops in water. I went out shortly after taking this, and while walking, and especially going up hill, with each breath I took there was a sense of tightness and soreness in the muscles of the left pectoral region; the deeper the breath I took the more apparent was this sense of tightness and constriction. I also felt it on expiring in a forcible manner. It is considerably gone now, but on taking a deep breath I can still feel it. I have had now, about 11 p.m., some sharp stitches of pain in my left ear. I have also had occasional sharp twinges of pain at the left side of occipital bone. I again feel some discomfort on swallowing saliva about the region of the right tonsil. I have felt cold and chilly at times to-day—occasional shivers running over my back.

Friday, 18th. While I was sitting writing last night between 11.30 and 12 o'clock, there was a sound as of the wind in the trees or passing through chinks in the door; it was still and quiet when I came in, and bright moonlight; there seemed no movement in the air that could have produced this sound, but whether it was from without or something in my own head I cannot say. I got to bed after midnight, feeling very cold, although I had been near a good fire. Cold shivers kept frequently passing over my back, especially the lumbar region. After I lay down I experienced a sharp twinge of pain in the ball of the left great toe, and after a while a similar sharp shoot in the ball of the right great toe. I had frequent sharp shoots of pain in the left half of the occipital bone. This morning, while out walking, I had some sharp stitching pain in the centre of the left thigh posteriorly. 10.30 a.m., *viscum alb.*  $\phi$ , 20 drops in water. My wife says this morning that she noticed the sort of drumming sound last night when she was in my room previous to the time noted. I asked her if she heard it this morning, and she said "No." Then I asked her to call one of my nurses; she came and said she could hear nothing, but I still believe it was the wind, as I did not hear it elsewhere, and I again hear it in my own room at 3 p.m. I have experienced several shoots of pain on the left side of the occipital bone, and a soreness of the left pectoral

muscles on moving the arm. Appetite good. This morning I had a spasm of the glottis; it came on with a dry sort of sensation in my throat, followed by efforts to swallow, then a sort of complete block, necessitating frequent deglutitionary efforts—my eyes filling with water, and my throat feeling most uncomfortable—speaking being out of the question for a short time. This afternoon, although close to a bright fire, I feel very chilly—my hands and feet being cold and a general sense of chilliness being felt all through me. Felt a sting of pain above my right knee while sitting reading; also similar stings of pain in front of left leg. 4.30 p.m. 20 drops of viscum alb.  $\phi$  in water. Slight stings of pain in various parts of my body—cold creepy feelings passing frequently over me—pain in the right testicle—sharp twinges of pain in my left ear while at tea. Sharp stitch of pain back of upper arm; stitch of pain under left breast while standing reading; twinge of pain (superficial) outer aspect of right thigh. 11.20 p.m. sharp and severe stitch of pain on left side of vertex while writing; sting of pain upper part of left great toe; twinge of pain back of left thigh.

Saturday, 19th. Went to bed at 12.30 a.m. Ground covered with snow. While turning in bed during the night I did so stiffly, as from a rheumatic condition of the lumbar muscles. Slept well and felt refreshed when I awoke, 11 a.m. viscum alb.  $\phi$  25 drops in water. Since then I have had some transitory pain in different parts of the body; a stitch in the chest below the left breast and again above the right knee. I have also felt considerable stiffness of left thumb on dorsal aspect on adduction and abduction, and along the metacarpal bone. Sting of pain at right scapula. Lumbar stiffness felt on rising from sitting 2.30 p.m. Momentary pains experienced coming and going while sitting reading at lower and anterior part of right thigh; seemingly superficial 5.30 p.m. A rather sharp sting of pain while sitting reading at left side of upper lip, repeated several times. 8 p.m., 25 drops of viscum alb.  $\phi$  in water. Shortly after stab of pain under left false ribs. While sitting talking to a patient at 9 p.m. sharp sting of pain was felt at upper part of left calf. Shortly after taking the medicine there was an urging to urinate, and at 11 o'clock, after supper of porridge and milk, I was

seized with a sudden desire to pass water, some urine dribbling from me before I could reach the urinal. About 9 p.m. I had an uncomfortable feeling about the head—an inward sensation—a kind of numby feel as if one scarcely knew what might happen next. Creepy chilly feeling in left side, lower and outer part of chest. Creepy shivers in the lumbar region. Easy stool. Hot offensive flatus passed 11.30 and 11.45 p.m. About 10 p.m., while at my father's, had another spasm of the glottis. Those in the room wondered what was the matter with me; I couldn't speak for some moments.

Sunday, 20th. Very cold when I went to bed after midnight; warmed up after a while and got off to sleep. Awoke in the early morning with desire to urinate, and got out and passed water. Slept all right; felt refreshed on waking. Cold bath as usual, very frosty night. Had a few shoots of pain while in church—here and there—left ear among other places. No medicine taken this morning. While in church in the evening momentary muscular twitchings were experienced. Several jumps in the region of right scapula. Rather painful aching in the muscles of lower dorsal region while sitting in church, relieved by movement and soon gone. Sudden twinges of pain lower part of right thigh and left supra-orbital region. Curious feeling in left ear; hearing in that ear seemed dull, and with every inspiration through the nostrils it was as if the air were drawn into the ear and caused a sort of wheezing sound. On putting my finger into the left ear to make sure that it was not produced by the nose, I could hear nothing. It soon passed off.

Monday, 21st. Slept all right; no urging to urinate; no muscular or neuralgic pains to-day about the body; at any rate so far, 5.15 p.m.

Tuesday, 22nd. Was out the greater part of last night in a hot and stuffy room. My head felt oppressed—a dull aching. It was wet and stormy during the night, and I got wet returning home, but changed as soon as I got in. Sat up reading till midnight. Before going to bed had an action of the bowels, which was constipated and much more difficult than while I was taking the viscum alb. The stool was succeeded by an itching at the anus, which continued for about 20 minutes, and was rather troublesome after I had lain down in bed.

have also experienced some shoots of pain—last night in the left lower ribs, to-day, right inner ankle. I also have to-day pain in the muscles of the left side of my neck. On looking before me I have no pain—none when I raise my head and look at the roof, none when I turn my head to the right, but immediately I turn my head to the left I am conscious of pain which goes on increasing in intensity the farther round I try to get it. This condition of stiff neck was one with which formerly I used to be familiar, but I do not remember having suffered from it since I became a vegetarian. 12.45 p.m. Sting of pain anterior part of leg above ankle while reading. Twinges of pain several times in succession lower and anterior part of right thigh, while reading and writing. Hot stinging pain at left shoulder blade while reading; continued several moments. 4 p.m. Momentary singing in left ear. While sitting by the fire this afternoon reading, my left leg gave a somewhat violent jump, and shortly after, I had a sharp pain seize me in the right buttock, rather high up; it felt very like a twinge of sciatica; it was central in position; it passed off when I got up and moved about. Twice this afternoon, while sitting reading, I had an attack of spasm of the glottis; the first began with a dry sensation at the left side of my throat, followed by frequent deglutitionary efforts and cough to try to relieve it. The other attack was worse, and began on the right side of my throat. No medicine taken to-day.

Wednesday, 23rd. There is still a remnant of the stiff neck remaining, but it is not nearly so bad as it was yesterday. While sitting writing I have experienced twinges of pain in the region of left sciatica nerve, and a momentary twinge of pain in the left supra-orbital region, 7.30 p.m.

Thursday, 24th. Slept very well last night; felt considerably depressed in spirits yesterday. While sitting writing and reading this forenoon I had several single, sharp, momentary twinges of pain at lower part of right thigh posteriorly; these seemed on the surface, but I had also one twinge of pain duller in character at lower part of left thigh, and which seemed to be in the sciatic nerve itself. While moving about I feel nothing; it is only when I come to sit and remain quiet. No medicine.

Saturday, 26th. Yesterday I had a severe, sharp, aching pain during the greater part of the day round the outer border of the right axillary region towards the scapula; it is gone to-day, but was pretty bad when I went to bed last night. Previous to that I felt a similar, but less well marked, soreness in the left pectoral region, especially marked during deep breathing. This is now gone. On the left side of my neck there is a large papule, or small blind boil, which is tender to touch; area of redness about the size of sixpence.

Sunday, 27th. I have had a very persistent acute aching at the left side of the anus for hours together to-day, especially marked this evening while returning from church, when it affected my left thigh, causing a sort of acute drawing sensation in it. It felt almost as if it might be the beginning of an abscess in that region. I have also felt one or two rather sharp twinges of pain of a neuralgic character, and a dull pain at the lower part of right orbit which came, increased somewhat in severity, and gradually died away. The lump on my neck is subsiding. Loudish singing noise in my right ear repeated half a dozen times in two or three minutes. Sort of crackling sound in left ear while straining at stool, which was difficult.

Friday, January 1st. I think it was the same night as the previously recorded symptoms that I went to bed between 12 and 1 o'clock, and after lying down experienced a curious general tremor through my body, as if all the muscles were in a state of fibrillary contraction; not a single involuntary jerk, nor the continued twitching of the muscle or a portion of one, but a general state affecting the whole body. It lasted till I fell asleep.

#### CONCLUSION.

I have endeavoured in the foregoing pages to bring together the material at my disposal relating to this interesting plant, and so to arrange it that the reader may form an independent judgment of its nature as a remedy, and the sphere of its action.

When one makes a special study of anything it is natural to find it grow upon him, and perhaps the tendency is to exalt it to a position above that which it deserves, and give it an importance it is not entitled to. Such may perhaps be the verdict of my brethren with

regard to viscum album. At the same time, there is the possibility that this drug, so interesting in its associations, so venerable in its antiquity, may have been pushed aside and forgotten for other and newer claimants to professional favour, and such I am persuaded has been the case. Believing that this neglect is unmerited, and that viscum album is capable of much wider application in the treatment of disease than anything which now obtains, I have sought to arouse a greater interest in it, and I plead for its more extensive trial.

I have never before attempted anything in the nature of a proving (any physiological experiences I have formerly had have been accidental and unintentional), and how far I have succeeded in the present instance others must judge; all I can say is that, on my part, and that of those who assisted me, an honest endeavour was made to find out what the drug was capable of doing, and to note down from day to day such departures from our usual health as might fairly be regarded as pathogenetic effects of the drug we were taking.

How far such may have been the case it is impossible for me to say. There is no such thing in this world as a perfect constitution, and, consequently, aches and pains are not always to be regarded as the outcome of the drug we are trying to prove. Then again, when the mind is on the alert, we may hear, see and feel things, which if we were not in a state of expectancy, might pass unnoticed. But here again I say to myself, "Others into whose labours we have entered, and from whose work we are deriving guidance and instruction every day of our life, were men and women of like passions with ourselves, and if they have been correct in their observations why not we?"

It seems as if one could not doubt the poisonous nature of this drug, at any rate upon some constitutions, and its capability of setting up its physiological action in men and animals, and yet in view of the conflicting statements that are made, there is a good deal that wants clearing up.

We are not told the quantity of viscum taken by the two girls to procure abortion, and which was followed by such deplorable results, but in the case of the boy who was found by Dr. Dixon like one intoxicated, with suffused countenance, livid lips, and all the rest of it, it

is stated that an emetic brought up eight partly masticated berries of mistletoe. Whether these were all the boy had eaten we do not know, but we have his own statement to the effect that after swallowing the berries he began to feel giddy, and remembered nothing more.

The writer in *The Lancet* seems to doubt the verdict of the jury in the case he reports, and appears to regard it as unlikely that death could have resulted from the eating of the misletoe berries, and in *Plant Lore, Legends and Lyrics*, by Richard Folkard, Junr., we are told that "fresh misletoe berries (not exceeding nine in number) steeped in a liquid composed of equal proportions of wine, beer, vinegar and honey, taken as pills on an empty stomach before going to bed, will cause dreams of your future destiny (providing you retire to rest before 12) either on Christmas Eve, or on the first and third of a new moon." It is not made particularly clear as to whether the number (9) in this witch's prescription, to which the berries were limited, was because it was considered a safe quantity to administer; the probability is that its significance was numerical rather than pathogenetic. Sir John Colbatch appears to have administered large quantities of the drug, and yet we do not hear from him of any cases of poisoning occurring in his practice. Whether much of the powder he administered was unabsorbed, or his method of drying and preserving it deprived it of its activity, I cannot say; his treatise, unfortunately, breaks off just when he has obtained a tincture of the plant, "which he thinks will be more powerful than the infusion and powder he has hitherto made use of," and I do not know of any published results detailing his experience afterwards. When we read of Pröll having symptoms recurring frequently during a period of two years from a maximum dose of 40 drops, and recollect that Dr. Parke gave half drachm doses three times a day, and Dr. Wilde as much as 40 drops to a child, it makes one wonder how such seemingly paradoxical statements are to be accounted for.

Making every allowance for individual susceptibility, there is still much that with our present knowledge of the drug remains uncertain.

The information regarding it may be summed up in three words:—1st. *Miraculous*. 2nd. *Traditional*. 3rd. *Scientific*.

*The Miraculous.* Examples of the miraculous may be found in the statement made by Albertus Magnus, that it would open all locks; by Aubrey, who tells of the awful effects which resulted to some ill-advised folk, who, without due ceremony, cut the mistletoe from an oak at Norwood to sell to the London apothecaries (and who for their pains fell lame, lost the sight of their eyes and broke their legs); and the Swedes, who think that a knife with an oak-mistletoe handle will ward off the falling sickness.

*The Traditional,* in the statement of the Druids that it would heal all diseases and antidote every poison, and that of the old herbalists, that it was panacea for apoplexy, palsy, and the falling sickness.

*The Scientific,* or more recent and definite knowledge possessed by us of the principles to which it owes its activity, the directions in which that activity manifests itself, and such results as have been tabulated of a precise and trustworthy character relative to its power over disease.

It seems strange, when one thinks of it, that a drug with such a history as this, should not have received more attention from the profession at large; it is doubly strange that no exhaustive proving should have been undertaken so as to determine once for all its position in our *Materia Medica*. Many drugs, much less deserving, have had justice done them, and their place assigned, whilst this one, with all its miraculous powers, and with all its traditional virtues, still remains comparatively unknown.

Should my efforts contribute to throw light upon this subject, or to arouse interest in it amongst my brethren at large, I shall feel amply repaid, because I believe that with greater knowledge of its virtues there will come amelioration of human suffering, and the consequent joy and happiness that are ours when we feel that we have been instrumental in diminishing, in however slight a degree, the sum of this world's misery and pain.

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## THE PRINCIPLE OF HOMŒOPATHY.

By W. BUIST PICKEN, Esq.

THE explanation of homœopathic therapeutics, whatsoever it may be, must exhibit the homogeneity of the homœopathic law to the general laws of nature, because the operation of the homœopathic remedy, howsoever obscure, is certainly directed by natural and specific law.

In the degree, therefore, that any theory of *similia* is thus evidently one with our knowledge of the universe generally, in such degree is there at least probability of truth in it.

Of course all medicinal action is according to natural law; and here the inconsequent thinker may object that the criterion of truth I have just advanced is of common application to all systems of theory—as indeed it is. But applied to the different medical systems, we get in the case of homœopathy a result quite unique. For while the latter runs parallel with the others as regards the particular laws of relation between each drug and the organism, in it alone is there one great general law relating all drugs to the organism in the same way—the practical law of *similia*. Whether the drug be of mineral, vegetable, or animal constitution, the law is the same. Being a general law, outworking itself through many and diverse particular laws, it is thus of higher grade than these, as by its correspondencies may be seen.

Now it will be conceded by all students of the theory of homœopathy which I have had the honour to present to the homœopathic school of medicine, that its oneness with the known laws of nature is indeed remarkable. In correspondential phenomena of water, air, light, chemistry, electricity, magnetism, mind, the same principle has been shown to be active. What this principle in itself is I have not hitherto attempted to demonstrate, having limited my exposition of the theory of homœopathy to its general laws. Moreover, as my aim throughout has been to offer a science of homœopathy in unimpeachable unity with accredited science generally, and in terms of the same, an exposition of first principles for which we have no received terminology could not have helped so much as hindered the end in view. In this paper I shall for the first time deal explicitly with the *principle* of homœopathy.

Underlying the laws of what (for lack of better terminology) I have called "interference-absorption," there is a unifying power, a principle, for which we have as yet no descriptive name. The *facts* of homœopathy are its cures; these occur under the general *law* of *similia*; this again is an expression of a deeper *principle*, the source of all the correspondencies or analogies of the homœopathic law. For this principle we have no name, nor shall I try to coin one for it here. The existence of the principle itself is proved by its expression in the correspondential phenomena of motion from matter to mind. A theory formed of these correspondencies certainly appears to be built on the principle of nature in question. And since no other hypothesis as yet advanced is measurably so homogeneous to received science generally, it has at least verisimilitude enough to command such attention as may be necessary to carry my imperfect exposition of it to conclusive negation or affirmation.

Thinkers who cannot disprove the theory, but who meet it with inconsiderate denial, are reminded that if it be true in essence, howsoever defective in form, their persistent rejection would only exemplify the old infirmity of the scientific mind in denial of what is true only because it is new.

By one of my critics I have been accused of incapacity, if not unwillingness, to see truth in any other theory than the one associated with my name. Perhaps this article will be an adequate reply to a charge so grave.

Another critic, whose honourable objections to my theory of homœopathy have appeared in this journal, merits different attention, which I regret having had so long to delay.

Dr. Proctor (*Review*, April, 1898) a little surprises me in saying he does not think "the real explanation of the homœopathic cure of disease will be found in Mr. Picken's physical theory." I should have thought my paper in the February issues of *The North American* and the *Homœopathic World* sufficient to prevent the theory from being characterised as a physical one. Indeed, a major contention of my exposition of homœopathy all the way through has been the spiritual nature of it. Not to go back to articles in which this was specifically maintained, and the contention defended from first principles, I take

from the February one the following refutation of the alleged-physical nature of the theory under discussion. "Neither positive nor passive, the homœopathically small dose has no action properly its own. It does not oppose force with force, the equation of which may be regarded as a problem in physics, nor so balance chemical action and vital reaction that their equation is to the organism a sum of *plus* in its physiology. The typically homœopathic dose acts spiritually, *i.e.*, the converse of materially. It may be said to have a spiritual, impersonal action, of which the material reaction is physiological. It elicits normal organic motion by renunciation of itself for its 'otherness,' precisely as the typical 'soft answer turneth away wrath.' Every kind of 'soft answer' will no more turn away wrath than will every small dose of medicine cure. In both cases the positive, contrary, repulsive force is renounced for the negative and attractive; but in both cases also this negative must bear a specific relation to the disordered correlative. It must by impersonal action call forth similar action, the two converging and combining in restored unity. *This peculiar operation of the homœopathic remedy, more than its properties of attenuation, although these are naturally concomitant, marks its spirituality.*"

If that excerpt should not convey to Dr. Proctor or any other of my readers a sense of the spirituality of my theory of homœopathy, let the fallacy of this interpretation be shown. In any case it is clear that the theory is not propounded as a physical one. Strictly speaking, there is absolutely nothing wholly physical or wholly spiritual. The physical and the spiritual are inseparable; in mass or molecule, of matter or of mind. The spiritual pertains to the interior pole, and the material to the exterior pole of a bi-polar unity. And the determination of anything as merely material or purely spiritual is only a convenience of thought; even as such amounting to nothing more than a statement of how the two principles *for us* are polarized. The whole history of philosophic thought proves this.

It is somehow extremely difficult for most thinkers to remember that truth is dual, and for them to think accordingly. Yet only thus may the discovery of truth become relatively easy and sure by processes of a

dialectical nature. Hegel has once for all demonstrated the truthfulness of that assertion—but how many of us can make head or tail of Hegel?

Dr. Proctor objects to my theory of homœopathy, because it “seems to make equally for the allopathic action of medicines,” and because it appears to him to be contradicted by certain facts of biology. “To take the illustration of two wave-motions of light or sound,” says Dr. Proctor, “we have in the first place, the fact that for the perfect neutralisation of two undulations, the waves should be of equal shape, size and strength . . . . In the second place, these equal waves must cross each other at such an angle, or in such direct opposition, that they may interfere with each other. . . . This oppositeness, which is necessary for wave interference, seems to convey pretty well the allopathic idea of medicinal action, except that in the vital sphere we cannot get such opposite action by the same agent as is possible in physics; we must employ medicines acting oppositely physiologically.”

Dr. Proctor's difficulty, it seems to me, is a natural consequence of his idea that the science of the vital realm and its laws is “essentially disparate” from that of the physical realm and the laws thereof. When he says that the *principle* of interference itself “belongs to the category of mechanical laws,” from which it has been his endeavour to separate the vital activities, he is not, I believe, thinking of the principle at all, but only of its manifestation as the *law* of interference in mechanics; moreover, he has, for the time being, certainly lost sight of the unity of all things, likewise of the operation and results of the evolutionary principle in nature. His confusion arises from the prevalent misconceptions with regard to the nature of life. It is little understood that the universe, as a unity, is a living organism, just as a man is; and that what we distinguish from other forms of force as life is really the distinction of a higher mode of motion from lower modes of the same in lower evolutionary states. The mineral world exhibits types of motion which are sub-vital; developed out of these we see in the vegetable world the higher order of forces properly termed vital and sub-sensuous; from these again are developed the next higher order of forces constituting the quality of motion called sensation, which is sub-mental; and from

the latter is finally developed the ultimate types of motion named mental.

Motion, or mind, has by the evolutionary process completed a cycle of evolution from the unconscious to self-consciousness. In other words, unconscious motion has awakened to self-consciousness in the mind of man.

Motion, life, sensation, intelligence—four graded orders of motion, each higher one in turn developed out of the preceding lower order, and sustained by the same; all organised into indissoluble unity in man, who must necessarily be subject to all the laws of the orders of motion which constitute him. This being irrefutably so, there can be no science of life essentially disparate from any sound science of physics.

Dr. Proctor will probably now understand how I agree with him when he writes thus:—"To try to bring down the complex nature of perhaps the highest form of force that is known to actuate matter to the level of simple vibrations of a merely mechanical kind, must in my opinion only end in failure." Undoubtedly; if by bringing down the vital force to the mechanical level be meant elimination of the ultra-mechanical developments of the organic energy. But we must bear in mind that as Nature develops a new type of force she integrates with it the preceding types. Motion, life, sensation, intelligence, are not only integrated into unity, but as constituents remain inviolate. The electrical, the chemical, and the mechanical systems of laws are in evolutionary relations within man and without; they act on him, and are reacted on by him, individually and collectively. This idea of organic unity—unity of man and of the universe, is the master-key to the great problems of mankind—individualistic, socialistic, commercial, scientific, philosophic, theological, &c. Applied to the subject under present consideration its power is immediately convincing. We easily understand why it is that physical diseases may be cured by psychical means, and psychical disorders by physical means:—*e.g.*, the cure of acute fear of death by aconite, of deep despair by arsenic; cure of neuroses, inflammation of tissues, fever, even tumours, by pure will. By innumerable facts like these is demonstrated the unity of the compound systems of forces which constitute the human organism; while the principle of the convertibility of

forces explains the *rationale* of therapeutic action of forces at one end of the scale on those of the other end. We thus see why motion is so highly communicable from one system to another, and how each drug will manifest its influence at either end of the scale according to the polar conditions of its use.

The anatomical, physiological, mechanical, chemical, electric, magnetic, and spiritual laws (the seven great orders of forces, in evolutionary sequence), having a typical action towards unity (or the maintenance of the organism) are thus in varying degrees all available for the induction of therapeutic effects in every system of the organism. The further apart any two systems are—the anatomical and the spiritual being at the extremities of the scale—of course the less effect can the one have directly on the other; and obviously the system of forces in the middle of the scale must have in general the most direct action towards both ends. This is just what we find in drug therapeutics, which belongs to the middle order of organic forces. As, however, higher forces pervade and control the lower, when adequately directed, so it comes about that a tumour (which reaches to the anatomical end) may be cured by will, although rarely achieved because of the general undevelopment of therapeutic will-power.

Since, then, pain, inflammation, fever, &c., may be cured by appropriate uses of water, heat, light, drugs, electricity, magnetism, thought, emotion, will, therefore I conclude that the forces of the organism and of nature are a unity. It follows that while all the seven systems of forces have a variable general therapeutic value, each must have to its major degree such functions and values in relation to particular pathological phenomena. This truth I cannot elaborate here. But it is of immense importance in the study and practice of general therapeutics.

Having, I trust, clearly enough indicated the theoretical and practical evil of regarding the sciences of physics and biology as essentially disparate, I return to the statement that for the perfect neutralisation of two undulations of light or of sound, "the waves should be of equal shape, size, and strength." This condition of (mechanical) equality of opposing undulations has been cited as an objection to the interference-absorption

theory. The objection might be valid if it were applicable to inter-relations of organic and inorganic forces as it is to inorganic forces of the same order *inter-se*. But, as Dr. Proctor has remarked, equality of forces in mechanical interference is not correspondential to homœopathy. The correspondence which I have utilised in my exposition of theoretical homœopathy, is that of the *phenomenon*, not of what may be called the noumenon, of the motions in question. It is the *phenomenon* of destruction of light by light, of sound by sound, which is correspondential to the axiom of homœopathy, that like cures (or destroys) like. When we come to investigate the invisible motions constituting the phenomenon, the correspondence is found to be at least as exact, but it is of course a noumenal, not phenomenal correspondence. And here I urge careful consideration of what is implied by this correlation of those terms, the latter signifying *appearance* as against the *reality* signified by the former—thus the manifold phenomenal differences growing out of a noumenal identity.

Symptoms are phenomena, and it is symptoms which are destroyed in homœopathic therapeutics, not the forces constituting them. And as it is by direction of symptoms that the homœopathic law is applied, it must be interference as a phenomenon which is the true correspondence of *similia*.

If the idea of isopathy be involved in the very existence of wave motions of equal character, as Dr. Proctor says, while "the neutralisation of wave motion is of the nature of simple, mechanical antagonism when minutely examined," there is in this nothing antagonistic to my theory of homœopathy.

The correspondencies as phenomena being self-evident, I proceed to show that as noumena parallel correspondencies exist.

Looking beneath the phenomenon of interference in sound or light to the motions which cause it, we find negative and positive vibrations passing from a particular dynamic to a correlated static state. The waves are not in all respects equal (mechanically), since one is negative and the other positive. It is thus that they directly come to rest. Being positive and negative they are (mechanically) similar only, but complementarily so,

and have thus a *polar equality*, which is not to be confused with "isopathy."

The true isopathic element of the case under notice is in the *equal periodicities* of the motions. This equality, however, is the same whether it be interference or its opposite that is produced by two wave motions. The isopathic law is common to all drug action—positive, passive and negative — being the law of absorption generally. Series of isopathic waves in polar correlation produce no dynamic phenomena. Their independent motions that were qualified to manifest themselves as heterogeneity with concomitant dissipation of energy, in polar combination exhibit unity with concomitant conservation of energy. In the phenomena of sound and light the static state is changed into the dynamic. And as interference is the direct restoration of the static state, the law of interference is thus seen to be an expression of the principle of equilibrium, or harmony. For the union of two motions in polar correlativity is direct, or interior, equilibration of the forces constituting them — the attainment of static harmony, or the re-ordering of pathological molecular motions to the normal or physiological.

(*To be continued.*)

## DUCT CARCINOMA.

By THOMAS SIMPSON, M.D.

A LADY consulted me about a hard swelling around the right nipple which gave her much concern, seeing that pains of a shooting, burning nature kept her awake half the night, and a sanious fluid exuded continually from the nipple. She remembered that her mother had died at the age of 55 from an affection somewhat similar, and was naturally anxious to know what steps should be taken to avert, if possible, so dire an issue.

I reassured her by saying I believed that an operation might possibly be averted by carefully-prescribed medicines.

I gave her conium 6 (from its action on glandular structures having been proved extensively over a prolonged period of time). In 14 days her general health had improved, and her weight slightly increased; the sallow hue of her face was less pronounced. Appetite



improved, sleep better, discharge from nipple less. Encouraged by these signs of possible arrest of the retrograde progress I continued the conium in the 12th dilution, and to gratify her importunity an ointment of conium P. B. was applied.

These methods manifestly relieved her still further of the discomfort and distress which naturally accompanied a gradual increase in the extent and the hardness of the tumour which previously obtained, and the hæmorrhage from the nipple. One month later the marked diminution in the severity of the symptoms was so pronounced as to inspire hope, and so to improve her health.

Carbo animalis 6 was next prescribed and boric lint applied, because the symptoms seemed stationary; following this the state of her health improved, and the local symptoms subsided, especially the sanious discharge and the sleeplessness from pains. The 12th dilution next prescribed seemed to act with greater effect than formerly, all the signs of the disease (objective and subjective) remitting manifestly, and in five months from the first interview the appearance of the breast had regained its natural form and the discharge had entirely ceased.

Comment is unnecessary, excepting to urge a trial of well-indicated remedies in even pronounced forms of malignant disease, as well as in suspected and incipient forms of it, which so often come before us.

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## REVIEWS.

*Essentials of Homœopathic Therapeutics; being a Quiz Compend of the Application of Homœopathic Remedies to Diseased States.* By W. A. DEWEY, M.D., Professor of Materia Medica in the University of Michigan Homœopathic Medical College. Second edition. Revised and enlarged. Philadelphia: Boericke & Tafel. 1898.

THE first edition of this work was published in October, 1894, and a notice of it appeared in our pages in 1895. We have little to add to our then expressed opinion.

From the point of view of memorising, the "Quiz" form has many advantages. Most of the faults of the book are due, not to the compiler, but to the present state of our *Materia Medica*.

That a second edition has been called for is a good sign and an indication of the vigorous growth of the homœopathic school in America. There, a new generation of students and

junior practitioners is constantly arising, and such a work as this is of especial value to them. Were the questions alone given and the answers left to the student to supply by searching the archives of materia medica and therapeutics, the book would be worth possessing. Indeed this would not be a bad way to use it, the student afterwards comparing his answer with those of the authority.

We notice a number of the so-called tissue remedies are referred to—chiefly of course on clinical grounds.

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*A Pocket Dictionary of Hygiene.* By C. T. KINGZETT, F.I.C., and Dr. HOMPFEY, B.Sc. London: Baillière, Tindall & Cox. 1898.

“OUR chief object has been to supply medical and sanitary officers with a pocket dictionary for reference in connection with their work.” This sentence occurs in the preface to this waistcoat-pocket vocabulary. It is always well to know an author’s object, when he has one, in order to arrive at a just conclusion as to the success of a work from his own point of view. Let us give our readers a few examples: “*Adipose, fatty; anhydrous, without water; anodyne, a drug which alleviates pain; antiseptis, a state or condition free from sepsis or putrefaction as attained by the use of antiseptics*”—which substances are next defined. (We thought this state was that of asepsis.) “*Cardiac, pertaining to the heart; febrile, relating to fever; toxic, poisonous; virulent, strongly poisonous;*” etc., etc., etc.

We select instances such as the foregoing, because they are short and easy to reproduce. There are longer definitions and explanations and with none of them, short or long, have we any serious fault to find as regards accuracy. But in most cases the information afforded is presumably well known to medical officers of health and sanitary officers. Either the “object” with which the authors started was an unwise one, or they have signally failed in reaching it.

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## NOTABILIA.

### CANTHARIDES A TONIC TO THE KIDNEYS.

ON reading the above heading our homœopathic readers will open their eyes wide, and then subside like the “Heathen Chinese” into a smile that is “child-like and bland,” while our allopathic friends will likewise open their eyes wide, but smile, as they have it in Scotland, “on the wrong side of their mouth.” But such, we are told, is the action of cantharides by Octavius Beven, M.D., D.P.H., of Balham, in

a communication published in the *British Medical Journal* of September 17th.

According to views generally received and enunciated in all works on materia medica, pharmacology and poisons, cantharides is perhaps the most powerful known irritant to the kidney, causing acute nephritis, hæmaturia, great pain, and strangury, to say nothing of its similar power on the bladder in causing cystitis, and its usual symptoms. But Dr. Beven's view of things is, to put it mildly, novel, and perhaps henceforth we shall find cantharides among the "new remedies" of advertising chemists as a "tonic" to the kidney, and valuable in hæmaturia and chronic albuminuria. But we shall best do justice to Dr. Beven by extracting his communication

..RIDES AS A HÆMOSTATIC IN HÆMATURIA AND ITS  
USE IN ALBUMINURIA.

eneficial effects of cantharides, taken internally, in ctions of the kidneys, do not seem to be generally nce no apology is needed for bringing before the notes of the following case:—

N., aged 68, a joiner, had always enjoyed perfectly 1 until the beginning of August, 1897, when he arge quantity of blood with a few clots by the o pain, however, was experienced. He was ordered , and ergot, which stopped the hæmorrhage. It owever, directly the patient got about again. Sub- ll the hæmostatics mentioned in the *Pharmacopœia* logwood, galls, oak-bark, alum, iron, ergot, tannin, , etc.—were tried with little or no benefit. Last he went up to one of the London hospitals, where n by a distinguished surgeon, who could not find e either of the bladder or kidneys. He was recom- mostatics, and if he derived no benefit from these, 1 of the kidneys was suggested to him—a course he

would agree to on account of his age. For five months he took larg doses of the prescribed hæmostatics three times a day, but his condition both bodily and mentally became worse and the hæmorrhage increased.

"It was in this state that he came under my care at the beginning of May, ten months from the commencement of his illness. The urine on microscopical examination showed quantities of blood corpuscles and a few casts. No enlargement of the kidneys could be detected on palpation, and no pain whatsoever was experienced. I prescribed tincture of cantharides,  $\text{m}\nu$ , three times a day, and regular exercise. In twenty-four hours all the hæmorrhage had stopped, and the urine became quite clear. I then omitted the cantharides, but

in ten days there was again a little blood in the urine, which immediately cleared up after a couple of doses of the mixture. As a precautionary measure, I ordered a dose to be taken occasionally, with the result that no blood has been passed since. I omitted the cantharides entirely a fortnight ago, and put him on a preparation of iron to combat his anæmia.

"The effect of the cantharides was marvellous, in that it stopped in twenty-four hours the hæmorrhage, which so far from yielding, had increased under the usual hæmostatics prescribed for a period of ten months. Rest had nothing to do with the cessation, as I told the patient to be out of doors as much as possible.

"The diagnosis I dare not venture upon. To the sonic effect of small doses of cantharides on the kidney I ascribe the successful result. This drug also brings about a very striking diminution in the amount of albumen in the urine of patients suffering from 'large white' kidney, if given in small doses; whether this diminution is permanent I am at present unable to judge.

"OCTAVIUS BEVEN, M.D., D.P.H.

"Balham."

It will be observed that Dr. Beven states that "the beneficial action of cantharides, taken internally, in certain affections of the kidneys, does not seem to be generally known." We quite agree with him, if he adds "in the old school." But if he does not already know it, as we shrewdly suspect he does, we may inform him that it has been the leading medicine in homœopathy ever since Hahnemann's immortal discovery of "*similia similibus*" as the great law in therapeutics, in the treatment of the very cases which Dr. Beven describes, and also in acute nephritis. He will find this fully in all homœopathic works, though we have our suspicions that his knowledge of such works is more than he ventures to say, and that he has, as we now see, made good use of information thus acquired. He will also find, in Dr. Ringer's *Manual of Therapeutics* a full account of the therapeutic powers of cantharides in nephritis, hæmaturia and albuminuria. But this one expects in a work so full of homœopathy; also in Dr. Lauder Brunton's *Pharmacology*, he will find, in the "Index of Diseases," that same drug recommended, at least in the first three editions. We have not seen any later one. One hardly wonders that Dr. Beven states that the curative effects of cantharides on the kidney do not seem to be generally known. The fact is that such treatment is so glaringly homœopathic that its adoption would naturally frighten weak-kneed members of the medical "Trades Union." How any one can shut his eyes to the fact

of a drug which is so well-known to produce inflammation of the kidney and bladder, with hæmaturia, and yet is markedly curative of these same states, when given in small doses, being other than a perfect example of the law of similars, is to us astonishing. In fact, it is most difficult to believe that it is not clearly seen. And what can be more absurd than, ignoring this remarkable fact, and saying, as Dr. Beven does, "To the tonic effect of small doses of cantharides on the kidney I ascribe the successful result." This is simply throwing dust in the eyes of his readers, in order to escape the honest and manly admission that here at least is an example of the homœopathic law and practice. His sentence is simply a second edition of Dr. Anstie's famous "explanation" in the *Practitioner* of the action of drop doses of ipecacuanha in curing sickness, that it was not homœopathy, but that it showed that ipecacuanha in these small doses was a tonic to the vasomotor nerves of the stomach. Such a mode of speaking is contemptible when a great question of therapeutic law is the real issue. We are continually having to report examples of the adoption of homœopathic treatment in the old school, as recorded in their own journals, given either without any attempted explanation or suggestion of the palpable relation between the drug and the disease, or else, as in Dr. Beven's paper, obscuring, as well as possible, the issue by writing of such drugs as "tonics" to the organ in small doses. When will this sort of thing cease? It *must* cease some day, and such papers as Dr. Beven's are perhaps the early signs of the "dawn of scientific medicine," which Sir William Broadbent assures us is beginning to be visible. One word in conclusion, as to the dose employed by Dr. Beven. He gave five minims of the tincture of cantharides. Dr. Ringer gives *one* minim, and still smaller doses would answer as well, as homœopaths well know. But the fact of five minims having cured and not aggravated is an illustration of what we have had repeatedly to point out, namely, that a homœopathic dose is one which (1) is of a drug which has the relation of "similia" to the disease; and (2) which must be smaller than will aggravate the symptoms. How much smaller is a question of experience. If Dr. Beven continues to find five minims always successful, let him keep to it, as then it is equally homœopathic to one minim, as Dr. Ringer advises, or to still smaller doses such as are usually employed by homœopaths. So let not Dr. Beven shelter himself under the idea that because his dose is not infinitesimal it is not homœopathic. He only gives us a good illustration of what we have to point out so often to our old-school friends, that the

homœopathic dose is one which cures without aggravation.

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The views of the editor of the *British Medical Journal* and our own differ widely not only as to the value of homœopathy, but as to what is "common fairness." While he is willing to give publicity to one observer's announcement of the usefulness of a drug, to his fanciful explanation of its action, and to his remarks about the ignorance of the profession on these points, he is averse to allowing another observer to advance facts or theories of a conflicting contradictory nature. For our enthusiastic colleague, Dr. Arnold, of Manchester, addressed a letter to the editor of the *British Medical Journal*, which letter was received but not published. Our contemporary has evidently forgotten that *magna est veritas et prævalebit*. Dr. Arnold's letter reads as follows:—

"To the Editor of the *British Medical Journal*."

"Sir,—In the *British Medical Journal* of September 17th is an interesting account by Dr. O. Beven of a case of hæmaturia and albuminuria, which, after proving refractory to various methods of treatment, was finally put right by small doses of cantharides. Dr. Beven says: 'The beneficial effects of cantharides taken internally in certain affections of the kidneys do not seem to be generally known.' This is perfectly true, so far as regards the majority of the profession. May I ask you in fairness, however, to let me point out that the use of cantharis in such cases as Dr. Beven describes has been a commonplace of homœopathic practice ever since Hahnemann's time, the choice of the drug being, of course, based on the fact that hæmaturia and albuminuria with casts are, as everyone knows, among the most prominent symptoms caused by toxic doses of cantharides.

"I am, &c.,

"F. S. ARNOLD, M.B."

As if with a presentiment that his letter to the *Journal* would never meet Dr. Beven's eyes through the columns of that paper, Dr. Arnold took the precaution of writing direct to that gentleman. Dr. Beven will never again be able to preach and practice crypto-homœopathy in ignorance, as our readers will see on perusing our colleague's remarks, which we are allowed to reproduce.

Sir,—To one who recognises in homœopathy a therapeutic principle of great value and wide applicability, your account of a case of hæmaturia and albuminuria treated by cantharides, in the current number of the *British Medical Journal* is interesting, and, if you will pardon my saying so, also somewhat amusing.

You say "The beneficial effects of cantharides, taken internally in certain affections of the kidneys, do not seem to be generally known." So far as the majority of the profession is concerned you are perfectly right. You are, perhaps, aware, however, that the use of cantharis, in such cases as you describe, has been a commonplace of homœopathic practice ever since Hahnemann's time, and that the homœopaths base their use of the drug in such cases on its power to cause in toxic doses hæmaturia and albuminuria with casts. Your explanation (?) of the beneficial action of cantharides in your case, as due to "a tonic effect of small doses of cantharides on the kidney," reminds one of the "explanation" put forward to account for the cure of certain cases of nausea and vomiting by small doses of vinum ipecac.; viz., that ipecacuanha in small doses has "a tonic action on the nerves of the stomach," and of a still more classical "explanation" of drug action by one of Molière's characters, and carries one just about as far. Do you really believe that the fact that large doses of cantharides will cause hæmaturia and albuminuria has nothing to do with the other fact that small doses of cantharides will remove those symptoms in a case of disease. Is it logically conceivable that the two facts are not in some causal relation to each other. Similarly with the facts that large doses of colocynth cause, while small doses cure, a certain kind of colicky diarrhœa, and that large doses of jaborandi cause profuse perspiration while small doses will absolutely check the drenching night sweats of phthisis, and hundreds of other similar pairs of facts. To look upon these as isolated phenomena instead of as instances of a general principle; to shut one's eyes to the gross improbability of the view that the toxic action of the large dose and the precisely opposite curative action of the small dose are unrelated facts; to assume the existence of a "tonic action" rather than admit that there is any relation between the two, all this is surely an excellent example of what has been well called "the credulity of incredulity."

I am, Sir,

Yours faithfully,

F. S. ARNOLD, M.B.

"O. BEVEN, Esq., M.D."

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#### BOURNEMOUTH CONVALESCENT HOME.

On another page will be found an important letter from Dr. Nankivell, giving an account of the improvement and enlargement of the Hahnemann Convalescent Home. This institution is so well known and of such wide-spread utility that

we feel sure it will meet with the generous support it deserves. We are very pleased to know of this forward movement, and for the sake alike of the sufferers relieved there, and of the cause of homœopathy, we wish it every success.

### HAHNEMANN'S REMAINS.

THE *Medical Era* (September, 1898) publishes and supports a resolution of the Homœopathic Medical Society of Germantown, that steps be taken to learn if it will not be possible to have the remains of Hahnemann transported to America, and placed beneath the National Hahnemann Monument now being erected in the capital city of the United States. The resolution gives no argument in support of this, but the *Era* remarks:—

“It is eminently appropriate that Hahnemann’s remains should repose in American soil. It is in America that homœopathy has made its greatest growth. But for the immense development of Hahnemann’s system in our land, its position to-day in the world of medicine would, in point of numbers, be almost insignificant. America, with its twenty colleges, its numerous journals, its many local societies and its great National organization, should become the repository of the mortal remains of the immortal Hahnemann.”

### LOYALTY.

MR. MALCOLM MORRIS, in the *Practitioner* for September, in the course of some notes on the meeting of the British Medical Association, writes: “Among the many good stories which I heard was the following, which, though probably not new, is worth repeating: A distinguished physician, on the medical establishment of the Court, being on one occasion called to an exalted personage, had a notice posted up intimating to all whom it might concern, that Dr. — having been summoned to Balmoral to see Her Majesty, will be unable to lecture to-day! The effect of the announcement was rather spoilt by the fact that some one, with an inopportune display of loyalty, had written underneath—

‘God save the Queen!’”

### EXOPHTHALMIC GOITRE.

DR. HALBERT, of Chicago, writes, in *The Clinique* as follows: “When I began the study of this disease I was prejudiced by the prevailing statistics as to its incurability; the pathology was not then fully settled, and surgical excision of the cervical sympathetic ganglia was about the only treatment



then accepted, though fortunately not accredited as a cure. Later came the experiments and apparent relief from the thyroid preparations only to be discarded after awhile as not only ineffective but absolutely harmful. No one had held to the homœopathic remedy with any degree of confidence or encouragement. My experiments and study during the past ten years have convinced me not only of its curability, but of the invaluable benefit from the persistent use of the indicated remedy.

“Of the remedies most serviceable to me I would mention ferrum phos., arsenicum iodide and lycopus. The first is most useful in cases of anæmia, or chlorosis, in young girls; the second when there is a history of primary or secondary specific trouble, the strumous diathesis, or more particularly a fibrous increase in the gland together with adenoid enlargements in other glands. The best remedy on general principles is lycopus. This I almost always give in the tincture, five drop doses four to six times daily. The other remedies I have almost invariably employed in the third decimal potency an equal number of times daily. The remedies must be used, with slight intermissions, for two or three years according to the severity of the disease.

“*Lycopus virginicus*, it will be found, has a primary action upon the heart producing in the end a cardiac erethism and a resultant stasis of the general venous system. Its direct involvement of the nervous system is in the form of a vaso-motor perversion permitting the decided structural changes from a prolonged impoverishment and irritation of the sympathetic ganglia. Its characteristic symptoms are the cardinal ones of this disease; that is, exophthalmus goitre and tachycardia. Added to these we find the alimentary disturbances, diarrhœa, gastritis and hepatitis; these are invariable concomitants of exophthalmic goitre. In place of this remedy I have often found colchicum decidedly valuable during the early attacks of the bowels and when the nausea, even to the odour and name of food, is present.

“We must always remember that the disease is pre-eminently one of the nervous system. Its gradation of symptoms begin with polyuria, diarrhœa, hepatitis and then gastritis. Preceding this we generally find a history of sexual perversion and some genital involvement. When the disease becomes fixed it is principally an irritation and perversion of the functions of the cervical sympathetic ganglia.

“I have had many cases in my private and clinical practice, and in a great majority of them have been successful with the above remedies.”

### THE TREATMENT OF CHRONIC APPENDICITIS BY MERCURY.

HORWITZ (*Annals of Surgery*, January, 1898) reports four cases of chronic appendicitis, in each of which operation was clearly indicated, and had been advised by several eminent surgeons. This was refused by all the patients, each of whom came under the author's care for secondary syphilis, and was put on "tonic" doses of protoiodide of mercury. Case 1, male, aged 44, had had nine attacks of appendicitis, one quite recently. There was a tender indurated mass in the right iliac fossa. Soon after the mercury treatment was begun he had a fresh acute attack of appendicitis, when the mercury was given up for a time. After the cessation of the acute symptoms it was resumed, with the result that not only the syphilitic symptoms disappeared, but also the appendicitis and constipation. Four years have passed since then, and there has been no return of the appendicitis. Case 2, male, aged 31. Three attacks of appendicitis; has dyspepsia and chronic constipation. He had a slight acute attack of appendicitis after a year's treatment with protoiodide of mercury. Since then (two years and a half) has no trouble with the appendix. Case 3, male, aged 28. Five attacks of appendicitis; doughy, tender mass in right iliac fossa. Protoiodide of mercury given. Health improved, and since then (three years and a half) appendix has given no trouble. Case 4, male, aged 33. Two attacks of appendicitis, and suffers from dyspepsia and constipation. Signs of chronic appendicitis in right iliac fossa. Protoiodide given up till now (one year and a half). Has had two attacks of appendicitis while under treatment, though none since last June. The author says it is remarkable for the chronic form of appendicitis following acute attacks to subside under small doses of mercury, and, though these cases are too few to arrive at definite conclusions, he thinks it well worth while for others to test the treatment in all cases of chronic appendicitis where operation is refused.—*Brit. Med. Journ.*

### THE HYDRO-ELECTRIC TREATMENT OF CHRONIC RHEUMATISM.

CHAUVET of Royat (*Arch. d'Elect. Méd.*, April 15th, 1898) strongly supports Nevison's views as to the value of the electric bath in chronic rheumatism. He either uses pure Royat water, or adds 2 per cent. lithium chloride to it. The current is produced by a battery of 50 Leclanché cells, and is employed at an intensity of from 15 to 30 milliamperes. The

electrodes consist of charcoal covered with flannel, and each sitting lasts from ten to thirty minutes. The author records 14 cases of rheumatoid arthritis and 1 of gout treated in this way. In 8 the results were most satisfactory; in 2 the baths were beginning to do good when they had to be discontinued owing to the supervention of local or general excitability. In both these cases the patients were from the first nervous and apprehensive. In the remaining 4 cases no improvement was noted, and it is to be remarked that in all of them Heberden's nodes were present. The author thence infers that the treatment is not indicated where this particular deformity is found to exist. In any case, however, it does no harm, and during its continuance there is an absence of the acute exacerbations which are so common in rheumatoid arthritis. There is a remarkable improvement in the suppleness of the joints, and in successful cases the author claims that the hydro-electric method is more rapid in its effects than any other which he has tried.—*Brit. Med. Journ.*

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#### ANTIPYRIN ERUPTIONS.

W. WEHSELMANN (*Deut. med. Woch.*, May 26th, 1898) emphasises the difficulty sometimes experienced in recognising the antipyrin rash. It may spread universally over the body or be limited to more or less definite areas. In the latter case the parts about the mouth, anus, eyelids, the extremities, especially the backs and palms of the hands, the fingers and toes are most often affected. When limited in this way it may be attributed to syphilis. The rash consists of raised, well-defined red spots, round or oval in shape, upon which vesicles quickly appear. Healing takes place with a laminated desquamation or crust formation, and pigmentation frequently remains behind. The diagnosis is often made more difficult by the patient denying that it can be due to the use of any drug. The rash frequently does not appear after the first dose, but only after the antipyrin has been taken for some time, so that the patient hardly believes it possible that it is due to the drug. The author gives details of five illustrative cases. He says that the rash is not so often seen as the use or misuse of antipyrin would lead one to expect. The size of the dose has little effect in producing it. The pigmentation is due to the rapid recurrence of the rash in the same part. Perhaps the drug is here excreted by the sweat glands and salivary glands rather than by the kidneys. In some investigations the presence of antipyrin in the urine could not be established.—*Brit. Med. Journ.* July 2nd.

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 OBITUARY.
 

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## DR. CORNELIA STETTLER.

EARLY in August one of the London papers announced the death on the steamer *Friedrich der Grosse* of a lady doctor from Chicago named Cornelia Lettler (sic). At the time, we feared that this could be no other than our well-known American colleague whose name heads this paragraph. These surmises have been confirmed by an In Memoriam article in the *Clinique*, by Dr. Julia Holmes Smith (Aug. 15th, 1898).

Dr. Cornelia Stettler became known to many of our English colleagues at the last International Congress held in London, where her intelligent interest in the Congress and the work of her English colleagues, her ready and comprehensive grasp of medical subjects, her courtesy and brightness won for her the appreciation and esteem of those who met her.

Cornelia S. Stettler came of an old Dutch family of New York, whose faithfulness and pertinacity she inherited. Early left a widow, with a young daughter to care for, she decided to adopt a medical career, and graduated in the Hahnemann Medical College of Chicago in 1891. For some time before her sudden death she had acted as clinical assistant to Dr. Ludlam, while conducting a private practice at the same time. She was specially interested and skillful in gynecology and obstetrics. For four years she was corresponding secretary of the Clinical Society of Hahnemann College; she was also a member of the Illinois Homœopathic Medical Society and the American Institute of Homœopathy. Dr. Julia Holmes Smith writes of her personal qualities in the highest terms.

The death, occurring suddenly on the voyage to Europe on July 28, is vaguely described as due to "cardiac paralysis."

With the friends of Dr. Stettler, and especially with her daughter, we express our earnest sympathy, and join with Dr. Ludlam and his colleagues in regretting the premature demise of so able and promising a fellow-worker.

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## CORRESPONDENCE.

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 HAHNEMANN CONVALESCENT HOME,  
BOURNEMOUTH.

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

GENTLEMEN,—Great additions have been made during the present summer to this Home. The roof has been removed throughout, and a full story added to the building. The

Committee will thus be enabled, if the funds are sufficient, to increase the number of beds from 27 to 88, and to grant a very large increase of cubic space to each patient. Better accommodation will also be provided for the nurses and for the domestic staff, so that we may expect that the administration of the Home, which will remain in the hands of Miss Hill, will be carried on with even more energy and thoroughness than before.

The prominence which has been given of late years to the value of open air treatment of phthisis, has led the Committee and Medical Staff to the conclusion that the erection of ample balconies on the South Front was an urgent necessity, and they have consequently entered on a large, and hitherto unprovided for, expenditure for this purpose. A two-tier balcony is now in process of erection which will correspond to the ground and first story levels. It will face due south, and be protected by glass from east and west winds. On the north, of course, it will be sheltered by the building itself.

A lift is also to be erected, which will be used in the service of the Home and in the carriage of patients. The cost of this has been very generously defrayed by an anonymous friend.

Altogether an expenditure of £2,500 has been incurred on the structure itself: of this sum, roughly, £1,200 only are in hand, and no provision has been made for extra furnishing. It may be readily seen that much and generous help is still needed. Direct contributions to the Building Fund may be paid to the Treasurer, the Rev. F. Young, Fremantle, Marlboro' Road, Bournemouth, or to the National Provincial Bank of England, Bournemouth.

But help may also be extended to us by assisting the bazaar which is to be held in the Mont Dore Assembly Rooms, Bournemouth, early in November next. It is desired to make this bazaar commensurate with our need, which is great: and suitable articles of sale of every sort, useful and ornamental, will in the meantime be received by Mrs. Nankivell, Penmellyn, Bournemouth, the convener of the Committee of Ladies, or by Mrs. Hardy, West Chevin, Bournemouth.

Our Home is a charity for the three Kingdoms: its doors are open to all suitable cases that are sent to us on subscribers' recommendations; and not one per cent. of those received belong to this district in the first instance. We therefore urgently claim your help in this our need.

HERBERT NANKIVELL,

Chairman of Committee.

Sept. 15, 1898.

## 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. EDWIN A. NEATBY.

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

Communications have been received from Dr. BARRETT, Mr. THEOBALD (London); Dr. ARNOLD (Manchester); Dr. C. W. HAYWARD, Dr. J. D. HAYWARD, Dr. SIMPSON (Liverpool).

## BOOKS RECEIVED.

*Tests and Studies of the Ocular Muscles.* By Ernest E. Maddox, M.D., F.R.C.S. England. Bristol: J. Wright & Co. 1898.—*Dictionary of Hygiene.* By C. T. Kingzett, F.I.C., and D. Homfrey, B. Sc. London: Baillière, Tindall & Cox. 1898.—*Essentials of Homœopathic Therapeutics.* By W. A. Dewey, M.D. Philadelphia: Boericke & Tafel. 1898.—*Chloroform, its Absolutely Safe Administration.* By Robert Bell, M.D. Glasgow: Robert L. Holmes.—*The Homœopathic World.* September. London.—*The Chemist and Druggist.* September. London.—*The Practitioner.* August. London.—*Calcutta Journal of Medicine.* June and August.—*Homœopathic Eye, Ear and Throat Journal.* New York.—*The New England Medical Gazette.* September. Boston.—*The Homœopathic Envoy.* September. Lancaster, Pa.—*The Homœopathic Recorder.* August. Philadelphia.—*The Medical Era.* September. Chicago.—*The Hahnemannian Advocate.* August. Chicago.—*The Clinique.* June and August. Chicago.—*The Minneapolis Homœopathic Magazine.* August. Minneapolis.—*The Pacific Coast Journal of Homœopathy.* August. New York. San Francisco.—*The Medical Brief.* September. St. Louis.—*The Medical Times.* September. New York.—*The Homœopathic Envoy.* September. Lancaster.—*The Tasmanian Homœopathic Journal.* July and August. Hobart.—*Revue Homœopathique Belge.* June. Brussels.—*Rivista Omiopatica.* July and August. Rome.—*Journal Belge d'Homœopathie.* July and August. Brussels.—*Homœopathisch Maandblad.* August. Nederland.—*Archiv. für Homœopathie.* September. Dresden.—*Leipziger Populäre Zeitschrift für Homœopathie.* September. Leipzig.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. FORB, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCK BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY  
HOMŒOPATHIC REVIEW.

—:o:—

THE ATTITUDE OF HOMŒOPATHS TO  
HOMŒOPATHY.

THE progress of a new science which has not yet received universal recognition depends upon the conduct of its adherents. The opposition of unbelievers and the indifference of the ignorant are secondary in importance to the attitude of those who have embraced its truths.

In writing and speaking of the progress of homœopathy amongst the profession and laity enough has been said of these secondary causes and too little of the former. It is possible for those who are professedly homœopaths, and who daily profit by the knowledge homœopathy has brought them, to hinder the progress of homœopathy by the attitude they assume towards it. Knowledge is a sacred trust, for the use of which we are responsible not only to our neighbours but to posterity. It is a searching question how far each of us, who as medical practitioners assume the rôle of homœopaths, is faithful to this trust.

We are not concerned to write a sermon on the subject, important as it is. A few examples of the harm that may be done unconsciously to enquirers after the truth will illustrate our meaning. The two extremes of *optimism* and *pessimism* in our attitude to homœopathy:

are equally dangerous in their effects. As illustrating the former, we give a case that recently came under our observation. A lady brought her husband for advice to a well-known homœopath, introducing him with a statement to this effect: that twenty years before she had suffered from a terrible cough from which she was never free for five minutes. All the resources of old-school practice had been exhausted in vain. At last she determined to try homœopathy. The doctor she saw gave her one powder in his consulting-room. This at once stopped the cough, which never returned. She, therefore, desired advice for her husband, who for many months had coughed incessantly, whilst ordinary treatment seemed useless. The lady was well known to the narrator, nor was there any doubt as to the *bonâ fides* of her statement, which was corroborated by her husband. She evidently expected a similar miracle to be worked by homœopathy for him. His case, however, proved to be one of old standing chronic bronchitis, an instantaneous cure being evidently impossible. This was very properly explained to the patient, much to his wife's disappointment. But encouraged by the assurance that with patience and perseverance a cure could be effected, treatment was commenced, and in a few weeks the cough had gone, nor has there been any return of bronchitis since. Both he and his wife are now staunch homœopaths.

That such sudden and almost miraculous cures are sometimes effected by a single dose of the correctly indicated remedy need not be denied. But these are distinctly rare, and exceptions to the usual results of homœopathic treatment. Very real harm is done to the cause we advocate by quoting such cases as if they were the usual effects of our medication. That we should always aim at such results is true, but that we should encourage patients to expect them is equally untrue. By such optimism many, who by more reasonable statements might be won to our cause, are discouraged, and with some justice consider themselves to have been deceived, and tell their friends that homœopathy is a delusion. If the case of chronic bronchitis given above had fallen into the hands of such an optimist, we can imagine that he would



probably never have consulted a homœopath again. We are convinced that a large number of would-be homœopaths are lost to our cause by such injudicious methods, and what is more serious they spread distrust of homœopathy amongst their friends. It is in this respect that many of the popular explanations of our treatment in pamphlets and books are also greatly to blame. Do not let us belittle homœopathy, but do not let us pretend that we can always work wonders in its name.

Pessimism—the opposite extreme to that we have considered—is equally a dangerous attitude and equally an untrue one. Fortunately, it is more rarely seen amongst homœopaths than optimism. Our observation suggests that pessimists are the weak-kneed amongst us; those who have slipped into routine, often semi-allopathic methods of prescribing. These cannot get their patients along without the frequent use of purgatives, and have given up all belief in the value of homœopathic treatment in constipation. Such a physician, who enjoys a wide reputation as a homœopath, and for whom we have personally a high regard, was recently consulted in the following case. A lady had for 18 months suffered from dropsy, from no evident cause. Under old-school treatment this had been diagnosed as a tumour, and her abdomen had been opened for its removal, only to disclose ascites and nothing more. She now required tapping every fortnight, and was rapidly losing strength—her doctor declared that nothing more could be done for her. She was urged by friends to try homœopathy. The case undoubtedly was not a hopeful one, and the physician in question declined to undertake it, giving the patient and her husband to understand that homœopathy could do nothing for her, and that she could not be in better hands than under the care of the old-school surgeon, who was continually tapping her. Fortunately, in their extremity, the advice of another homœopath of less pessimistic views was sought, and by his treatment the ascites was successfully relieved, no further tapping required, and the patient restored to comparative health for two years, when she left the locality and passed out of observation.

It must be conceded that to decline treatment in such a case is to incur a grave responsibility, and to cast an undeserved slur upon the principles we uphold. Another

injury is done to the cause by such practitioners. Patients quickly conclude that the difference between old-school practice and a homœopathy that has frequently to seek refuge in purgatives and other similar devices is a very slight one. Consequently it is allegiance to their doctor and not to homœopathy that induces them to imagine themselves to be homœopaths. When they visit other localities, or have to change their medical attendant, they usually lapse back into allopathy. Numbers of would-be adherents to homœopathy are lost to the cause by these methods.

We think, then, that our attitude as practitioners to the cause of homœopathy is of supreme importance, and we advocate neither an impossible optimism nor an intemperate pessimism, but a just and truthful estimate of the measure of success that may be reasonably looked for in every case presented to us. This should be coupled with an attitude of encouragement and hopefulness towards those desirous of testing our methods, even in cases which at first sight appear to present little likelihood of cure. Our literature abounds with instances which justify the wisdom of such an attitude.

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### THE EARLY RECOGNITION OF GOUT AND ALLIED DISORDERS.—III.

By W. THEOPHILUS ORD, M.R.C.S. Eng., L.R.C.P. Lond.

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#### II.—SYMPTOMS PRODUCED BY EXCESS OF URIC ACID AND OTHER GOUTY MATTERS IN THE BLOOD.

THE quantity of uric acid present in the blood is most variable, fluctuating often from the point of saturation to complete clearance in so short a time as probably half-an-hour, especially in those who have plenty of available storage, and whose kidneys are uninjured. In others, it may remain always at or near the point of saturation—by which is meant that proportion beyond which no more can be held by the blood without deposition in abnormal parts. Haig has discovered that the symptoms produced by excess of uric acid do not depend only upon the actual quantity present in the blood, but also upon the proportion existing between the quantities

of uric acid and urea present. Thus the more urea in the blood the more uric acid can be held in solution without producing symptoms of excess. And *vice versa*, when urea is low a quantity of uric acid will produce discomfort which, if the proportion of urea were higher, would give no symptoms. Haig considers the normal proportion as about 1 to 35. If uric acid exceeds this, or urea falls below 35 to 1 of the former, symptoms tend to be produced and deposition to occur in some storage parts.

The causes producing excess of these gouty matters in the blood are innumerable, but all act in one or more of three ways—(1) by excess being produced and poured directly into the blood as formed. This is true whatever theory as to its mode of production be accepted; (2) by excess being given out by the storage organs, either through their being over full, and thus obliged to relieve themselves, or by some alteration in the blood which tends to dissolve out their stores; and (3) by hindrance to excretion of uric acid through the kidneys. Of these the first is evidently dependent chiefly on diet, and that hereditary tendency or diathesis of which we have spoken. Nitrogenous foods and sugar are the great offenders in a mixed diet. Of the second cause, according to Haig, the prime factor involved is the alkalinity of the blood. An increased alkalinity favours absorption from the storage organs, a low alkalinity prevents this and tends to deposition. This blood condition also depends upon diet, as also does the reaction of the urine. There can be no doubt that Haig is correct in stating that the degree of acidity of the urine is a guide to the degree of alkalinity of the blood at the time it was excreted. Now vegetable diet is known to diminish acidity and even cause alkalinity of the urine, it consequently increases the alkalinity of the blood, and hence its value in dissolving out and eliminating stores of gouty matter in the system. Nitrogenous food in excess has the opposite effect, increasing the acidity of the urine and diminishing the alkalinity of the blood, hence locking up uric acid in the storage organs, besides increasing its production. The same is true of beer and acid wines, whereas vegetable acids, fruits, and cider increase alkalinity and reduce storage, being thus of great value in gout and allied disorders. Strange to say, although these

effects of diet are daily proved in the experiences of thousands of physicians, there are certain laboratory experimenters (chiefly in Germany) who, being unable to confirm these facts in their test-tubes, have the face to deny them and assert that diet is comparatively of no consequence in gout.\* Even Luff, in our own country, opposes Haig in his views as to the effects of increased alkalinity of the blood and of vegetable diet. But as his experiments and views chiefly concern true gout with deposits of sodium bi-urate, they are not so conflicting as at first sight may appear. And Luff, although denying that the alkalinity of the blood increases the solubility of *deposits of sodium bi-urate in true gout* (which as explained before are only one special form of the many gouty and allied conditions we are considering), admits that "the saline constituents of vegetables exercise a remarkable inhibitory power over the decomposition of sodium quadri-urate"† (hence preventing gouty deposits), also that the solubility of sodium bi-urate (the form in which he considers uric acid to be present in the blood in gout) is increased by vegetable salts. Luff also says that the opposite is true of "the saline constituents of meat." Thus both observers practically agree as to the value of a vegetable dietary, only Haig insisting that it is due to their influencing the alkalinity of the blood, while Luff prefers to attribute the effect to their "saline constituents." Probably both are correct. Many of the supposed disagreements between the views of Haig and Luff disappear when we remember that the latter writes chiefly of true gout with deposits of urates of soda, whilst it is Haig who has done such splendid work in bringing vast series of allied disorders into one field of view and explaining their common cause in his work on uric acid.

It may here be convenient to mention that after a prolonged study of the matter, I am convinced that Haig has gone in advance of the facts in his theory of the formation of uric acid directly from food. Consequently, he is mistaken in forbidding tea, coffee, beef-tea, chicken and meat extracts, with eggs, in his dietary for gout and

\* *Uric Acid Diathesis*, pp. 23, 29, 85.

† *Medical Annual*, 1898, p. 254.

allied disorders. Also his method of estimating the uric acid present in various foods has been considered unreliable, and is now supplanted by a more certain process. The third weak point in his work is the assumption that uric acid alone is the cause of all these conditions, and his ignoring the existence of other blood impurities which undoubtedly have also much to do with this train of disorders. But bearing these three probable errors in mind, his work\* is of profound value to every practical physician, and I strongly advise all who are unacquainted with it to obtain a copy and study it carefully. Next to the law of similars I believe it to contain the most valuable working hypothesis that has yet been presented for our assistance in combating disease, and there is no disageement between the two; indeed, the one assists the other.

#### VASO-MOTOR CONTRACTION OF ARTERIOLES, THE GREAT EFFECT OF URIC ACID IN EXCESS IN THE BLOOD.

Vaso-motor contraction of the arterioles and capillaries is the great and far reaching effect of uric acid in the blood. All the important symptoms produced by its excess can be traced to this action, which, of course, produces increased blood tension; this throws extra work upon the heart, which in later life becomes enlarged and "gouty." Hence increased arterial tension, with its many effects, is the invariable accompaniment of all gouty conditions and allied disorders. It can always be detected in the pulse (by finger or sphygmograph) before and during a uric acid storm (or attack of uric-acidæmia), such as headache, bilious attack, anginal attack, asthma, epilepsy, and many other disorders I have referred to. In true gout increased tension can always be recognised, and its ultimate results in albuminuria, gouty heart and senile decay are well known. Such contraction in the kidneys hinders their excretion, the urine becoming scanty and high-coloured. Thus, as mentioned previously, diminution and concentration of the urine is also an invariable precursor of any such attack, whilst afterwards when the excess of uric acid and other gouty matters has been excreted (during the crisis) the arterioles relax and the kidneys freely excrete, diuresis setting in

\* *Uric Acid in the Causation of Disease*, by Alexander Haig. Churchill. 12s. 6d.

with abundant limpid urine. This diuresis is always accompanied by a feeling of well-being and increased vigour, the blood having been cleared of impurities. From this we can understand the malaise and weariness which precedes a uric acid storm, and is associated with diminished urination. Indeed, without such excess as may lead to attacks of uric-acidæmia, it is an observation common to all of us that mental and bodily vigour are most marked during hours of free diuresis, and the opposite obtains when excretion is scanty. Thus clearing the blood of uric acid and other gouty matters frees the circulation, and probably quickens combustion and metabolism throughout the body.\*

It will now be clear that the chief symptoms produced by excess of effete gouty matters in the blood are those depending on contraction of the arterioles and capillaries and the resulting increased blood tension. It may be useful to briefly consider the commonest effects, according to the organs exhibiting them.

*The Brain.*—Headache, incapability for mental work, drowsiness, mental depression and epilepsy. The uric acid headache is usually “throbbing” and “bursting,” worse by motion, and especially by jars. These conditions are most pronounced in brain workers and thick-necked persons. In others, almost any kind of headache may be met with. That associated with hepatic crises and vomiting is often occipital, and sometimes relieved by bending the head backwards. Probably frontal and temporal headaches are the most common. Drowsiness, vertigo, stupor and disinclination for mental effort are also common examples of the same conditions.

*The Skin and Body-surfaces.*—The capillary contraction produced by excess of gouty matter in the blood shows itself here by a lowering of the surface temperature, which can readily be proved by comparing a thermometer placed under the tongue with one placed in the rectum. During or before a gouty crisis (of whatever type) a difference of three or more degrees can often be detected. When it has passed and the circulation being freed, the capillaries relax, the difference sinks to one degree or less. This causes also dryness of the skin and chilliness, with cold extremities.

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\* *Uric Acid in Disease*, Haig, p. 155.

*The Kidneys.*—This effect has been explained as causing diminished urine from vaso-motor contraction of the arterioles, and may finally result in albuminuria.

*Heart and Lungs.*—It is usually not until late in life that true gouty heart occurs, except in Bright's disease. The immediate effects of excess of uric acid and such matters in the blood of an otherwise healthy person cannot be detected in the heart except by slight shortness of breath on exertion, or palpitation. Anginal attacks may occur suddenly from this cause. Diminished aeration of blood, its increased impurity, and perhaps some specific poisoning effect on the smaller bronchiolæ often causes slight dyspnoea, bronchial catarrh and genuine asthma. Nasal catarrhs also are a very common evidence of a temporary excess of gouty matter in the blood.

*Muscular System.*—Lassitude, disinclination for muscular exertion, rheumatic pains, cramps and early fatigue are commonly noticed at these times.

*Liver, Stomach and Intestines.*—The effects of this condition on the liver have been noted in my last paper.\* On the stomach and intestines the diminished vascularity from vaso-motor contraction lessens absorption and secretion. Hence nutrition will be hindered, digestion interfered with, and constipation with flatulence from putrefaction of intestinal contents will often be observed.

### III.—ORGANS OF ABNORMAL STORAGE OF GOUTY MATTERS, WITHOUT CRYSTALLINE DEPOSITION OF URATES.

We have examined the effects of uric acid and other gouty matters when in excess in the normal storage organs (liver, spleen, etc.), also the symptoms produced by similar excess circulating in the general blood stream in various organs. Also we have seen how the liver relieves itself of such excess. It remains to explain what symptoms are likely to occur when the blood relieves itself by depositing such poisons in other parts, which hence may be called *abnormal storage organs*. Many of the organs which exhibit symptoms given above as indicating excess in the blood, also perform the function of abnormal storage. Whether they do so or whether all symptoms disappear by a clearance of the

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\* *Monthly Homœopathic Review* for October.

blood-stream will obviously depend on two factors. First, if there is room for a further supply to be absorbed by the normal storage organs (so relieving the blood); and, secondly, whether the kidneys succeed in elimination of the excess by the urine. If the normal storage organs are full and the kidneys are blocked (through vaso-motor contraction) the excess must go elsewhere, and hence deposition takes place in the abnormal organs. When this has occurred the symptoms will no longer be immediately relieved by clearing the blood, but will persist for a longer or shorter time afterwards, and will tend (if unrelieved) to produce permanent pathological changes in these parts. Thus during a uric acid storm the excess may pass into some muscles, producing muscular rheumatism. The crisis will be relieved, free diuresis may occur, with general cessation of other symptoms *except the rheumatism*, which may persist for days or weeks. To clear the blood of uric acid, etc., is one thing, to clear a set of muscles of effete matter is another. The one may be done in a few hours, the latter is a much slower process. It may be, as many have supposed, although Haig doubts it, that lactic acid is the cause of muscular rheumatism. But this does not affect the question materially, as lactic acid is probably one of the impurities which, with uric acid and others, we are considering. Whatever we may call the substance, its behaviour is on the lines indicated. No doubt in the muscle tissue itself some chemico-physiological changes may take place after deposition.

It is evident therefore that when the blood is overcharged, and the normal storage organs can retain no more, any further excess of gouty matter, unless it is at once excreted, must manifest its presence elsewhere. And since excretion by the kidneys is at a minimum, such symptoms are very liable to be produced by any exciting cause which may tend to invite deposition in a special part. Chills and over-exertion act as exciting causes, and thus beside the muscles, joints are very frequently affected. In these facts we have the explanation of acute febrile rheumatism. Rheumatic fever, with acute articular pains, is the commonest example of the condition we are considering. The joints offer a capacious storage space, and the rapidity with which excess of uric acid and its congeners seize upon these



organs, and the grave symptoms so produced, are matters of common observation.

Many cases of chronic eczema seem due to the same cause. Elimination by the kidneys being hindered, relief is attempted by the body surface, and the normal acidity of sweat (always increased when excess of impurities is present in the blood, as, for example, in rheumatic fever) encourages the deposition of lithæmic matters in the skin. Gouty eczema, and many forms not usually recognised as gouty, can only be cured by treatment directed to eliminating gouty matters from the system. Indeed, in true gout, crystals of sodium bi-urate can often be obtained from the sweat. It seems probable, therefore, that the skin shares, with other parts, the office of an abnormal storage organ. Probably the obstinacy of many chronic skin diseases to purely homœopathic treatment is due to this cause, and the lack of recognising the necessity of assisting our remedies by other special methods.

The mucous and sub-mucous tissues of certain parts, especially of the respiratory tract, seem also to invite storage in some constitutions. The frequency of nasal catarrhs as evidence of an over-charged circulation has been mentioned, also of asthmatic attacks. There are other more chronic conditions that affect these mucous membranes and are due to the causes we are considering. The commonest of these are chronic post-nasal catarrh, hay fever, chronic pharyngitis and laryngitis (so frequent in distinctly gouty persons), bronchial catarrh (especially noticed on rising) which often results in chronic bronchitis and emphysema. These conditions are usually attributed only to their exciting causes—chills, draughts, pollen grain, and what not. But though these act as germs, the soil must be prepared before they will germinate. It is the presence of excess of uric acid, etc., stored in these tissues (perhaps selected for storage through acquired or hereditary weaknesses) that renders them liable to produce such symptoms. In others, whose tissues are not vitally depressed by the presence of these poisons, such exciting causes have no effect. I have frequently noticed how often these attacks are accompanied or preceded by distinctly uric acid headaches, and how common hepatic crises (periodical bilious vomiting) are amongst them. Also the attacks

themselves frequently appear periodically. The hypertrophic rhinitis, described as usually present by Mr. Dudley Wright in his recent helpful paper on *Hay Fever and Nasal Asthma*,\* I would look upon as probably due to the cause suggested.

In these conditions, especially when treatment has long been unsuccessful, I have found that a practical recognition of the gouty diathesis and lithæmic storage, with the use of remedies and diet suitable for eliminating these blood poisons, will result in rapid cure. Notably in chronic sore throat (follicular pharyngitis) in such persons, and the more distinctly gouty throats common in later life, anti-uric acid treatment has done wonders many times in my hands when "symptom covering" had completely failed. Such cases, which formerly had been a bugbear, as so difficult to relieve, I now welcome as comparatively easy and sure to succeed. In fact, the increased success in difficult and obscure cases that the guidance of these facts has brought me, stimulates the attempt to press them upon my colleagues. As to the special remedies (chiefly homœopathic) that are of most use for this purpose, and also the dietary which so greatly assists their action, these must await a future communication. A thorough acquaintance with the pathology of gout and allied diseases and their early recognition, as here very imperfectly described, is essential to the successful use of such methods.

The frequency of tonsillitis and chronic enlargement of tonsils has probably a bearing on this question of storage. Even in childhood sore throat with swelling of tonsils is a common precursor of rheumatism and cardiac affections. Very probably the constant throat trouble produced by the slightest chill in those with large tonsils, is due to a sudden accumulation in them of gouty matters which the circulation is endeavouring to get rid of. Also in later life quinsy has suddenly disappeared on the development of acute gout in the toe,† a fact readily

\* *Monthly Homœopathic Review*, Sept. 1898, p. 548.

† *British Medical Journal*, April 30th, 1898. Quoted in *Homœopathic World*, September. In this article—"Beneficial Effects of one Disease as Regards Another"—some facts noted strikingly confirm the opinions given above. Headache is recorded as changing to backache, and palpitation to gastralgia, also migraine, spasmodic asthma, and angina pectoris, successively displace one another in one patient. Similarly glycosuria and eczema, and eczema and asthma are sometimes interchangeable.

explained if the tonsils are regarded as abnormal storage organs.

That the kidneys may for years be saturated with uric acid and gouty matters is well known. Renal calculus is one result, the commoner, perhaps, is albuminuria and Bright's disease. Also the ordinary diabetes of middle life is often caused by retention of similar matters, probably in the liver or pancreas. That there is a true neurotic glycosuria we need not deny, and this is the usually fatal form observed in earlier life. Nearly all the cases of real or partial cure of diabetes in middle life are those in which dietetic and other treatment has (perhaps unintentionally) effected a riddance of effete matters and a prevention of their storage in the system. Without this medicines are of little use. Ordinary diabetic diet is one of the most efficacious measures for effecting this purpose.

Rheumatoid arthritis, allied to both rheumatism and gout, yet distinct from either, is probably due to the causes we are considering. But so little is really known as to the origin of this mysterious disease that little more can be safely asserted. Some cases are undoubtedly benefited by treatment which diminishes uric acid storage and increases its elimination.

#### IV.—ORGANS IN WHICH TRUE GOUTY DEPOSITS OF BI-URATE OF SODA OCCUR.

This constitutes ordinary gout, chiefly met with in middle and later life. Actually any organ may become the seat of these crystalline deposits, most commonly joints, tendons, and fasciæ are affected. These are now known to consist of bi-urate of soda, which is very sparingly soluble in the blood and hence deposited in crystalline form. It is produced by decomposition of the quad-urate of soda, which is the common soluble form by which other symptoms are produced. Why so few people comparatively should develop true gout, seeing how many suffer from other complaints of similar origin is not clearly known. Luff, however, has shown that this decomposition, with consequent gouty deposits, is increased by the saline constituents of meat and hindered by the saline constituents of vegetable diet.

The symptoms and sequelæ of true gout are so well known that nothing further need be said about them. My object in these papers has been to show the vast series of disorders which are now found to be caused by the same conditions, and of which true gout is only one and the final development.

### A CASE EXEMPLIFYING THE GOUTY DIATHESIS IN CHILDHOOD.

By H. V. MUNSTER, M.B., C.M.

WHILST the readers of the *Monthly Homoeopathic Review* are having the important subject of "Gout and Allied Disorders" brought so thoroughly under their notice by Dr. Ord, it appears to me a suitable moment for recording in the pages of that journal a case which exemplifies, very forcibly to my mind, the gouty diathesis of childhood. The case, as made up from crude jottings, is somewhat as follows.

Erick D., æt. 7, is a smart looking little fellow, whose looks at first glance do not pity him, to use a familiar expression. His mother, however, who first brought him under my notice on 1st September, complains that he is very thin and gets more so; that he is restless at night, grinds his teeth, perspires very freely, and always has offensive breath and a coated tongue in the morning. On enquiry we learn further that his stools are sometimes chalky in colour, that his bowels are never loose, but rather confined, that he passes a rather small quantity of urine which sometimes deposits crystals resembling cayenne pepper. Also that there is frequently undigested food in the motions, that these are very offensive, the odour sometimes adhering to the patient for a considerable time. Also that mucus has at times been seen to accompany the motions.

The family history reveals the fact that gout has been a frequent scourge on the mother's side of the house. The child's father would seem to have had specific infection some 16 or more years before patient's birth.

Physical examination of the child with every care discloses nothing abnormal in the organs of the body, heart, lungs, liver, spleen, bowels, &c. Emaciation is very marked, and the child's body contrasts with his

face, his face being "the best part of him." The urine, however, is noteworthy. As before mentioned, the quantity is small, sp. gr. 1081, reaction acid, contains urates at times and occasionally uric acid crystals.

The personal history ascertained regarding the child was that he had always been thin, had been under several doctors, but without benefit. By one he was prohibited starchy food, and by another was ordered to eat fat in large quantities. This latter plan had been adopted just previous to my seeing him, and the result had been far from encouraging. In fact his mother said the fat seemed to go through him unchanged.

He was now put upon the biniodide of mercury, 3 decimal trituration, about 3 grains thrice daily. Instructions were given also to administer a pill containing half-a-grain of calomel once or twice a week.

Sept. 2. Pill given last night acted this morning, and brought away a lumpy motion containing undigested lettuce and a good deal of mucus. It was very offensive. Instructions were now given to have the child weighed regularly, to let him take exercise freely short of fatigue, to be warmly clad, to have a hot bath followed by cold sponging once daily, and the diet was regulated carefully so as to exclude all sweet things, to prohibit any excess of starchy food, and to moderate very strictly the amount of fat consumed. The more easily digested and nourishing articles of diet were carefully selected. The same medicines to be continued.

Sept. 9. Looks much better. Urine sp. gr. 1027. Motions very foul and free after the pills. Child relishes the new diet very much, whereby he is allowed some light flesh such as fish or chicken for his morning and evening meals as well as the midday meal (dinner). His appetite is wonderfully good. Continue medicine.

Sept. 16. Getting the pills once a week now. These cause a free motion always, and thereafter for some days the colour of the motions continues good. By the end of the week they become chalky again in hue. Patient looks about the same. Urine sp. gr. 1023, R. acid, no abnormal constituents, sugar, albumen, &c. Weight 2 st. 11 lbs. Rp.

Oct. 7. Weight, 2 st. 12½ lbs. with the same clothes, showing a gain of 1½ lbs. Looks much better. Tongue

quite clean. Motions now appear to remain healthy in colour. Urine much more copious of late.

In fact, at this stage the child seems to be fairly on the road towards normal growth and development, though the medicines have been ordered to be continued another fortnight, and the same line of diet to be observed throughout life.

One might call the case one of mucous disease of the intestines secondary to disordered function of the liver; but I am disposed to hark back, and ask the reason why in this child there should be this inactivity of the hepatic functions with its consequent results of mal-assimilation? I think the answer will at all events partly be found in the gouty heredity on the child's mother's side. The case is of value also as showing the good effects of systematic regulation of diet and general hygiene combined with medicinal treatment.

The high sp. gr. of the urine when the child first came under observation would seem to point to excess of urea from tissue waste. The improvement in this was very marked under treatment, as also that in the state of the digestive tract.

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### A CASE OF HYDRO-NEPHROSIS, DUE TO COMPLETE OCCLUSION OF THE URETER, PRESENTING UNUSUAL SYMPTOMS. NEPHRECTOMY SUCCESSFULLY PERFORMED.

By VINCENT GREEN, M.D., C.M. Edin.,

And DUDLEY WRIGHT, F.R.C.S. Eng.

Assistant Surgeon and Surgeon for Diseases of the Throat and Ear  
to the London Homœopathic Hospital.

WE think that the following case presents certain features which render it worthy of publication.

Frederick M., aged 23 years, first consulted Dr. Green in December, 1896, for pain in the left lumbar region. He had enjoyed excellent health until six months previous to being first seen, when, after partaking of a hearty Sunday's dinner, he was suddenly seized with a violent pain in the left side, accompanied by nausea and slight retching. The pain persisted for two days, and then subsided gradually.

Since that time similar attacks had recurred every week, starting on Sunday evening or Monday morning, and lasting one or two days. The attacks completely incapacitated him, and some relief was obtained from sitting in a stooping posture. During the attacks large quantities of urine were passed, and this also seemed to give some relief. The urine he passed was always clear and free from deposit on standing, and contained neither pus, albumen, blood, nor sugar. The patient is a fair-skinned, spare, and rather anæmic individual. He is a large eater, especially so on a Sunday, adding on that day half a glass of whisky to his customary daily two pints of beer.

Examination showed deep-seated tenderness in the left costo-iliac space, together with a slight swelling in the kidney region of that side.

From December, 1896, to April, 1898—the date of his admission into the hospital—the patient was seen on many occasions by Dr. Green, and several drugs were prescribed, and of them the only one which gave any decided relief was berberis in the 1x dilution. The attacks, however, continued with considerable regularity, and the patient was brought to the hospital with a view to operative treatment and examined by Mr. Wright, who distinctly felt a tumour in the left renal region.

After admission Dr. Epps kindly took charge of the case previous to surgical measures being taken. The rest in bed and regular diet appeared to be beneficial, for the attacks of pain were less intense, and the swelling apparently disappeared. Occasionally an extra large meal was given, and usually this produced an attack, and then occasionally the tumour reappeared. During the attacks the bowels were constipated, otherwise they acted regularly.

A consultation was held and operative treatment decided upon, and the patient was transferred to one of Mr. Wright's beds.

On June 9th Mr. Wright operated—gas and ether anæsthesia. Incision four inches long, a finger's breadth, beneath last rib on left side and parallel to it. The various layers of muscle and fasciæ were divided and peri-renal fat exposed. The kidney was found tucked up under the last rib, soft and lobulated, and somewhat enlarged, the pelvis being evidently distended. Palpation

showed that but little kidney substance was left, the organ being converted into a loculated sac containing fluid. The wound was now enlarged to about  $5\frac{1}{2}$  inches in order to facilitate exploring both kidney and ureter, the latter being followed down as far as the lower edge of the psoas muscle, its upper part being found dilated; no stone could be felt either in the kidney or ureter. The pelvis of the kidney was now incised, and about  $\frac{3}{4}$  of clear fluid escaped. The finger inserted into the opening found nothing but a loculated sac. A catheter was passed down the ureter and was stopped by some obstruction at about  $1\frac{1}{2}$  inches.

It was now evident that one was dealing with a hydronephrosis due to obstructed ureter, and as but little kidney substance was left, it was decided to remove the organ. The ureter was divided between two ligatures below the obstruction, and the vessels ligatured at their entry into the hilum by transfixing the pedicle, a small abnormal renal vein leaving the cortex and joining the renal vein was ligatured separately. Silk ligatures were used in each case. The structures having been divided the organ was removed. The parietal wound was closed with silk-worm gut sutures, a large drainage tube being left in.

The operation caused but little shock, and the patient passed a fair night. On the night of the operation the temperature rose to  $100.2^{\circ}$ , but fell the following morning to  $99.6^{\circ}$ , and the next day to  $99^{\circ}$ , and after that remained normal. The dressings had to be changed the day after the operation owing to oozing, and the tube was removed at the same time and not replaced. After that the dressings were not removed until the stitches were taken out ten days later. The patient made an uninterrupted recovery, and was allowed up on the couch on the 11th day after operation. The urine passed since operation amounted at first to 27 oz. in the 24 hours; on the sixth day it rose to 35 oz.; on the 18th day to 47 oz.; and on the 19th day to 50 oz. After this it varied between 40 and 50 oz., showing that if there had been any secretory power in the kidney removed, the other had fairly well taken over its duty. The patient was discharged on the 22nd day after operation, wearing an abdominal support.



Examination of the removed organ showed that it was about twice the size of a normal kidney. It was converted into a loculated sac, the walls of which were formed partly by the dilated pelvis and partly by degenerated cortical substance. The ureter presented a complete cicatricial obstruction about  $1\frac{1}{2}$  inches from its junction with the pelvis, it being impossible to pass even the finest probe through the obstruction.

*Note by Dr. Vincent Green.*

Although the diagnosis of hydro-nephrosis was perfectly clear, I must confess that I did not grasp the exact significance of the periodicity of the pain and its relation to the Sunday feasting. The operation, however, afforded an explanation. The channel for escape of the urine was so narrowed, that any large increase in the renal secretion such as would be induced by a heavy meal, accompanied by libations of whisky, gave rise to acute tension behind the block, and consequent pain.

The therapeutics of the case bear out what has been my previous experience in this class of case, that berberis stands unrivalled in the treatment of renal colic. It should be given low, one or two drops of the mother tincture at intervals of an hour.

*Note by Mr. Wright.*

The above case illustrates one of the causes of hydro-nephrosis. Organic stricture of the ureter is not a common lesion, and the majority of cases of hydro-nephrosis are due to some other cause. I am quite unable to assign a reason for the appearance of stricture in the present instance, though it is evident that it has been produced by some ulcerative process within the canal. The absence of any history of the passage of gravel, or of hæmaturia, appear to negative the supposition that lodgment of a small calculus was the primary cause, though it is possible that the first attacks of pain were due to passage of a stone which made a temporary stay within the canal and was finally voided per urethram without being noticed.

It certainly seems highly probable that, as Dr. Green suggests, the regular weekly attacks of pain were due to the extra secretion caused by increased food and drink partaken of on Sundays; though, as Henry Morris has pointed out, a distended colon may cause pain by pressure upon a displaced or abnormal kidney.

Since it has been demonstrated that in the case of urethral stricture, a reopening of the canal can be made with perfect success by grafting the part below the stricture into the pelvis of the kidney, the question naturally arises whether it was good surgery to remove the kidney in the present case. I think that considering the fact that the organ had lost the greater part of its secreting structure, its removal was certainly called for.

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## THE PRINCIPLE OF HOMŒOPATHY.

By W. BUIST PICKEN, Esq.

(Continued from page 626).

SHOULD anything more authoritative be required in refutation of the supposed isopathic nature of interference, I would refer the reader to Professor Tyndall's exposition of the subject.

"If through any cause," says this authority, "one system of ethereal waves be *any even* number of semi-undulations behind another system, the two systems support each other when they coalesce, and we have more light. If the one system be *any odd* number of semi-undulations behind each other, they oppose each other, and a destruction of light is the result of coalescence." Again, with reference to absorption of motion by Corti's organ, Professor Tyndall says it is not essential to response from any one string of this organ that the unison be perfect, as a certain degree of response occurs in the immediate neighbourhood of unison. Each of two strings, not far removed from each other in pitch, can cause a third string, of intermediate pitch, to respond sympathetically. And if the two strings be sounded together, the "beats" which they produce are propagated to the intermediate string. This, of course, does not refer to interference, but the signification is the same. For it must be remembered that it is *interference-absorption* with which I have all along been dealing. This brings us at once to primary categories. Because no drug effect can be produced or induced without absorption of drug motion. It is, indeed, the mode of absorption, its conditions and consequences, which we

are now studying. As I have elsewhere shown, absorption may be effected in positive, passive or negative relations. Absorption and polarity are therefore first principles in therapeutic science. It is hardly necessary to add that they form the foundation of my science of homœopathy.

In spectroscopic analysis, which presents beautiful illustrations of interference-absorption, the fallacy of the mechanically isopathic idea is further explained. The real equality is clearly seen to be that of periodicity of molecular motion. Periodicity, polarity—these are the essentials. Mechanical equality is a consideration irrelevant to the production of spectroscopic interference. To say that it is relevant to the production of *perfect* (complete) interference is not to raise any real objection to the interference-absorption theory of homœopathy. Simply because in the sub-vital orders of motion only sub-vital phenomena are possible. Mechanical or chemical absorption of any kind must exhibit a mechanical or chemical equivalence, just because it is merely mechanical or chemical. And let it be observed that the departure from mechanical equality as a condition of interference, which we have seen in the case of Corti's organ and of spectrum analysis, is only the thin edge of the wedge. As motion advances to the forms of life, sensation and intelligence, the distance from the mechanical conditions enlarges to a degree quite beyond our range of vision. In the human organism the correspondencies between the specific phenomena of the dynamic and static states of motion in mechanics are the phenomena of states of health and disease. In health, the sub-conscious organic motions are in a state of unity, with conservation of energy, which is the correspondence, in relation to consciousness, of the merely mechanical static state. In disease, this organic unity, or equilibrium of all the forces of the organism, is less or more broken, and the correspondence to the mechanical state is seen in the pathological motions which sooner or later emerge into consciousness as disunity, with dissipation of energy.

Motion has four typical forms corresponding to the four great kingdoms of nature :—angular motion typified in the mineral world, circular motion in the vegetable world, spiral in the world of sensation, and vortical in

that of intelligence. These systems of motion are organised in man ; consequently he exhibits them all in perfection. Nothing below man can do this. In merely mechanical or chemical motion there is no return movement by which impressed motions can become " self-contained "—no development of motion such as constitutes the primitive cell. It is in the order of forces next higher to the chemical that for the first time in evolutionary sequence appears the circulatory type of motion which initiates life and is ultimated in man. And now it is just as easy to see why and how impressed organic motions become self-contained as it is to see why and how this is impossible in the case of inorganic bodies. With the second evolutionary order of motions mineral matter is raised to protoplasm, which becomes a new focal centre of reaction to the forces of the universe which are for ever playing upon all things according to their degree of receptivity. With the principles of the conservation of energy, of the convertibility of forces, of association, the principles of growth and development now combine in organic transformation of mineral motions and matter into those of life, sensation, and ultimately intelligence. Thus is explained, very simply and very truly, the ultimation into health of a degree of *similia* absorption that in mechanics would yield relatively slight interference.

In the case of the interference of light by the tourmaline crystal, the laws of mechanics alone are concerned ; in that of the same kind of interference by the electro-magnet we see the former particular laws transcended, and the interfering crystals made to transmit the light as if in the mechanical position of transmission. But in the latter case the ethereal and molecular conditions continue to allow the transmission of light only so long as the initial influence of the magnet is maintained by it—the principles of growth and development being necessary to continuation and ultimation of such changed ethereal and molecular motions.

Interference, then, being essentially the interior equilibration of molecular motions in polar relation, a change from diversity, with concomitant dissipation of energy, to unity, with concomitant conservation of energy, it is evident that in each order of motions the

laws of interference will manifest their common principle according to the mode of the several orders. On the mechanical plane the unity will take place mechanically; on the chemical plane it will occur chemically; on the electrical plane, electrically; on the vital, vitally; and on the moral, morally.

“As a matter of fact,” observes Dr. Proctor, “the movements of the bioplasm in the cell are not in straight lines, and exhibit nothing in the nature of physical vibrations, and they do not perpetuate themselves indefinitely, but are self-contained, and their behaviour is more consistent with a higher form of chemistry than of mere wave motion.”

This is, of course, in fine accordance with the foregoing exposition of interference-absorption. The sequence of organic transformation of motion from the mechanical mode is into the chemical, thence through the electric and magnetic into the vital; hence the passage of the chemical impression through the sphere of sensation to self-consciousness, as also the reflex movement from consciousness through sensation back to the chemical and mechanical modes of the mineral order in the organism.

I have at present neither time nor space for an exposition of the principle of *similia* in its various modes. But if the laws from it be elucidated in the lower and the highest of the series, the unity of principle should be seen.

Sufficient for my purpose has been said, I think, of the lower modes. In concluding I would offer some guiding observations with regard to the investigation of the correspondencies of the homœopathic law in the moral mode. Being at the upper end of the scale of laws manifesting the principle of *similia*, we must look for differences in the phenomenal aspect of things corresponding to the differences of the mode. Instead of dealing with forces positively material and negatively spiritual, we have now to do with forces positively spiritual and negatively material. For the ubiquitous and all potent ether, which is the fountain of all the physical forces, we have the omnipresent and omnipotent love which is the fountain of all the moral forces of the spiritual universe. This correlation of forces may

surprise some reader, being probably new to him. It is however, irrefragably true.

As we have seen, the essential nature of medical *similia* is interior (or molecular) equilibration of polar forces, with conservation of energy, for which the following formula may serve: positive and negative = unity, with conservation of energy. The formula of *contraria* is positive and positive, or negative and negative = disunity, with dissipation of energy. In the case both of *similia* and of *contraria* there is opposition of forces, but in the former it is complementary, constitutive of unity, or static harmony; in the latter it is antagonistic, entailing disunity, or dynamic discord.

The philosophy of the axioms, "force is no remedy," and "a soft answer turneth away wrath," is the philosophy of homœopathy. As regards the first axiom the unity of law with *similia* is so obvious that anything in the way of exposition would be superfluous. The mechanics of the soft answer turning away wrath are not so evident.

Anger is a passion which is always a form of love. It may be an extreme action of love, self or other, or it may be an inversion of some form of love. The force is in every case essentially a love force.

In the psychological, as in the medical sphere, external forces may assume positive, passive or negative relations. By the former mode equilibration is effected destructively, if at all. Murder may be incidental to the positive method. In the passive relation equilibration is obtained under the ordinary operations of the laws of action and reaction—the opposing forces come to an equilibrium or static harmony (as relationship), in which the reacting force persists, but is modified by the force acting upon it. This condition of things is exemplified in the struggle of men individually and collectively when, neither side submitting, they "come to terms." The negative mode of equilibration is essentially transcendental, whether it be in the case of drug relation to the human organism, or in that of the inter-relations of mankind. In both cases the method and expectation of common-sense are transcended, and an exalted experience becomes the basis of a higher science and philosophy.

I have said that anger is a form of love. This statement may at first sight appear paradoxical. Upon

examination it will be seen to be simply and directly true. All the purely social forces are forms of love—in state normal, extreme, or inverted. Love, therefore, must be competent to cure such disorders as it can cause, if the homœopathic law be the operation of a general principle. But, like the drug remedy, love must assume the homœopathic relation, both as regards polarity and posology. In a typical case of anger one form of love is in extreme action, another in deficient action; in positive hatred the latter form becomes inverted. Like begets like, and thus the tendency of anger or of hatred is to beget anger or hatred. This is the law, and the application of it which appeal to common sense, from the ground of common experience. As, however, like may beget like in respect of hatred, or inverted love, so by the same law may normal love beget normal love in the subject of the inversion of it. Relatively few individuals are qualified, by intuition or experience, to apply the law of love in this way, hence their experience and philosophy are at first sight transcendental nonsense to the man of common sense and ordinary experience. The advanced few, who know this higher truth and apply it, gradually propagate their experience and knowledge to the advancing many, according to the general laws of evolution.

When two inverted love-forces meet, they augment each other, exhibiting disunity with dissipation of energy, correspondentially to the meeting of water or other physical wave motions whose phases are the same. The increase of mechanical, sonorous, luminiferous, and passional manifestation in these circumstances is due to polar resistance of motion. For it is a case of positive and positive, negative and negative, mutually aggravating dynamic disorder, resisting the physiological tendency to rest in positive and negative unity, or (physiologically) static harmony.

Now, in the case of the soft answer turning away wrath, this polar resistance is absent. But this is not all. While the inverted love-force suffers no augmentation by resistance, it is interiorly equilibrated by a similar force moving in opposite phases. The anger-force is absorbed by the soft answerer as light is absorbed by a black substance. It is then by him transformed and radiated as a higher love-force, which the recipient

reflects, as a coloured substance reflects corresponding rays from the sun.

The principle of homœopathic posology may be easily discerned in its correspondential manifestations of the social world.

To be negative, the homœopathic dose must be "small." In general, its efficiency is heightened by some degree of attenuation. In the most intractable disorders it is sometimes found that the organism will respond only to a very highly attenuated remedy.

Now attenuation signifies refinement, or spiritualisation. To spiritualise love is to transform it from a lower, self-quality to a higher, not-self quality. Thus in the posological view the correspondencies of *similia* are obvious.

As all diseases amenable to drug treatment may be reduced to two classes, namely, positive and negative, so all love disorders may be classified into those two orders. The positive state of the disordered love-force is characterised by dangerous expansion, the negative by injurious contraction. Anger typifies the former state, grief the latter.

By renunciation of opposing anger, the disordered love-force is absorbed, (as light is absorbed by a black substance), and by sympathetic vibration a similar force of opposite polarity interiorly equilibrates the dynamic discord. By like sympathetic action on the "otherness" of grief states, a harmonising motion is in the same manner initiated, and by accumulation changes the static disorder into dynamic harmony. Here we see how beautiful is the operation of the law of extreme sensitiveness to impressions of opposite states. The organic tension which is concomitant to pathological states goes far to make reaction possible from forces so mechanically slight as that of the typical homœopathic remedy. The correspondencies in tension of a stretched band of india rubber, of a bent piece of finely tempered steel or glass (the latter perhaps the most elastic material known) the chemical condition of unstable equilibrium—these and like examples of reactionary tendencies, which have abundant correspondencies in the moral order of forces, but slightly adumbrate the organic potentialities of reaction that lie open to the touch of the homœopathic infinitesimal.



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And now, with all those complex natural correspondencies in view, reaching from primitive matter to self-conscious mind with irresistible significance, it would seem that we must either accept their plain teaching, or in this matter altogether renounce the functions of our intelligence.

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### CAUSTICUM.\*

By A. C. COWPERTHWAIT, M.D.

Professor of Materia Medica in the Chicago Homoeopathic  
Medical College.

CAUSTICUM is one of the neglected remedies of our materia medica. It is a remedy possessing great power and value and yet one which is seldom called into use by the average physician.

This peculiar substance is a product of the distillation of equal parts of freshly slacked lime, sulphate of potash and water. Its mechanical nature is uncertain, but, even if its exact constituents are unknown it is essentially a potash preparation, possessing many distinctive qualities of the potash salts which it resembles more closely than any other class of drugs.

It acts especially upon the motor nervous system, giving rise to paralytic conditions, more particularly of the face, larynx and bladder. It also has a remarkable action on the mucous membrane, especially those of the respiratory tract. It shows its power in diseases in which there is great weakness; a genuine potash indication which we find running all through the potash salts. The causticum patient has, too, the timidity characteristic of potash; full of painful fancies in the evening; the child is afraid when alone in the dark; apprehensive. When closing the eyes frightful images appear. The patient is constantly sorrowful with weeping. The face is a correct mirror of his condition. It is sallow, sickly looking and expressive of his melancholy. Memory is weak, he is giddy with a sensation of weakness in the head. The sight is dim as from a fog over the field of vision. But more important

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\* Reprinted from the *Medical Era*.

than all these symptoms is the paralysis of single nerves, as of the face, the tongue, lips, the eyelids, one arm or one leg or the laryngeal muscles, the bladder, etc.

In the paralysis of the face, the patient trembles when he rises from his seat; the parts feel numb, death-like and cold. This trembling belongs to all the paralyzes of causticum, but is not characteristic solely of this drug, for we find it in baryta, phosphorus, mercurius, zincum, plumbum, and other drugs of the kind.

Causticum has cured stammering caused by imperfect control of the tongue. The paralysis of causticum may accompany deep-seated diseases of the brain or spine or may be excited by rheumatism or exposure to cold. It may also arise from checked eruptions. The paresis of causticum is further indicated in children who are scrofulous and totter and fall while walking. I have had what I consider a remarkable experience in the treatment of facial paralysis with this drug.

Some years ago I published the reports of a large number of cases of facial paralysis with the use of causticum 30. I recall to mind now a number of cases of facial paralysis brought on by exposure to cold winds where the genuine paralysis was present and had remained for several days, cured within a very few hours with the aid of causticum. This drug is also a favourite remedy in the treatment of laryngeal and chest diseases, and most efficient in the treatment of aphonia, whether catarrhal or not, but associated with great weakness of the laryngeal muscles which sometimes refuse their service and the patient is required to use the greatest effort to articulate a word.

Causticum is my favourite remedy for aphonia except when it is purely catarrhal hoarseness, which is sometimes confounded with aphonia, but where phosphorus and other remedies are of greater value.

It is also a useful remedy for cough, especially where there is an inability to expectorate and loosen the phlegm; apparently they cannot cough deep enough to get relief, this being due to a paralytic condition. In addition to the cough, however, if causticum is indicated we usually have present great rawness under the sternum, with burning and soreness, which, to my mind, is very characteristic of this drug. Of course we get rawness

under the sternum in several drugs, and unless the different indications were for causticum, it is possible that rumex, nux, or some other remedy might be of greater value.

Like many other remedies causticum has a roaring and buzzing in the ears, which is a purely nervous symptom of this drug. A patient who had this symptom in conjunction with earache found instant relief from the drug. We are too prone now-a-days to resort to local treatment for conditions of this kind, whereas, if we would only study our patient and our drug, we could very likely remove many of these symptoms for which we now send our patients to a specialist. This symptom of roaring and buzzing in the ears may be a concomitant of rheumatism or catarrh of the ear and throat, and may also be indicated in the excitement of Ménière's disease.

In atrophy of the bladder causticum is often of excellent service, especially when the urine is retained from cold after labour, and also when urination has been so long postponed that the fundus of the bladder refuses to contract. In involuntary urination this drug is very beneficial to children who are so troubled at night, and also to those who are usually worse during cold weather. It is my favourite remedy for nocturnal enuresis, except where pulsatilla is well indicated.

Another condition I would speak of especially, and that is where the patient has a spurting of urine every time he coughs. I have had a great many cases of this troublesome complaint and so far as I can now remember I have never had causticum fail me. I call to mind now a case that came to me about a year ago where a lady had been suffering with a chronic bronchitis for years, her greatest annoyance being that every time she coughed her urine would spurt, and it kept her constantly wet. Causticum not only cured that condition, but absolutely cured the whole case and the woman still remains perfectly well. The same condition often occurs when the patient sneezes, blows the nose or anything of that kind.

Another example of the debility of causticum appears in the nursing woman, in whom every exertion or loss of sleep endangers her supply of milk. This depresses her, making her very melancholy.

There is another nervous phenomenon of this drug which I do not consider or say much about, but which must not be overlooked, and that is its use in convulsions. Usually the patient begins with what might be termed chronic symptoms, being uneasy at night, anxious, restless, must sit up, throws the head about and finally, exhausted, falls asleep. The legs and arms are in constant motion during sleep. During the day the patient may have epileptiform spasms, complains of anxiety about the heart, making him restless. During the spasms he drenches himself with urine. I think this is the most important indication in spasm. The convulsive movements are usually more on the right side.

Causticum is also used in spasmodic symptoms of the abdominal region. It causes cutting, quick and cramping pains which cause the patient to bend double like colocynth, which remedy it follows, well complementing that drug, and establishing the cure after colocynth has only given relief.

In menstrual colic there are also darting pains in the back, and the menstrual flow is liable to cease entirely at night and continue during the day after the usual time.

I ought to mention in connection with the paralysis of this drug that which affects the deltoid where the patient cannot raise his hand to his head. It is my experience that this symptom is secondary to rheumatism, and so it is also very likely that many of the local paralytic symptoms of causticum are due in the first place to rheumatism. Sometimes the drug is useful in rheumatism where there is no paralysis, the joints being rigid, the tendons shortened and sometimes the joints ill-shaped, as in arthritis deformans.

The pains affect particularly the articulation of the jaw, and are worse from cold and better from warmth.

My experience with causticum is that it is a remedy that acts well in both the higher and lower potencies. The best results I have obtained with the 30, and yet I might perhaps have had equally as satisfactory results from the 3x, as this has proved of great service to me many times in the conditions which I have enumerated.

DR. GEORGE W. BALFOUR ON HOMŒOPATHY.

By GEORGE BLACK, M.B. Edin.

"We must be careful never to subordinate to any vague ideas of what may possibly be curative of disease that which is after all the paramount object of our art—the relief of suffering."—Dr. George W. Balfour, B.M.J., July 30th, 1898.

"The first and sole duty of the physician is to restore health to the sick. This is the true art of healing."—Hahnemann, *Organon of Medicine*, § 1.

In his address delivered at the opening of the section of medicine at the annual meeting of the British Medical Association, Dr. George W. Balfour made some interesting statements in regard to homœopathy, unfolded a chapter of his life not generally known, and enunciated a principle in medicine for the guidance of his fellow practitioners.

The statements made in regard to homœopathy show Dr. Balfour to be perfectly familiar with the subject upon which he speaks, which is more a great deal than can be said of the majority of old-school practitioners who have either written or spoken about it.

Here is no travesty of homœopathy, but a plain, straightforward, unvarnished statement of what it is. The writer's knowledge of his subject is, however, used in an effort to bring the system with which he deals into contempt. If this were done by argument it would be easy enough to show its fallaciousness, but another method is adopted better suited perhaps to the agnostic attitude of the great majority of his audience. The preparation of homœopathic remedies is so presented as to appear a *reductio ad absurdum*; the differences existing amongst professed homœopaths with regard to the dose is made to accentuate this position. The whole thing is finally made to appear ridiculous by comparing the old and new treatment of such a disease as pneumonia; the result of which comparison is that, according to Dr. Balfour, there was little or nothing to choose between Professor Fleischmann's at the Gumpendorf Hospital, at Vienna, by means of small doses of phosphorus, Skoda's by means of hay tea and Dietl's with aqua colorata.

There is little doubt that the audience he addressed was in no way able to form an independent judgment on the statements that were made, inasmuch as most of those

who heard him knew little or nothing of the subject of which he spoke.

If truth were that after which the allopath seeks homœopathy would not be as a sealed book to so many, and the blundering, distorted views of the subject, which are from time to time presented in their journals, would meet with the contempt they deserve.

In colleges and training schools of theology on the library shelves the student will find books dealing with all forms of belief or with no belief at all; the desire being that the man shall be thoroughly instructed in all matters pertaining to the subject he has on hand, and shall have ample opportunity of examining its *pros* and *cons*, and so be able to form an independent judgment regarding it.

If a spirit at all approaching this obtained in the medical profession, the editors and conductors of journals would open their pages to every phase of thought and every variety of treatment that offered our poor suffering humanity an increased chance of recovery, but instead of this no writer who is familiar with homœopathy is allowed space to ventilate the subject or present it in its true light, and, strange as it may appear, the greater the qualification of the writer for his task the less chance has he of being permitted to express himself.

If the public generally were aware of the unfairness, the undignified and ungentlemanly conduct of those who *know* better, and those who *ought* to know better, it would open their eyes to a state of things they little dream of, and if the ordinary practitioner knew the pains that are taken to keep him ignorant and to present him with incredible stories of homœopathy and homœopathic practitioners, his sense of right and wrong—of fairness and common justice—would be so shocked that he would demand that this sort of thing should cease.

It matters not how much *unconscious* homœopathy enters into one's practice; so long as the man does not *know* what he is doing all is well, and it matters not how much *conscious* homœopathy there is provided it is called by some other name.

One of the writers belonging to the second class of whom I am speaking may tell you at the top of a page

that "ipecacuanha is a mild, tardy, but certain emetic," that "it produces repeated vomiting unaccompanied by much nausea or prostration," and at the bottom that "few remedies are so efficacious in checking some kinds of vomiting." But then if you only do not acknowledge that this is homœopathy it is all right. So with aconite, "whose virtues," the author wrote in 1871, "are only beginning to be appreciated," and speaks of it as "to be the most esteemed for its power, little less than marvellous, of controlling inflammation and subduing the accompanying fever." Unfortunately for him, 41 years before he penned these words Samuel Hahnemann had written, "I would speak of fevers, called purely inflammatory, in which the smallest dose of aconite, without recourse to any of the remedies acting in an antipathic manner, causes a prompt removal of the inflammatory action, and leaves no consecutive effects behind." In like manner we find our author, when speaking of belladonna, say that "a full dose, in any of its forms, produces great dryness of the tongue and roof of the mouth, extending down the pharynx and larynx, inducing consequently some difficulty in swallowing, with hoarseness and even dry cough;" and a little further on we read that belladonna is employed in several inflammatory diseases of the throat; its good effects are most apparent when the throat and tonsils are acutely inflamed and much swollen." In 1831 Hahnemann wrote, "How often do not the more acute cases of quinsy, especially where there is external swelling of the neck, become fatal in the hands of those practitioners through repeated venesection, leeches, blisters, gargles, poultices, refrigerants, diaphoretics, purgatives and various other modes of torturing the organism, whereas health might have been restored in a few hours by means of one single dose of belladonna!"

So also with regard to mercury "the soluble preparations act as purgatives, increasing the secretion from the mucous lining and the contractions of the muscular coat of the intestines," and on the opposite page "there is a form of diarrhœa common in children which is admirably treated by small doses of bichloride of mercury." But I need not trouble my readers with further quotations from the same source. That this is homœopathy pure and simple anyone who knows any-

thing of the matter is perfectly aware ; the strange thing is that it should have been accepted without protest in quarters where it was, but then the name that is such a terrible bugbear to the allopathic mind was not used and so the conscience of so-called orthodox medicine was appeased. But what a conscience this is !

Surely this sort of thing must speedily end. There is a length beyond which it cannot go : the game will be up, the farce played out. Either the eyes of the profession will be suddenly opened to what has been going on in its name during all those long years, or the voice of public opinion, always so much in advance of that of vested interests, will make itself heard so unmistakably, that to gainsay it will be impossible.

We learn from Dr. Balfour's statements that he had been impressed by Professor Henderson's conversion to homœopathy and speaking of him as "one of our ablest professors" says he proceeded to Vienna to study the system.

At that time Professor Fleischmann was one of the physicians at the Gumpendorf Hospital, and "fresh from a school where it was taught" (writes Dr. Balfour) that "in the case of inflammation no one would think of trusting the safety of the patient to any other remedy than bloodletting, it was a sufficiently startling experience to observe cases of true sthenic pneumonia not only entrusted to these infinitesimals, but making excellent recoveries under their use."

"Naturally," he says, "the first and most obvious idea was that there really must be some occult virtue developed by the various triturations and succussions, and some truth in the homœopathic aphorism *similia similibus curantur*." Then follows the part of this address intended to hold homœopathy up to ridicule. "Fortunately the excellent results obtained by Skoda with his hay tea sufficed to dispel these clouds of mysticism, while the success of Dietl in the same class of cases in another hospital with simple aqua colorata showed that there was nothing specific even in hay tea, and but confirmed the unmistakable conclusion that, as Skoda put it, pneumonia tended not to dissolution but to resolution, and that the large blood-lettings thought necessary for its treatment were, to say the least, uncalled for."



There appears to have been no doubt in Dr. Balfour's mind as to the cases treated by Fleischmann being cases of genuine pneumonia. Referring to the paper he read on his return before the Medico-Chirurgical Society of Edinburgh, he says, "I pointed out that the Vienna cases were certainly not less sthenic than those in Edinburgh; that they had the disadvantage of being daily unceremoniously auscultated, percussed and lectured over which was not the custom in our infirmary in those days, and that they had not the advantage" (*sic*) "of being freely bled, yet their mortality was only 13.7 per cent.

"In the reports of our infirmary during the five years and three months from July 1st, 1839, to September 30th, 1844, there are recorded 253 cases of pneumonia who escaped the lecturing and had the advantage" (*sic*) "of having been freely bled, and of these 91 died, a mortality of 1 in 2.78 or 35.9 per cent., showing a proportion of recoveries of nearly 3 to 1 or over 20 per cent. in favour of those who were not bled, to say nothing of the time gained by their more rapid recovery or of the less exhausted condition in which the patients were left, whereby they were sooner fit to return to the duties of active life."

It appears that Dr. Balfour was prepared to give the eclectic system, as he calls it, of treating pneumonia a more extended trial. He urged the importance of doing this upon his audience, but his words fell on deaf ears.

The attitude of the profession in those days towards anything outside the beaten track, no matter how beneficial it might have proved in the treatment of disease, is well exemplified by the statement of Dr. John Gairdner. "Nothing was better established than the good effect of blood-letting in Edinburgh." (This notwithstanding the mortality statistics with which he had just been furnished) "whatever might be the case in Vienna . . . . Of the benefits of early blood-letting he entertained no doubt whatever; they were positive, immediate, unequivocal, and admitted by almost every physician whose experience and judgment entitle him to consideration; and if Dr. Balfour or anyone else could shake his conviction in the truth of this opinion, he would also succeed in producing in his mind a general distrust of medical evidence in all cases of every description since

in no case whatever can we have evidence which is stronger or more satisfactory."

There is nothing like doing a thing well while you are at it, and one cannot help admiring the courage of the man who felt himself able to make such a remarkable pronouncement. To express oneself thus must be to have the assurance of a lesser deity. How strange it must all have seemed to this individual, if he continued long enough in the flesh, to behold the gradual change in opinion wrought by homœopathy which resulted in the complete abandonment of a practice by which he laid so much store.

I had taken it for granted that this salutary change was due to homœopathy and had resulted from the labours of Hahnemann and his coadjutors, but the other day I came upon an explanation which was entirely new to me and will be interesting, I daresay, to some of my readers. In his *Plea for a Simpler Life*, Dr. George Keith says: "The change from a severe system of treating disease by depletion in all its modes came in with a great social change, especially as regards the upbringing of the young. In my young days this was rather trying. Home discipline, as well as that in the schools, was harsh, even with the upper classes. The boy must do as he was bid without delay and without protest or it was the worse for him. Pleasure for its own sake was at a discount. In Scotland, at least, the extreme doctrines of Calvin held sway, and a severe sway it was. Reaction came at last, and along with other changes came that of the treatment of disease, first by modifying the old methods and very soon by adopting others at the opposite pole." One is left in doubt as to whether it was reaction from the doctrines of Calvin that did away with blood-letting or that the abandonment of this practice and the revolt from the other were but the outward expression of a change that had taken place in the heart and mind of the people. He says, "the change fell in with the spirit of the times," and he fears goes with it still.

Dr. Balfour was a young man when he read the paper to which he refers, and one can easily understand how the snub administered to him in the words "every physician whose experience and judgment entitle him to

consideration" should have acted as a deterrent in further pursuing the subject.

Lonely is the pathway of the searcher after truth, stout and strong must be the heart that follows where she leads.

He urged upon the Society the importance of giving the eclectic system of treating pneumonia a fair trial, but the Society would none of it, and from his previous utterances one concludes that the *odium medicum* was too strong for *him* to give the matter a fair trial and that *he*, too, presently let it drop.

There is one part of this paper which is of the utmost importance because of the morality involved in it. The wonder is that no one present called in question the statements that were made. The paper was written by a man familiar with homœopathy, and was evidently intended to cast ridicule upon it. He goes to Vienna that he may study it on the spot and see the system at work under the eye of a master. While following Fleischmann a glamour seems over him, which, however, is speedily dispelled by the excellent results of the hay tea treatment and that of Dietsch, but the curious thing is that when he compares statistically the results of treatment, although he had expressly gone to study homœopathy, and the paper was written with a view to its condemnation, not the slightest mention is made of the results of the man whose work he went to study. Instead of dealing with Fleischmann's statistics, of whose existence he was perfectly aware, he makes a comparison between Skoda's and those treated in the Edinburgh Royal Infirmary.

The amazing thing is how such a glaring discrepancy was allowed to pass at such a meeting without either enquiry or protest. He must certainly have presumed much upon the credulity and ignorance of his audience to take so bold and glaring a course of inconsistency and unfairness.

Fortunately, for the sake of justice, the means are not wanting to show this in its true light.

In his book entitled, *An Inquiry into the Homœopathic Practice of Medicine*, published in 1845, Professor Henderson says: "Dr. Fleischmann, of the Homœopathic Hospital of Vienna (maintained by the Austrian Government), has lately given to the public a statistical

report of the diseases treated in that institution since its foundation in 1892, and among them we find no less than 300 cases of acute pneumonia, 105 of peritonitis, 224 of pleurisy, 29 of endocarditis and pericarditis." Here is one of the tables:—

*Mortality in Cases of Pneumonia treated Allopathically.*

| Authorities.        | No. of Cases. | Deaths.    |
|---------------------|---------------|------------|
| Grisolle ... ..     | 304           | 43         |
| Briquet ... ..      | 364           | 85         |
| Edinburgh Infirmary | 222           | 80         |
| Skoda ... ..        | 19            | 4          |
| <b>Total ... ..</b> | <b>909</b>    | <b>212</b> |

Mortality 23.32 per cent., or nearly one out of every four.

*Mortality in Cases of Pneumonia treated Homœopathically.*

| Authority.         | No. of Cases. | Deaths. |
|--------------------|---------------|---------|
| Fleischmann ... .. | 299           | 19      |

6.70 per cent., or about one death out of fifteen cases.

These figures, and those respecting the other diseases mentioned, speak with an eloquence greater than words, and, however ignorant his audience may have been of such facts, one cannot help feeling that they were known to the writer, and that for purposes of his own they were suppressed.

In the *Monthly Homœopathic Review* for September, 1870, there is an interesting account of a discussion which took place at two meetings of the "Dialectical Society" in connection with an address delivered by Dr. Wylde on *Homœopathy: Its Reception by the Public and by the Profession*.

The following statistics were presented to the meeting, taken from an allopathic work by Dr. Routh, and admitted to be accurate by Dr. Dietl, of Vienna, and Dr. Bennett, of Edinburgh:—

|                     | Homœopathic Treatment. | Allopathic Treatment. |
|---------------------|------------------------|-----------------------|
|                     | Percentage of Deaths.  |                       |
| Pneumonia ... ..    | 5.7                    | 24                    |
| Pleuritis ... ..    | 3                      | 13                    |
| Peritonitis ... ..  | 4                      | 13                    |
| Dysentery ... ..    | 3                      | 22                    |
| Typhus ... ..       | 15                     | 19                    |
| All diseases ... .. | 4.4                    | 8.5                   |

One of the speakers, who, nevertheless, would not in any way admit the claims of homœopathy, declared that "he perfectly admitted that the old system of medicine was in many respects faulty, and he had known in his early practice many children dying of too much physic; while for himself he thought he might in his early days have killed one hundred by over drugging."

Supposing Dr. Edmunds to have been speaking seriously, and there is nothing in his statement to make us suppose that he is not, he is certainly to be congratulated on his courage in making this remarkable admission. But how wondrously pig-headed a man must be to make a statement of this kind, to be shown that such a thing is impossible by another system, and yet to declare that he cannot in any way admit its claims.

It resembles the attitude of Dr. Balfour, who with the ghastly statistics of pneumonia treated by blood-letting staring him in the face, yet talks of the cases that had the *advantage* of it! One wonders if to some, language has lost its meaning, and the intellect become so warped that truth fails to find an entrance.

It was admitted long ago by Sir John Forbes that "Hahnemann was a genius and a scholar, and destined to affect the practice of medicine to a greater extent than any man since the days of Galen."

Anybody who knows anything of the matter is aware that this is perfectly true—that by the consummate ability, the energy, labour and genius of this man the practice of medicine has been so affected that hundreds of thousands of lives that otherwise would have been sacrificed have been spared, and that to-day all over the habitable globe men are benefiting by his labours, although, as yet, no acknowledgment has been vouchsafed from many of those who have profited so largely by what he has done.

When shall this acknowledgment come, and how? Of the "when" all we can say, is that it is not yet. To attempt anything more would be to enter the realm of prophecy, and here we should probably fare no better than Dr. Balfour himself.

"How" it is to be accomplished may be matter of conjecture. In his essay on "Dr. Marshall and Military Hygiene" the author of "Rab and his Friends," one of the greatest ornaments of our profession and masters of

our language; speaking of the remarkable improvement that had taken place in the army, says, it is to be attributed under God "to that mighty agent, which is in our day doing such wonders, and which will yet do more and greater—the *Spirit of the Age*—*Public Opinion*"—which, in passages of great eloquence he describes as "the very breath of the power of God," "viewless, impalpable, inevitable, untamable as the wind; vital, elastic, all-penetrating, all encompassing as the air we breathe," which "cannot be letted" which has "gladdened and cheered all who believe that truth is strong, next to the Almighty," that "it is a tide that has never turned," that "answers the behest of no waning and waxing orb," that "has its flux and reflux, its ebb and flow, its darkness and bright light, its storm and calm," but which ultimately will move on and up, overcoming every obstacle that tries to act as a barrier to its progress.

Speaking of the same power, Maurice says: "It is vague, indefinite, intangible enough no doubt; but is not that the case with all the powers which affect us most in the physical world? The more men advance in the study of nature the more these uncontrollable, invincible forces make themselves known."

That this impalpable power has been at work in the progress of homœopathy no one who has made himself familiar with the march of events during the last century can for a moment doubt.

Since the time that Hahnemann gathered together the loose threads of homœopathic practice scattered throughout the literature of our profession from Hippocrates downwards, and wove them with the golden thread of genius into that rule *similia similibus curentur*, which has become the guiding principle of thousands of medical men all over the world, from that time till now, the profession at large has been moulded and influenced by public opinion and permeated by the principles of that school until it is difficult to know in the ordinary practice of to-day where allopathy ends and homœopathy begins.

It is perhaps too much to expect that vested interests would lead the way, but little by little that impalpable influence—public opinion—has made itself felt, and every attempt to crush homœopathy or prevent its

development has invariably been followed—as all such attempts in every sphere of life are—by fresh activity and increased growth.

Many seem to forget that homœopathic practitioners do not exist in order to please themselves, they exist because there is a demand for their services; and so long as people desire thus to be treated every law of liberty demands that no one shall interfere with the exercise of a just right.

It is nothing short of impertinence when multitudes of people desire a particular method of treatment for others to say “you shall not have it, because it differs from what I consider right.”

“This is true liberty, when free born men  
Having to advise the public may speak free.”

This also is true liberty when a man may without let or hindrance practise what he preaches, provided in the doing of it no one suffers hurt.

That this liberty was denied to Hahnemann anyone acquainted with his life is perfectly aware.

In the year 1796 he published his *Essay and New Principle for ascertaining the Curative Powers of Drugs with a few glances at those hitherto employed.*

In 1801 he wrote his *View of Professional Liberality at the commencement of the Nineteenth Century*, and no doubt the words which follow are the expression of what took place with regard to himself.

“No sooner has a colleague made a suggestion that must be for the general good, put forward a perhaps useful proposition, discovered something profitable, than instantly the professional jealousy of his colleagues falls foul of him in order to bury in oblivion, or if possible to destroy the novelty by spoken or written depreciation, insinuation, sophistries or even injurious aspersions, and all because *it did not originate with themselves.*”

“How much this egotistical professional jealousy prevents the shooting forth and vigorous growth of our divine healing art, which is still in the condition of an undeveloped bud, must be evident to every non-professional person.”

“Without friendliness and good-fellowship among its professors it will remain but a bungling art for another century.”

“Just as theological polemics have never produced a desire for truth, a perception of the high object of our existence or genuine virtue and devotional feeling—just as the personal

squabbles of literary men have never succeeded in developing the love of art, the true æsthetic feeling, enlightened taste and artistic skill—in like manner it needs no great sagacity to understand that the mutual detractions of medical men can have no other result but the depreciation and obscuration of their art which is without that the most obscure of all arts.

“As soon as I stepped forth among my colleagues, not without nearly twenty years of preparation, not without many long years of Pythagorean silence, to contribute here and there something to the improvement of our art, I found that I had lost my accustomed peace and quietness, and had fallen among a crowd of professional brethren who (with few exceptions) regard nothing impartially: I was maligned. And how easy it is to persecute, to malign an art which has hitherto been founded on ever changing maxims, in which by the force of authorities, learned, empty terminology, sophistry, scholastic, stereotyped dogmas and imaginary experience, black was made to appear white, just as anyone pleased, especially where the judgment was perverted by depravity of heart, egotism and illiberality.

“It is undoubtedly true that truth penetrates even through the thickest clouds of prejudice, but the often too tedious conflict of the opposing elements conveys a disagreeable, a discouraging impression to the mind.”

Although nearly a hundred years have passed since these words were uttered, how true they remain to this day!

How many during the century that has elapsed have had to complain with Hahnemann that as soon as they stepped aside from the beaten track they found their peace and quietness disturbed!

Why should such a thing be possible in a profession like ours? There can be no true liberty amongst any body of men where the members are not permitted to bring forward for discussion any subject bearing directly upon it. Nor is there anything but bigotry displayed when a method of treatment, whose published results entitle it to the most earnest and patient investigation, is either shelved or ridiculed each time it happens to be mentioned.

There are probably many who are prepared to deny these statements, and who will tell you they are ready to enquire into anything that has for its object the relief of suffering and the healing of disease.



I only wish I could believe that such were the case; that there was in our profession any number of men belonging to the allopathic branch of it willing to give to a homœopath the same patient hearing they would to another, or that the homœopathic section would accord to *them*.

When this time comes homœopaths will have gained what they have long been asking for, and a new era will have dawned upon us, but the time is not yet; and whatever may be said to the contrary, truth is not what the majority of the medical profession desire, and the position of the homœopathic practitioner to-day in this country (with shame be it said) is little different from what it was in Germany at the time that Hahnemann wrote.

“ He who ascends to mountain tops, shall find  
The loftiest peaks most wrapped in clouds and snow ;  
He who surpasses or subdues mankind,  
Must look down on the hate of those below,  
Though high *above* the sun of glory glow,  
And far *beneath* the earth and ocean spread,  
Round him are icy rocks, and loudly blow  
Contending tempests on his naked head,  
And thus reward the toils which to those summits led.”

So wrote Byron in *Childe Harold*, and his words are as true to-day as when first they were penned.

Here is an example from a well-remembered incident in my own life. Some time after I had come to this town (Torquay) it was thought desirable to resuscitate its Medical Society, and I, along with others, was invited to a preliminary meeting. The matter, being thought desirable, was agreed to, members were enrolled, and, after a time, meetings were held regularly in one of the rooms of the Torbay Hospital. The president for the year was a man for whom I have considerable respect, and with whom I am perfectly friendly. He is a frank, open, brusque sort of individual, who does not owe any homœopath a grudge, but simply looks upon him as a poor, deluded mortal. He will, however, meet with him and do anything in his power to help him.

On one occasion, after I had begun to practise homœopathically, I received notice from the secretary of a paper to be read by this gentleman, the title of which arrested my attention. It ran thus: *Some Unexpected*

*Results of Treatment.* Thinking that these results were only "unexpected" because of the writer's ignorance of homœopathy, and that to anyone acquainted with the *Materia Medica Pura* or *Allen's Encyclopædia* the explanation would not be far to seek, I went to the meeting. My surmise was correct. Some four or half a dozen drugs were dealt with, ipecac., opium, bell. and arnica being of the number. Among the unexpected things related of ipecac., if my memory serves me rightly, was a severe paroxysm of asthma that had followed its employment, bell. had caused an erysipelatous rash, opium the death of someone and arnica such dreadful distress in several instances that his hearers were advised to shun it as they would the arch-enemy of mankind himself.

Having said his say and told his stories he asked others to contribute their quota whether in support of what he had advanced or against it. When several of those present had spoken I rose, but I had scarcely uttered more than a sentence or two before an ominous silence reigned in the room and I became aware that I was speaking to a hostile assembly. By some subtle sense you are instantly made aware that you are out of touch with your audience, and that your task of enlightenment is superfluous, inasmuch as there is no desire on the part of those present to be enlightened. It really is amazing, and if one had not witnessed the same thing many a time it would be difficult to believe that immediately anything savouring of homœopathy (it may be only the mention of the giving of a medicine in the 6x attenuation) is allowed to fall from the speaker's lips that moment you are conscious that your words are falling upon deaf ears. I endeavoured to explain the phenomena which the president had described, and I said that so far from being afraid of arnica, I regarded it as a most valuable medicine, and was constantly in the habit of using it.

I told them that I did not hesitate to give it to old and young as well as middle-aged—that my parturient cases all got it, and that I had given it to my own child when he was only six months old. Now if *truth* had been that which was sought after, my statement would have called forth a desire for fuller information, but instead of this, some time after I received a letter from the

secretary, saying that at a meeting of the society held on such and such a day—of which meeting I received no notice—it was agreed that no homœopath should be a member of that society. The deplorable thing to me is that honourable men see nothing incongruous in such conduct, and are found lending themselves to it. May the day not be far distant when this sort of thing shall be impossible, and “when man to man the warl o’er shall brithers be and a’ that.”

#### A MISSTATEMENT.

It is surely absurd of Dr. Balfour to say that “*Remedies were selected not for any healing virtues they were supposed to possess, but because of the power they were believed to have of exciting a disease similar to that they were supposed to cure.*” Is the healing virtue of a medicine lost because you administer it according to the dictum that likes are best treated by likes? Surely not. When the therapeutic lamp burned low in the old school and the wiser and more observant among its professors ceased to believe in the remedial power of the drugs they were, nevertheless, in the habit of employing, who was it that kept the light burning? Who was it that never doubted the healing virtues of drugs? Who but the followers of Hahnemann, whose reward has been to see their remedies of ten, twenty, forty, fifty, nay, of a hundred years ago brought into “general” use, heralded by a blare of trumpets from some one of the arch-cribbers that have from time to time adorned the annals of “orthodox” medicine, but without a word of acknowledgment as to the source whence their information has come.

#### CONCERNING DILUTION AND ATTENUATION.

A presentment of the methods adopted in the preparation of homœopathic remedies is given by Dr. Balfour in his paper in such a way as to make it evident that he is familiar enough with the work of this school, although the whole thing reads as if it were intended to excite the ridicule of his hearers and give them a laugh at the expense of homœopathy.

Perhaps when Dr. Balfour has thought more deeply, and enlarged the sphere of his vision by examining some of the wonders of nature by which he is surrounded, he will attain to a spirit of greater reverence, and the

hilarity he would excite in others will fade out of his own heart.

When I was a student the germ theory of disease was laying hold of the minds of the more thoughtful in the profession, and the greatest surgeon it was ever my lot to know was at work in season and out of season, spending many hours of every week in the wards of the old Edinburgh Infirmary, inculcating this doctrine and demonstrating the value of antiseptics in warding off the ill effects of operative interference.

At the same time and in the same infirmary another able surgeon was at work, whose power as a diagnostic elicited the admiration of all who came in contact with him, but who exhibited the same incredulity towards the germ theory of disease that Dr. Balfour does towards the attenuations of homœopathy, and I remember as if it were but yesterday, his holding up a piece of macintosh to the light, displaying a multitude of minute interstices, and with a twinkle in his eye, ask the present occupant of the chair of clinical surgery if he thought they (the germs) could get through these.

It has often seemed strange to me that considering all that is happening round about us every day, men with any pretension to scientific attainments should make such a fuss about the infinitesimals of homœopathy.

Which of them, I wonder, can say whether it is a 30th atmospheric attenuation or a one-thousandth that a child who has not had measles absorbs when one who has it contaminates the air of a schoolroom? and if one form of matter in a high state of attenuation is capable of producing a specific disease, what should hinder that another form of matter in a similar state of tenuity should be the means of its cure?

After all it is not the number of molecules or the largeness of an atom that constitutes its power for good or evil, but the inherent virtue that is latent in it.

The latest utterance of science is to this effect: "In life I see the promise and potency of all forms of matter."

What Sir William Crookes has declared is becoming more apparent every day to those who believe that matter is but the medium by which the spiritual essence, of whatever sort it is, manifests its power.

Not the quantity of a thing matters, but the quality—that inherent *something* which gives it its distinctive characteristics.

Who will say how much of the poison of small-pox or scarlet fever is necessary to start an epidemic? Is the strength of it equal to a mother tincture or does it only represent the decillionth of a grain of the original poison?

How much of a flower is given off in its perfume?

How much of a fox is left behind in the ether that dogs can scent it over a wide expanse of country?

A friend once told me that he had a female butterfly of a particular species that was only found amongst the heather some two miles from his house and that one Sunday morning as he was going to church he put this butterfly in a cage on the sill of the window and found on his return that there were several males of the same species hovering about outside.

Who can estimate the importance of atmospheric changes in the production of disease?

Far more marvellous to me than the fact that drugs, no matter to what extent they are potentised, should yet remain powerful remedies in the treatment of disease is this, that from the union of a sperm and a germ cell there should be evolved a being of whom our great dramatist said:—

“What a piece of work is man! How noble in reason! How infinite in faculty! In form and moving how express and admirable! In action how like an angel! In apprehension how like a god.”

To think that from such a union, of whose possibilities the finest powers of the microscope can furnish us with no clue, concerning whose very nature we are left in doubt, there should be evolved a Shakespeare, a Milton, a Byron or a Gladstone, with all the commanding and varied powers of intellect that these names suggest—to me this is infinitely more wonderful than that an infinitesimal, used homœopathically, should be capable of arresting the progress of disease.

When men think less about material quantity and more about the quality—the original imparted living principle which, as some one has said, is “the essential mould, idea or type from and by which the material expression is developed,” little wonder will be expressed at the curative action of the decillionth part of a grain

of the original drug, or for that matter of any attenuation that can be made.

When it is realised that man is an embodied spirit; when it is understood that God has given to each plant its own peculiar virtue; when it is sufficiently impressed upon us that all the mighty forces at work to-day are of an intangible kind and silent in operation—that of one of them that has been compelled into man's service and made the means of binding together the whole civilised world, annihilating space and time, the very nature is unknown—when these things are understood, then the way will be made clear for understanding the action of infinitesimals in the treatment of disease.

Nay, one might even go farther and say that it will then be looked upon as absurd to attempt to treat forces that are intangible by remedies in the gross.

When the nature and structure of the human body are considered; when the smallness of the cells in which all the ultimate processes of life and development take place—instead of regarding it as absurd to employ remedies that have been rendered subtle by the means already specified, wonder will be expressed that a cure was expected in any other way.

All the more recent "triumphs" of the old school have been along the lines of homœopathy or isopathy, so that to-day we have the employment of preparations of the organs and tissues of the body for diseases affecting those structures, and of disease products in the treatment of disease, as well as of drugs known to have produced conditions similar to those for which they are administered, and my own impression is that all the mischief that has arisen in the second class to which I have referred has been due to the largeness of the dose given by men unaccustomed to the action of the homœopathic law.

There is but one matter more calling for attention in connection with this paper, and that is the statement with which it closes, viz., that "The Paramount object of our Art is the Relief of Suffering."

This statement of Dr. Balfour embodies the essence of allopathic treatment. It is the relief of suffering—no matter at what cost—that is to be thought of. How different is this from the simple grandeur of Hahnemann! "The first and sole duty of the physician is to restore

health to the sick." No word there that savours of tinkering. The sentence is the clear utterance of a master mind in regard to the true art of healing.

How different is the conception of the physician's duty by these two men!—how small and insignificant the one—how grand and noble the other.

A child is crying: it is in pain, it may be from teething or some other cause. The paramount object of our art is the relief of suffering; the mother has heard that laudanum or somebody's soothing syrup will do this: she gives it and her infant dies.

The professional packman will try to be careful not to give a poisonous dose while he is putting into practice the paramount object of his art, viz., "the relief of suffering," but he may have to acknowledge when he is older, that perhaps the death of a hundred innocents lies at his door by reason of over-drugging.

A foolish mother in feeding her child gives it the breast or the bottle whenever it cries, she has heard that the paramount object of the healing art is "the relief of suffering." She thinks it is suffering and, acting upon this thought, she lays the foundation of future misery.

How many are there, who, for some temporary gain, lose something infinitely more valuable.

Pain is not disease: it is but an accompaniment of it—one of Nature's many voices speaking to those who have ears to hear—to stifle it is but poor workmanship whether the hand that does it is professional or otherwise; far better a thousand times, in all curable diseases, to let the pain continue till the cause producing it is removed.

For anyone professing to be a teacher of his fellows to give utterance to such a doctrine is pitiful enough—for a whole roomful of men to swallow it is more pitiful still.

But this pronouncement is, I have no doubt, a faithful reflection of the ideas entertained by that section of the profession to which Dr. Balfour belongs, and until a truer conception of the work to which they have been called obtains, and a better formula is enunciated, so long will their treatment remain the hitty-missy thing it has always been, even in those palmy days when men "had the advantage of having been freely bled."

## ON A NEW FORM OF UTERINE PESSARY, EQUALLY SERVICEABLE FOR RETRO- FLEXION, PROLAPSUS, AND CYSTOCELE.

By GEORGE BURFORD, M.B.

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FIVE years ago I gave much time and attention to the trial of Schultze's figure-of-eight pessary for retroflexion. I had heard this device commended in the Vienna Frauen-Klinik; I had been dissatisfied with the Hodge and its modifications in certain obstinate cases of posterior displacement, and in the figure-of-eight I found a mechanism essentially different in plan from that of the lever pessary. Their distinctions may be briefly recounted.

### *The Schultze Figure-of-eight.*

Take a circular flexible pessary, twist it once across its equator, and a shape of the figure eight results; the loops may be made into a smaller and a larger by a little after-manipulation. Thus is formed the Schultze pessary; when *in situ*, the cervix lies in the smaller loop, while the larger lies free in the vagina, parallel to the kolpic axis, and retained by the tone of the tissues.

The *modus operandi* of this pessary, as set forth by Schultze, is that it in no wise acts by stretching the posterior cul-de-sac or the lax utero-sacral ligaments; but that, given sufficient uterine tone, inclusion of the cervix in the smaller ring confines this organ well back in the cul-de-sac, and the fundus uteri consequently remains well to the front.

### *The Hodge or Lever Pessary*

completely disregarded the cervix as a *point d'appui*, and acted directly on the posterior cul-de-sac and the utero-sacral ligaments. By upward thrust and lateral expansion the posterior connections of the cervix were tightened, the cervix itself held in tension backward, and the fundus lay more or less to the front. The problem with a Hodge always was (1) to secure the maximum amount of expansion of the posterior cul-de-sac with (2) no intolerance of the mechanism on account of tension of the vaginal walls.

The Hodge I had already found of little use in many cases of atonic retroflexion. After a prolonged trial of the



figure-of-eight, I concluded that this also was not fitted for the effective handling of some posterior displacements, although in many cases it gave good results.

Recognising the different principles underlying the two mechanisms, and seeing nothing in the detail of each that was mutually exclusive, I cast about for some time for a form which should incorporate the essentials of the two. After some preliminaries I devised a pattern which I have since constantly used, and with the results of which I have been well satisfied. I call this device the "segmented-ring pessary."

*The "Segmented-Ring Pessary."*

The twofold object this fulfils is (1) the fixation of the cervix posteriorly in one of the segments—this is the Schultze plan; (2) the expansion of the posterior cul-de-sac and tension of the utero-sacral ligaments—this is the Hodge characteristic.



I first replace the uterus, with the patient in the Sims position; then selecting a size suitable to the vaginal dimensions, I insert the segmented ring pessary, taking care that the cervix fits well into that segment which is upper and posterior. The upper arc of the pessary expands the cul-de-sac and makes tense the utero-sacral ligaments; the cervix is retained well upward and backward in the vagina by the crossing of the bars.

I have been well satisfied during these five years with the action of this single form of pessary in various conditions of uterine and vaginal displacement.

Not alone in retroversion or flexion, but also in prolapsus it finds fitting use. If there is a fair perinæum, this pessary is of the most conspicuous service in prolapsus or procidence. Four years ago a lady from the West consulted me, in whose case I found the greater part of the uterus protruding externally. Fortunately she had a fair amount of perineal support. I restored the uterus and placed a segmented ring-pessary. The relief obtained was immediate and complete. After three years the patient called to report progress. Not a day's discomfort had she experienced during this time; she still wore the pessary without the least inconvenience, and its retentive power was all that could be wished.

In any tendency to prolapse of the anterior vaginal wall, or in the more marked condition of cystocele, I have found this pessary of special and peculiar service; providing always that the perineal body is fairly good. Were I restricted to any single form of pessary for general use, this is the form of support I would unhesitatingly select.

I have brought this device to the notice of certain of my colleagues in various parts of the country, and as I find its use extending, I think it desirable to give the foregoing outline of its genesis and utility.

Messrs. Mayer and Meltzer, of Great Portland Street, have made this instrument for me from the first; it is figured and described in their catalogue, and they have my instructions as to constructive detail.

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## REVIEWS.

*Tests and Studies of the Ocular Muscles.* By ERNEST E. MADDOX, M.D., F.R.C.S. Bristol: John Wright & Co., 1898.

DR. MADDOX has for many years made the subject of the ocular muscles a special study, and in 1889, and again in 1894, we reviewed in these pages books written by him on *Ophthalmological Prisms and the Decentering of Lenses*. We therefore took up with interest his latest work on the ocular muscles, and we have not been disappointed in its perusal. It contains original observations by the author, as well as a careful *résumé* of the work of others in this direction. No one can read it without being struck with the many original and practical suggestions it contains. We must confess that on

the action of individual muscles much is written that is theoretical and not quite easy of comprehension, and that could only be adequately discussed by one who had made as deep a study of the subject as Dr. Maddox. In the chapter on the anatomy of the globe and its socket, special attention is drawn to the check ligaments, their relation to Tenon's capsule, and their bearing on tenotomy; the latter is a practical point which has not been sufficiently noticed. In the chapter on the "ocular motions," which concerns itself principally with the rotation of the sphere, some new terminology is used. There is a very interesting section on the conjugation of the two eyes and the important associated innervation necessary for convergence and accommodation.

The chapters on strabismus, ocular paralyse, and suppressed squint, the latter meaning what used to be termed muscular asthenopia, or by Dr. Stevens, heterophoria, are of most practical use, and contain nearly all that is to be said on the subject. The author's directions for the "exclusive test" for detecting manifest squint are very clear. For measuring squint he favours the perimeter method, or the tangent strabismometer of his own designing. We have used both these methods with much satisfaction. Latent squint, or heterophoria, is always an interesting subject, and is fully and carefully considered by Dr. Maddox; we know of no better method for its detection than the rod test and tangent scale arranged by him. His advice is that deviations which cause evident symptoms should first have their error of refraction corrected, and if that fail either orthoptic training, stronger prisms, or operation. The orthoptic training he recommends is by means of Javal's stereoscope, a method we have always found difficult to persuade patients to carry out; he does not seem to favour the regular exercise of the ocular muscles with prisms. But either method requires a good deal of patient perseverance on the part of the sufferer. The book will well repay careful study.

## MEETINGS.

### BRITISH HOMŒOPATHIC SOCIETY.

THE first meeting of the session 1898-99 was held at the London Homœopathic Hospital, Great Ormond Street, on Thursday, October 6th, 1898. The President for the year, Dr. A. C. Clifton, of Northampton, took the chair at eight o'clock.

#### PRESENTATION TO MR. KNOX SHAW.

In opening the proceedings, Dr. Clifton said: "Before I proceed with my Presidential address, I must depart from the usual course and perform a very agreeable and important

function. During the lifetime of the Society it has had many secretaries, who, by reason of their personality, diligence and knowledge have largely contributed to its growth and well-being, and if time permitted, it would be due to their memory and worth to mention them individually, but unfortunately that is not the case this evening. Its last Secretary, as you are aware, was Mr. Charles Thomas Knox Shaw—alias 'noxious' by telegram—a designation in that respect adopted by himself, whether out of regard for medical ethics or otherwise, deponent sayeth not, but a designation certainly erroneous in relation to this Society and its several members, after six years of active and honorary service, during which time, to his great honour, he lengthened the cords and strengthened the stakes of the Society. Gentlemen, the executive of this Society have thought the present opportunity ought not to pass without presenting Mr. Knox Shaw with a testimonial of their esteem, and their appreciation of the services which he has rendered to the Society."

Addressing Mr. Knox Shaw, Dr. Clifton said:—

"Dear Mr. Knox Shaw and Ex-Secretary,—It is my privilege and great delight to present you with this illuminated address, setting forth in small measure the appreciation by this Society of your valuable services. It will, I feel sure, be a source of gratification to you to receive this testimonial to your worth and work, and that in future years your children will be proud of knowing how highly you were esteemed by us."

The following is the text of the address:—

"The Fellows and Members of the British Homœopathic Society desiring to record their sincere appreciation of his services, present this address to Mr. Charles Thomas Knox Shaw upon his retirement from the office of Honorary Secretary after six years of unremitting and self-sacrificing labour.

"By his enthusiasm, his exceptional skill in organisation, and his self-denying devotion to its interests, the Society has gained new life, as shown by the doubling of its membership and the high tone of its proceedings. In addition, Mr. Knox Shaw, by his uniform tact and unfailing geniality, has secured for himself the hearty esteem and personal friendship of his *confrères*. This address is accompanied by the warmest good wishes of the Society, and by the hope that, though regretfully relieving him of his arduous labours, the Society may count upon his undiminished interest and support.

"(Signed,)

A. C. CLIFTON, President.

J. GALLEY BLACKLEY, Treasurer.

JAMES JOHNSTONE, Secretary."

Mr. KNOX SHAW, in replying to the address, said, it was not often he had been so completely taken by surprise as he had been that evening. He found it almost impossible to express, on the spur of the moment, in any really adequate manner, his sense of the kindness shown by his old friend the President in presenting the address. He felt how little he deserved all the flattering things he had said about him. He (the speaker) was only one of the many in the Society who had worked for it during the last few years; and without the loyal help and support of his colleagues, assistance always rendered most cordially, his labours would have been as nought. There were many ways, he said, of advancing the knowledge of homœopathic therapeutics. Some could write, others read papers; he himself felt he might be able to do something by reorganising the British Homœopathic Society, and so he considered it to be his duty to take up that work. His six years' work had been of great interest to him, and he should always look back with pleasure to his official connection with the Society. He had made many friends and received a great many acts of kindness. He should always value the address as the outward expression of approval of and sympathy with his aspirations for the Society. Though he was seated on the other side of the table, he was not going to lessen his interest in and zeal for the work for which the Society existed. He was afraid that his old habits had caused him to usurp some of the duties that evening of his able successor, Mr. Johnstone, who he felt sure would receive the same courtesy that had always been extended to himself. Words did but too feebly express his feelings that evening, or rather, he felt unable to make proper use of them, but he would assure those present, one and all, how heartily and sincerely he thanked them for the cordial greeting awarded to him, and for the gracious manner in which the President had made the presentation.

#### PRESIDENTIAL ADDRESS.

DR. CLIFTON then gave his Presidential Address, which was entitled, *The British Homœopathic Society—Its Raison d'être; The growing of Souls*. After thanking the Society for the honour conferred upon him Dr. Clifton said that he considered the Society existed for the distinct purpose of promoting growth of soul in all its members in relation to their special calling as physicians and surgeons practising homœopathically. By the term "soul" in brief he meant "that part of man which constitutes his intellectual, mental and moral being, whereby he thinks, reasons, feels, suffers, and wills; and which most men of thought and reflection recognise more or less as part, and even the greater part of themselves.

Dr. Clifton then gave a short *résumé* of the present position of the Homœopathic Society and of homœopathy generally in this country, pointing out both losses and gains, and concluding there was no ground for discouragement in its rate of progress. He based the subject of his address proper on a quotation from the address of Dr. Quin, the founder of the Society, at its first annual meeting in 1846, emphasizing these words as expressing the object of the Society at the present time, "The acquirement of knowledge, the augmentation of your means of combating disease, and the extension of the principles you advocate." If these were the foundation principles of the Society it could not be a sectarian society. The work of the London Homœopathic Hospital as the offspring of the Society was then passed in review, with comments and suggestions for its development. The work of the hospital and Society had been well and truly done, but Dr. Clifton desired to open up "fresh fields and pastures new," in which the work bequeathed to this Society from the Hahnemann Publishing Society would receive a further development. This he regarded as of a "higher character" than the work already being done. He laid down no principles for the guidance of the Society on the subject of the development of the "Materia Medica," but warmly commended the movement already begun by the section in charge of that subject, and eloquently urged all members in their collective capacity "to lay aside every impediment" and take up this work with heartiness and zeal.

Dr. Clifton then addressed words of encouragement and counsel to both the younger and elder members of the Society, and concluded by saying that "we still have a long way to go in pursuance of our object before we can stay our hands. We are somewhat in the same position as the British and Egyptian Armies were a short time ago in the Valley of the Nile, with enemies in front and on both flanks. If we earnestly and steadily pursue our march as British soldiers, and with the well-organised commissariat that we have, our Khartoum is assured and Hahnemann avenged in a higher and nobler sense than was Gordon."

#### LIVERPOOL BRANCH.

The session of the Liverpool Branch of the British Homœopathic Society was opened on Thursday, October 6th, by an address from John D. Hayward, M.D. Lond., M.R.C.S., President of the Branch. Dr. Hayward's address was entitled "Personal Experiences in the Prevention of Phthisis."

The newly-appointed secretary of the Liverpool Branch is Dr. James Watson.

## NOTABILIA.

### PROFESSOR VIRCHOW.

THE most important event in the medical world of London, during the past month, has unquestionably been the appearance in the metropolis of the venerable Professor of Pathology in the University of Berlin to deliver the Huxley Lecture at the opening of the Charing Cross Medical School, and the reception afterwards accorded to him at a public dinner given in his honour at the Hotel Métropole.

Professor Virchow is, without a doubt, the grand old man of pathology. Born in 1821, taking his doctor's degree in 1848, and from that day to this a constant and incessant worker, not only in pathology, but in several other branches of science, for many years an active politician, being sometime the leader of the opposition in the Reichsrath, and on one occasion provoking, by the vehemence of his attack, the distinguished German statesman who has lately passed away (the man who is said, when reflecting on his great career, to have declared: "Nobody loves me for what I have done; I have never made anybody happy, not myself nor my family, nor anybody else; but how many have I made unhappy")—provoking him to challenge his opponent to a duel—an act of criminal folly which the great pathologist had the courage to decline; and now at his advanced age performing, as the *British Medical Journal* says, "the mental and physical feat of coming a thousand miles to pronounce a lengthy oration before a strange audience and in a foreign tongue"—an oration which prompts the same observer to remark:—"But the rarest quality of all was the venerable lecturer's freshness of mind; the broad-minded scepticism which lay at the root of all his great discoveries was still evident, but showed no sign of the incrustation by prejudice, which is too often the attribute of those who have left the ranks of the fighters to sit over them in judgment."

The lecture itself dwelt, most appropriately, with his life-work—the development of Cellular Pathology and its fruits. The entire lecture is published in the medical journals of the 8th ult. and in *The Times* of the 4th ult. From the latter we extract the following interesting account of the original investigations which led up to his discovery of Cellular Pathology.

"The greatest difficulty in the advance of biology has been the natural tendency of its disciples to set the search after the unity of life in the forefront of their inquiries.

Hence arose the doctrine of vital force, an assumption now discarded, but still revealing its influence from time to time in isolated errors. No satisfactory progress could be made till the idea of highly-organised living things as units had been set aside; till it was recognised that they were in reality organisms, each constituent part of which had its special life. Ultimate analysis of higher animals and plants brings us alike to the cell, and it is these single parts, the cells, which are to be regarded as the factors of existence. The discovery of the development of complete beings from the ova of animals and the germ-cells of plants has bridged the gap between isolated living cells and complete organisms, and has enabled the study of the former to be employed in elucidating the life of the latter. In a medical school where the teaching is almost exclusively concerned with human beings this sentence should be writ large:—'The organism is not an individual, but a social mechanism.' Two corollaries must also be stated—(1) that every living organism, like every organ and tissue, contains cells; (2) that the cells are composed of organic chemical substances, which are not themselves alive. The progress of truth in these matters was much retarded by that portion of Schwann's cell-theory which sought to establish the existence of free cell-formation, which really implied the revival of the old doctrine of spontaneous generation. This belief was gradually driven out of the domain of zoology, but in connection with the formation of plastic exudates found a sanctuary in that of pathology. I myself was taught the discontinuity of pathological growths—a view which would logically lead back to the origin of living from non-living matter. But enlightenment in this matter came to me. At the end of my academical career I was acting as clinical assistant in the eye department of the Berlin Hospital, and I was struck by the fact that keratitis and corneal wounds healed without the appearance of plastic exudation, and I was thus led to study the process of inflammation in other non-vascular structures, such as articular cartilages and the intima of the larger vessels. In no one of these cases was plastic exudation found, but in all of them were changes in the tissue cells. Turning next to vascular organs, and in particular those which are the common seats of exudation processes, I succeeded in demonstrating that the presence of cells in inflammatory exudates was not the result of exudation, but of multiplication of pre-existing cells. Extending this to the growth in thickness of the long bones—which was ascribed by Duhamel to organisation of a nutritious juice exuded by the periosteal vessels—I was thus eventually able



to extend the biological doctrine of *omnis cellula e cellula* to pathological processes as well; every new formation presupposing a matrix or tissue from which its cells arise and the stamp of which they bear."

One important lesson Virchow derived from this pathological study was, as he said, "the key to the mystery of heredity;" and he continued, "the humoral theory attributed this to the blood, and based the most fantastic ideas upon this hypothesis; we know now that the cells are the factors of the inherited properties, the sources of the germs of new tissues and the motive power of vital action. It must not, however, be supposed that all the problems of heredity have thus been solved. Thus, for instance, a general explanation of thero-morphism, or the appearance of variations recalling the lower animals, is still to be found. Each case must be studied on its merits, and an endeavour made to discover whether it arose by atavism or by hereditary transmission of an acquired condition. As to the occurrence of the latter mode of origin, I can express myself positively. Equally difficult is the question of hereditary diseases; this is now generally assumed to depend on the transmission of a predisposition which is present, though not recognisable, in the earliest cells, being derived from the paternal or maternal tissues. But the most elaborately constructed doctrines as to the hereditariness of a given disorder may break down before the discovery of an actual *causa viva*. A notable example of this is found in the case of leprosy, the transmission of which by inheritance was at one time so firmly believed in that 80 years ago a law was nearly passed in Norway forbidding the marriage of members of leprous families. I myself, however, found that a certain number of cases at any rate did not arise in this way, and my results were confirmed by the discovery of the leprosy bacillus by Armauer Hansen. In a moment the hereditary theory of the disease was overthrown and the old view of its acquirement by contagion restored. Precisely the same happened a few decades earlier with regard to favus and scabies. Another instructive condition is that known as Heterotopia in which fragments of tissues or organs are found dwelling in a situation other than that which is normal to them. This is particularly the case with certain glands, such as the thyroid and suprarenal, but is also known with cartilage, teeth, and the various constituents of dermoids. It no doubt occurs by process of transplantation, the misplaced tissues developing no new properties, but merely preserving their normal powers of growth. The attempt to generalise from this fact and to attribute all tumour formation to this cause carries the idea beyond its proper scientific limits."

Very interesting too was the following account of

PARASITISM AND INFECTION.

“ With regard to the subject of parasitism, the progress of scientific observation was retarded for centuries by the prevalence of the assumption made by Paracelsus that disease in general was to be regarded as a parasite. Pushed to its logical conclusion this view would imply that each independent living part of the organism would act as a parasite relatively to the others. The true conception of a parasite implies its harmfulness to its host. The larger animal parasites have been longest known, but it is not so many years since their life history has been completely ascertained and the nature of their cysts explained, while an alternation of generations has been discovered in those which are apparently sexless. Very much more recent is the detection of the parasitic protozoa, by which the occurrence of the tropical fevers may be explained. As yet we have not complete knowledge as to their life history, but we hold the end of the chain by which this knowledge can be attained. The *élite* of the infectious diseases are, however, the work of the minutest kind of parasitic plants, bacteria, the scientific study of which may be said to date from Pasteur's immortal researches upon putrefaction and fermentation. The observation of microbes under exact experimental conditions and the chemical investigation of their products opened up the modern field of bacteriology, a science among the early triumphs of which were the discoveries of the bacilli of tubercle and Asiatic cholera by Robert Koch. In connection with this subject three important landmarks require comment. One is the necessity for distinguishing between the cause and the essential nature of infectious diseases, the latter of which is determined by the reaction of the tissues and organs to microbes. Secondly, there is the relation between the smaller parasites and the diseases determined by them. This may be summed up in the general word (introduced by Professor Virchow himself) ‘infection.’ But to assume that all infections result from the action of bacteria is to go beyond the domain of present knowledge and probably to retard further progress. The third point is the question as to the mode of action of infection. It is only the larger parasites whose main effect is the devouring of parts of their hosts; the smaller act mainly by the secretion of virulent poisons. The recognition of this latter fact has led to the brilliant work of Lister on the one hand and to the introduction of serum-therapeutics on the other.”

After some observations on antiseptic surgery, during which he alluded in most enthusiastic terms to the work of Lord Lister, who he was proud to be able to greet as an old friend,

when, amid great applause from the distinguished audience, the Professor turned to Lord Lister and shook him warmly by the hand.

The lecture concluded with the following observations on

“ARTIFICIAL IMMUNISATION.

“It remains for me to say a word concerning the other great problem, the solution of which the whole world is awaiting with anxious impatience. I refer to the problem of immunity and its practical corollary, artificial immunisation. It has already happened once that an Englishman has succeeded in applying this to the definite destruction of at least one of the most deadly infectious diseases. Jenner's noble discovery has stood its trial as successfully, except in popular fancy, as he hoped. (Cheers.) Vaccine is in all hands; vaccination is, with the aid of governments, spreading continually. Pasteur also laboured with determination; others have followed him, and the new doctrine of anti-toxins is continually acquiring more adherents. But it has not yet emerged from the conflict of opinions, and still less is the secret of immunity itself revealed. We must become well accustomed to the thought that only the next century can bring light and certainty on this point.”

We feel all the more pleasure in thus drawing attention to the presence and reception of the distinguished Berlin Professor, inasmuch as our *Review* (vol. v., p. 182) contained a full critique of his pathological views, when they were first introduced to the English-speaking members of the profession through the translation, by the late Dr. Chance, of his great and purely original work, *Die Cellularpathologie in ihrer Begründung auf Physiologische und Pathologische Gewebelehre*; and again, in the succeeding volume for 1862 (in a leading article entitled *Minima*) the writer gave an elaborate presentment of Virchow's views on the nature of disease. The researches of the Professor, as set forth in this and other of his essays, afford important confirmation of some of Hahnemann's views, and do much to explain certain of the conclusions resulting from the clinical application of homœopathy.

For example, on no point was Hahnemann clearer or more decided than that drugs have an elective affinity for certain parts of the organism. Virchow, in his sixth lecture, when discussing “specific affinities,” says: “I rather cherish the conviction that particular substances, which find their way into the blood, are able to induce particular changes in individual parts of the body by their being taken up into them in virtue of the specific attraction of individual parts for individual substances. We know, for example, that a number of substances are introduced into the body which possess special affinities for

the nervous system, and that among this number again there are some which stand in a closer connection with certain very definite parts of the nervous system, as, for instance, with the brain and spinal cord, or sympathetic ganglia, and others again with particular parts of the brain, spinal cord, &c. On the other hand, we see that certain materials have some special relation to definite secreting organs, they penetrate and pervade them by a kind of elective affinity, that they are excreted by them, and that when there is a too abundant supply of such materials, a state of irritation is produced in these organs."\*

Again, Virchow's researches have done not a little to explain the mystery of the action of the infinitesimal dose. The writer of the article *Minima* to which we have referred says:—  
“After a candid and careful perusal of this eminent German pathologist the following propositions present themselves to the mind.

“1. The human frame is built up of an infinite number of ultimate elements, each of which manifests all the characteristics of life, individual existences mutually dependent, yet each having its own special action.

“2. These vital elements are cells, so small that the aid of the most powerful microscope is required for their examination, yet they are in their individual and social states of the utmost importance as a whole, as well as for the development and cure of morbid conditions, which morbid conditions can, moreover, be induced by the most minute and subtle irritating forces.

“3. The application of such means of irritation to one single cell can give rise to a morbid condition which may be propagated farther and farther by a species of catalysis, the irritant itself (a particle of miasm for example) being infinitesimally minute.

“4. As the minute contents of microscopic cells can be morbidly affected by very subtle irritating forces, so also can the same cells in their morbid states be therapeutically influenced by infinitely small portions of those substances for which they have an affinity.

“5. The cell contents during the performance of these functions are subject to very delicate changes of arrangement, wherein an alteration in the polarity of the particles takes place, a circumstance of great importance in its bearings upon the probable electro-dynamic action of subtle medicinal substances and of impalpable poisons.”†

\* *Cellular Pathology*, translated by Frank Chance, M.B. Cantab., 2nd edition, p. 626.

† *Homœopathic Review*, vol. vi., page 323.

As farther demonstrating the character of the lessons resulting from Virchow's researches, the writer of this paper quotes him as saying in one of his works—*Gessammelte Abhandlungen zur wissenschaftlichen Medicin*, Frankfort, 1856, p. 47—“The minimum of a very energetic inciter may have very great and lasting effects, since the primary catalytical action may be propagated farther and farther. ‘This,’ he continues, ‘is one of the facts which demonstrates the possibility of so-called homœopathic effects.’”

Thus the work of the therapist, when accurately and carefully accomplished, for whom the most satisfactory laboratory is the hospital ward, becomes confirmed in its details of procedure in the laboratory of the pathologist, when that, too, is accurately and carefully performed. The researches of students of pure science, the results of observations in physiology and pathology, and in physical science, have of late years largely supplemented clinical experience in confirming many of the views promulgated by Hahnemann, views which appeared so improbable in the light of the knowledge of the time when they were advanced.

The great German pathologist has contributed—all unintentionally, we know full well, but none the less certainly—in adding to our evidence of the truth of many of the observations of the great German therapist. Still further evidence of the same truth will, we believe, be yet derived from the same source.

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### A NEW DEPARTURE AT THE LONDON HOMŒOPATHIC HOSPITAL.

THE Board of Management of the London Homœopathic Hospital, acting on the representation of the medical staff, have decided, temporarily at least, to appoint a third resident medical officer. With the lapse of time and the increase of knowledge, the work in such an institution as the metropolitan centre of homœopathy naturally becomes heavier.

In the present instance an additional innovation has been made in the appointment of a lady to the new post. Her duties will, we understand, be mainly limited to the gynæcological department. Miss Neild, an Edinburgh *diplomée*, daughter of our much-esteemed confrère at Tunbridge Wells is the first to fill this new position. We have long wondered that the Board did not take a step of this kind, and that no medical woman in this country had added to her “orthodox” attainments the knowledge and practice of homœopathy.

## 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. EDWIN A. NEATBY.

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

## BOOKS RECEIVED.

*An Abridged Therapy-Manual for the Bio-Chemical Treatment of Disease.* By Dr. Med. Schuessler, of Oldenburg; 25th edition, in part re-written. Translated by Louis H. Tafel. Philadelphia: Boericke and Tafel. 1898.—*Therapeutics of Facial and Sciatic Neuralgia, with Repertories and Clinical Cases.* By F. H. Lutze, M.D. Philadelphia: Boericke & Tafel. 1898.—*The Problems of Homœopathy Solved; an Essay in Arborvital Medicine.* Second edition. By Robert T. Cooper, M.A., M.D. London: John Bale, Sons & Danielsson, Limited. 1898.—*The Homœopathic World.* October. London.—*The Chemist and Druggist.* October. London.—*The North American Journal of Homœopathy.* September. New York.—*The Homœopathic Eye, Ear and Throat Journal.* October. New York.—*The Medical Times.* October. New York.—*The Medical Century.* September. New York.—*Homœopathic Journal of Obstetrics, Gynecology and Pedology.* September. New York.—*The New England Medical Gazette.* October. Boston.—*The Hahnemannian Monthly.* October. Philadelphia.—*The Homœopathic Physician.* September. Philadelphia.—*The Homœopathic Recorder.* September. Philadelphia.—*The Hahnemannian Advocate.* September. Chicago.—*The Clinique.* September. Chicago.—*Journal of Orifical Surgery.* October. Chicago.—*The Medical Brief.* October. St. Louis.—*The Pacific Coast Journal of Homœopathy.* September. San Francisco.—*The Minneapolis Homœopathic Magazine.* September.—*The Homœopathic Envoy.* October. Lancaster, Pa.—*Revue Homœopathique Française.* August, September, October. Paris.—*Revue Homœopathique Belge.* July. Brussels.—*Allgemeine Homœopathische Zeitung.* September. Leipzig.—*Homœopathisch Maandblad.* September and October. The Hague.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.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 FORWARD MOVEMENT.

IN an early chapter of his work, entitled *A Manual of Pharmacodynamics*, Dr. HUGHES has given to the world a clear, concise, and most interesting account of the sources of the *materia medica* at the disposal of the homœopathic practitioner. The work of HAHNEMANN himself, forming both the foundation and a large portion of the structure of the pharmacological edifice, is portrayed in its strength and its weakness. Following hard after the master came his disciples, HARTLAUB and TRINKS, and then STAPF, all of whom published pathogenetic material or records of *materia medica pura*, to be found in part or complete in the library of the British Homœopathic Society. Next came the Austrian re-provings, begun in the early forties. Many of these provings were conducted with large doses of strong preparations, with the object of developing "the full physiological action" of the drug. Other European countries and individuals have from time to time done something to increase our pathogenetic knowledge—works of great merit, but too numerous and scattered to mention in detail here. Finally, following Dr. HUGHES' order, come the labours

of our American *confrères*, from HERING to HALE, supplying a store of therapeutic wealth second in importance to those of HAHNEMANN only. These were the materials ready to the hand of the student and the prescriber; the therapeutic stones as dug from nature's quarries, rough gems awaiting the polisher and the setter. A very little attention bestowed on this mass of crude materials, whether by looking over the shelves of a good homœopathic library or by reading the descriptions already alluded to, speedily demonstrates its enormous extent and its diversity. From quite early this material has been subjected to criticism—dating even back to the time of HAHNEMANN himself, who spoke with doubt of the work of one NENNING, now abundantly familiar to the student of our *materia medica*. It has undergone a double process—one, that of refinement or revision, the other that of classification.

The first-named process had for its object the purification of the crude materials under consideration and was begun, as we have said, by HAHNEMANN. Some three and a half decades ago, Dr. DAVID ROTH, of Paris, did a good deal of work of this kind, published in the 19th and 20th volumes of the *British Journal of Homœopathy*. After a careful examination he comes to the conclusion that "not single symptoms, but hundreds, aye, thousands, figure in the *Materia Medica* which do not at all pertain to the pathogenesis of the proved substance." What Dr. ROTH and others have *proved* in a few instances, the majority of students of our *materia medica* have believed to be true in many others. These searching investigations and this scepticism—what we may call "the higher criticism" in a pharmacological sense—have resulted in a much more reliable, if somewhat curtailed, armamentarium. All this class of work has necessarily been of a destructive type.

The second-named process—separate in principle from the foregoing, though often associated in practice with it—was of a constructive type. Efforts of this kind include all works which seek to render available for use and reference in daily practice the mass of crude (even if purified) material. Books like HUGHES' *Pharmacodynamics*, countless lectures on *materia medica* and therapeutics in journals of all nations, repertories, from BOENNINGHAUSEN'S pocket-book



to GENTRY's monumental volumes, ALLEN's *Encyclopædia*, RAUE's *Therapeutic Hints*, and other works on therapeutics, general and special, and last, but not least, the *Cyclopædia of Drug Pathogenesis*—these and numerous others, of which these are representatives, are of the constructive variety. The labour, time, thought, ingenuity, and money spent in this class of work is simply enormous, and demonstrates what an immense amount of attention the homœopathic body has paid to *materia medica* and therapeutics. It has been a labour at once of love and of necessity; without it the science and art of rational therapeutics would long since have ceased to exist. In passing, we may ask, Has all this labour been in vain? and emphatically we answer, "No." It has enabled homœopathic practitioners, with material mostly more than fifty years old, encumbered with vague or obsolete phraseology, to keep abreast of the most successful and brilliant results of modern orthodox medicine, and ahead of all that, under the ægis of orthodoxy, is of a mediocre character. This has been attained, and homœopaths are proud and thankful for it—but they are not satisfied. There have for long been yearnings after a fresh class of work, illustrations of which are to be found in HALE's *New Remedies*, and still more in the *Materia Medica: Physiological and Applied*, and quite lately in Mr. WILKINSON's admirable work, made public at the British Homœopathic Society. These are more than a purification and re-arrangement of the old, they are the supply of new material. The old lines in principle are still the guiding lines, but the details are new, in the light of modern investigation.

The cry for new material is no necessary disparagement of the old. How good much of the old is, is only a source of surprise and admiration to those who know most about it. It is not disloyalty but fidelity to HAHNEMANN and his teaching that we should seek to add to the temper of the weapons he left us, and even to their number and kind if need be. The vigorous child he gave to the world could not remain just as he left it, or it would become a stunted dwarf; it has grown and developed, and must do so or die.

So recently as three months ago in a leading article we raised our voice in favour of a bold, earnest and sustained

forward movement in the matter of the "proving" of drugs in a thoroughly accurate, scientific, and as far as may be, exhaustive manner on the ordinarily healthy human subject. Work such as this has been done by Mr. WILKINSON, who presented an able paper to the British Homœopathic Society. These and other influences have been at work in the minds of many thoughtful practitioners of homœopathy, and the feeling operating below the surface for an indefinite length of time found voice in the discussion at the last meeting of the British Homœopathic Society, a report of which will be found on another page. It is our impression that the sense of a need in our work has been silently gaining force in our midst for some time; inarticulate at first, perhaps now becoming expressible. There is a constant desire in the scientific mind not only to observe facts, but, as Dr. R. T. COOPER has well expressed it, "to seek to bring the phenomena which we have observed within the realm of natural law." Applying this to the subject before us the craving—vaguely realised by some, perhaps—is that we should be able better to correlate pharmacodynamics with the ascertained pathology of disease. Let us illustrate our meaning by referring to the subject of the pathology of the anæmias.

The systematic examination of the blood in accordance with the methods of modern hæmatology will become *de rigueur* in all future provings and re-provings of drugs, at least in those which are known to affect the blood to any appreciable extent, and every available opportunity should be seized by pathologists to examine the blood in cases of poisoning. Even the scanty accounts we have at the present moment, when hæmatology may be said to be almost in its infancy, are most valuable, and at once point out to us, as followers of HAHNEMANN, the direction in which these drugs may be made use of as curative agents. In the case of iron, the oldest of hæmatic remedies, the effects upon the blood both in provings and poisonings are marked and constant—diminution of fibrin, increase of coagulation time, decrease of iron in the ash, marked increase of leucocytes, obvious anæmia visible to the eye, with its attendant symptoms of "general debility, weakness, heaviness and prostration, disinclination for mental and corporeal activity, fatigue, and insufferable drowsiness"—about as close a picture

of chlorosis as we are likely to obtain from any single drug.

In the case of arsenic, the evidence of correspondence between physiological effects and *usus in morbis*, though scanty, is quite as striking. The anæmia of slow arsenical poisoning is traditional, and finds its antithesis in the high colour and *embonpoint* of the Styrian arsenic-eater. Its effects in diminishing the number of the red corpuscles without causing disintegration of the same is shared by few other drugs, and quite prepares us for its helpfulness in the treatment of some of the severest forms of anæmia; whether the distorted shapes and great variations in size of the red corpuscles, common to all the grave anæmias, will be found to have their counterpart in the effects of provings and poisonings, remains to be seen. Experience in other directions, more especially in the sphere of neurology, leads us to think that it will prove to be so.

We do not mean to advocate pure pathological prescribing, for we recognise that just as the subjective symptoms of a patient form part of his case, so the minute symptomatology of a drug must form an essential element in the corresponding simile. But in a day when the secrets of nature in disease have been laid open by the aid of instruments of precision we shall prove ourselves bad stewards of the therapeutic truth committed to us if we do not seek similarly to lay open the secrets of drug action by all the means at our command. BACON in his interesting explanation of the "elegant, instructive fable" of the Sphinx, (*i.e.* science), writes, "All the riddles of Sphinx, therefore, have two conditions annexed, viz., dilaceration to those who do not solve them, and empire to those that do." The homœopathic body has now to choose between "dilaceration" and "empire." Should it remain content to sit still and pursue only that form of study which becomes closely related to sloth, and to give forth only theses which "smell of the lamp," the former awaits it. To secure the latter—"the empire over nature, and the empire over man"—homœo-therapeutics, with its golden guiding principle, must advance with the march of science in other departments. Only after labour comes rest. The upward march may be "torturing, severe and trying," and "may strangely perplex and harass the

human mind," but the victory is assured. Then the vanquished problems, like the carcase of the Sphinx, may be "laid upon an ass, for there is nothing so subtle and abstruse, but after being once made plain, intelligible and common, it may be received by the slowest capacity"—even by those who have long opposed the truths we defend.

The British Homœopathic Society has declared in favour of "empire." If its efforts be loyally seconded by its members there can be no doubt that the result will be a much more complete, accurate and pure *materia medica*.

The committee appointed by the Society will doubtless pay special and careful attention to all details in the method of experimentation, to ensure the confidence and goodwill of all unbiassed persons. It is not the place in this article to discuss those details. To a few leading essentials we may be permitted to allude.

Of first importance is care to avoid positive errors—*e.g.*, (1) the ascription of a prover's idiosyncrasy to a drug; (2) the incorporation of symptoms of disease in a drug-pathogenesis; (3) the adoption of cured symptoms as pathogenetic (Dr. D. Roth, *Brit. Journ. of Hom.*, vol. 19, p. 625); (4) the inclusion of mechanical or gross chemical effects; (5) the use of false terminology—anatomical, pathological or theoretical.

Not less necessary is it to steer clear of negative errors; these are (a) omission of symptoms, especially of the finer shades; (b) the omission of conditions influencing a symptom.

Some of the positive errors are difficult to avoid, because ideal health is unattainable, but to secure accuracy as far as may be, actual patients must be inadmissible as experimenters. With the same object an adequate period of probation is necessary, extending if possible in women over two menstrual epochs. During this stage a record of daily life with its varied phenomena must be kept with as much care as during a proving. By this means an experimenter may be trained to appreciate the points of importance to be observed during the subsequent period when taking the drug. If to this be added the story of the past life and ailments, a safe ground of comparison will be created.

Negative errors will be minimised by "making haste slowly," i.e., by extending the experiment over a prolonged period of time, by adopting a wide range of potency and a large number of provers of each drug.

The elaborate argument of CARROL DUNHAM proves (if proof be needed) that infinitesimals may provoke symptoms; that they are more likely to furnish the finer shades of drug characteristics; that they are best administered first. So excellent are Dr. DUNHAM's remarks that we will make a quotation from his classical *Science of Therapeutics* (p. 140.) ". . . to obtain an exhaustive proving of a drug we should begin with small doses, gradually increasing the quantity until unequivocal symptoms appear. We shall thus, if we continue our experiments a suitable length of time, obtain peripheral symptoms, and these small doses will not have so influenced the system as to prevent our obtaining by subsequent larger doses the other varieties of effects . . . . A considerable space of time should be devoted to our first experiments with small doses. Finally, after an interval of non-medication, larger doses should be taken until we have exhausted the whole dynamic action of the drug . . ." What is included under the term "small doses" is subsequently discussed by Dr. DUNHAM. We can only state here that it includes the infinitesimals.

In conclusion, let us remember that in union lies our strength; the younger men cannot do without the mature judgment and ripe experience of their seniors, and we feel sure, moreover, that they have both good sense and good taste enough not to wish to do without them. Equally the elders cannot do without, and the cause of homœopathy cannot progress without, the enthusiasm and freshness of the juniors. There is work for all, and let us hope all are for the work. By patient perseverance in well-doing, the honour may be ours of effecting much to secure the ultimate prevalence of the truth, for which we have all done and sacrificed something.

## AN INTRODUCTION TO THE STUDY OF SUPPURATIVE MASTOIDITIS.\*

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THE subject of mastoid abscess is one that for some years past has been increasingly engaging the attention of aurists, both in this country and on the Continent. By means of the improved methods of operation now in vogue, many sufferers from this disease are constantly being relieved, and not a few lives have been saved.

Without going too minutely into the subject of suppuration of the middle ear and mastoid process, I propose to sketch the main features of these associated conditions; to describe the modern operations for the relief of the latter; and to enquire to what extent homœopathic treatment may modify their progress, or obviate the need for surgical interference.

Speaking broadly, mastoid suppuration is of two varieties—the acute and the chronic. Both are secondary diseases, resulting from primary suppuration of the middle ear. The latter is, in its turn, usually set up by extension of inflammatory processes travelling up from the pharynx *via* the Eustachian tube.

It is to be borne in mind that the tympanum is not a closed cavity, but communicates with the outer air by means of the last-named structure—the Eustachian tube—and by this channel micro-organisms are enabled to enter from without, and there can be no doubt that infection is often conveyed in this way, with its resultant suppuration. In this connection it may be of interest to note that Broca and Lubet-Barbon, of Paris, report that, in addition to the strepto-coccus, pulmo-coccus, pneumo-bacillus of Friedlander, and staphylo-coccus, they, on one occasion, found the *B. coli communis* in a specimen of a pus from the middle ear which they examined.

Such cases of suppuration—of the acute variety—are frequently met with during the course of diseases in which the pharynx is affected, notably in scarlatina,

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measles, influenza, nasal and post-nasal catarrh. When appropriately treated during the acute stage, such cases can usually be radically cured; but from neglect, or inefficient methods of treatment, they frequently drift on into a chronic condition, resulting in the well-known cases of otorrhœa—often in children—so constantly presenting themselves for treatment, both in private and dispensary practice, the parents often stating that their medical attendant had assured them that the running was best left alone, and that the child would grow out of it in time.

Another condition very commonly associated with chronic suppuration of the middle ear is post-nasal vegetations. The catarrh accompanying this ailment no doubt leads in the first place to extension up the Eustachian tube, and suppuration often follows. In many cases the pus makes an exit for itself by bursting through the membrana tympani, usually in the postero-superior quadrant, a perforation being thus produced, and finally, the acute stage having passed away, chronic otorrhœa results.

In view of such consequences, it is of the utmost importance that early removal of all post-nasal vegetations should be effected. The writer has had numerous cases of otorrhœa, associated with post-nasal growths, in which the first step towards permanent cure has been the removal of the latter.

So much, then, for the usual origin of tympanic suppuration. One of its results has also been referred to, namely, perforation of the membrana tympani, as a mode of exit for the pus. This is, however, by no means the only complication that may arise, nor the only direction in which the pus may travel, whether in acute or in chronic cases. The course we have now to consider is that followed in either stage of the disease, the only difference being in degree rather than in kind, the effects of chronic suppuration being naturally much farther reaching than those of the acute.

Before proceeding to the consideration of mastoiditis, in order to elucidate the subject, the anatomy of the region concerned may be briefly described.

The tympanum is a small cavity, measuring about 15mm. from before backwards, 12mm. in height, and 2mm. in depth. It is bounded by bony walls on all

sides, except externally, where it is closed by the *membrana tympani*, and anteriorly, where it opens into the Eustachian tube. For our present purpose it is unnecessary to describe particularly the chain of ossicles connecting the *membrana tympani* with the labyrinth. More important is it to consider the accessory cavities of the tympanum, these being chiefly concerned in the subject before us.

At the postero-superior region of the tympanum, there is situated a little opening, which is the orifice of a canal passing in a backward direction, and called the *aditus ad antrum*. The passage possesses a most important bearing on the subject of mastoiditis, as it is the means of communication between the tympanum and antrum, a small cavity lying just behind and above the tympanum, and opening, in its turn, in the adult, into the mastoid cells. These structures thus form one continuous channel, consisting, from before backwards, of the tympanum, *aditus ad antrum*, antrum, and mastoid cells. They are all lined by one unbroken layer of mucous membrane, and it will be at once apparent that an easy course for infection to travel backwards is thus provided. Given a case of suppuration of the middle ear, whether acute or chronic, there are two methods by which the mastoid cells may become involved—first, by the passage of pyogenic microorganisms through the *aditus* to the antrum, leading by their presence and multiplication to an infective mastoiditis; or, secondly, by gravity, the pus flowing backwards through the same channel, as the patient lies in the dorsal decubitus. In cases where the *aditus* is large and open, pus can flow freely backwards and forwards between the antrum and tympanum, and where there is a ruptured *membrana tympani*, it finds free exit into the *meatus externus* by this means. In such cases, little more inconvenience is felt than that incidental to the discharge of pus from the ear, with its attendant deafness. In cases of acute otitis media, however, it not infrequently happens that the inflammatory process extends to the antrum and mastoid cells very early in the attack, before tympanic suppuration and consequent perforation have occurred. All the usual symptoms of acute inflammation are at once produced, intense pain in and behind the ear, with redness and swelling of the



skin covering the mastoid process, an accelerated pulse and rise of temperature. If the patient be seen at this stage, much can be done to abort the attack, and so prevent impending suppuration. On March 9th of the present year, a young man in this condition presented himself for treatment. For the relief of the acute pain, which had kept him awake all night, hot fomentations to the mastoid were prescribed, dilute spirits of wine were dropped into the meatus, and aconite 1x given internally every two hours. Under this treatment, in some 48 hours, the inflammation had been greatly subdued, the pain and all attendant symptoms had subsided, and in a few days more the patient was perfectly restored to health. Left to itself, there can be little doubt that this case would soon have developed into one of suppurative mastoiditis.

As an illustration of the latter condition, in its acute form, the following case may be instructive:—

On March 20th, 1898, the writer was sent for to attend Miss L., æt. 40. For two or three days she had been suffering from intense earache. She presented all the typical signs and symptoms of otitis media acuta and mastoiditis. The membrana tympani was deeply injected and turgescient, while the mastoid process was reddened, much swollen, and very tender to the touch. Linseed poultices externally, and aconite internally, were prescribed, but without much relief. It soon became evident that the stage of suppuration had been reached, the swelling of the mastoid persisting, and the bulging forward of the membrana tympani increasing. To relieve tension and give exit to pus, paracentesis tympani was now performed, an incision being made in the postero-superior quadrant of the membrane, while hepar sulph. 3x was given internally. Very little pus appeared at the time, but gradually it increased in quantity, and, in proportion as it did so, pain subsided, the swelling of the mastoid decreased, and finally disappeared. For the purpose of cleanliness, the meatus was now syringed with warm boracic lotion. This had the effect on one or two occasions of temporarily closing the opening in the membrana tympani, its closure being followed on each occasion by a return of pain, and of the swelling over the mastoid.

Another form of acute suppurative mastoiditis is one seen more frequently in children than in adults, arising during the course of a chronic suppuration of the middle ear, with perforation of the membrane. The consequent otorrhœa may have been going on for weeks or months, when, perhaps, as a result of exposure to cold, an acute exacerbation occurs. The opening in the membrana in such cases then closes, swelling of the mucous membrane lining the tympanum and adjacent cavities takes place, and the opening of the aditus ad antrum thus becomes blocked. The pus in the latter cavity, no longer finding exit into the tympanum, accumulates, the tension of the surrounding walls is raised, acute pain results, and the pus gradually burrows its way through the cancellous bone, lying between the antrum and the external wall of the mastoid process, finds its way to the surface, and finally bursts through the skin, thus forming a mastoid fistula. It has been remarked that these cases are more frequently met with in children than in adults, and the reason is to be found in the circumstance that in young children there is usually only one cell present in the mastoid bone, namely, the antrum. As years advance, other cells become hollowed out in the surrounding bone, communicating by minute openings with the antrum, and with each other, till at length the whole of the mastoid process down to the tip is occupied by a series of these cells. Hence, in adults, in suppurative mastoiditis, the latter become receptacles for pus, and, therefore, there is not such a rapid burrowing of the latter to the surface as in children, where there is only the antrum to contain the developing or retained pus.

Cases of this kind, when first seen, are generally beyond medical treatment, and prompt surgical measures are called for, both for the relief of pain, and to minimise the danger of burrowing towards the lateral sinus, situated posteriorly in the mastoid process, or to the dura mater above it. In former times, it was customary to perform Wilde's incision for this condition. This consisted in a long curved incision through the skin and subjacent tissues just behind the auricle. The theory of this proceeding was that relief of tension was secured, and exit given to any pus that might be present under the skin. The operation is, however, of little

value, as the fistula resulting from the burrowing of pus through the bone always remains, and unless healed, becomes a permanent source of danger to the patient. At best, it merely anticipates nature, which provides an escape for the pus by the bursting of the skin over the mastoid process.

A case of this kind was brought to the out-patient department of this hospital in March, 1897. The patient was a child of 1 year and 10 months, and was said to have had a discharge from the right ear for some months. When first seen the running had ceased, and the skin over the mastoid process was red and shining, and so greatly swollen as to push the auricle outwards and forwards. The swollen area was distinctly fluctuating and evidently full of pus.

The child was admitted to the hospital as soon as possible—on the 26th—but before it could be brought in the abscess had broken, and the pus discharged. A fistula had thus formed spontaneously, and from this the discharge of pus continued.

On the 29th, under chloroform anæsthesia, an incision was made through the fistula, the skin reflected, and the bony walls of the fistula were then thoroughly curetted, granulations and carious bone being removed, and the fistula followed up till the antrum was reached. A continuous track was thus formed, leading from the external wall of the mastoid process behind, through the antrum and aditus, to the tympanum in front. Thorough irrigation of this tract having been carried out, the external wound was packed with iodoform gauze, and silica 6 given internally. The dressing was renewed daily for some weeks, and under this treatment the discharge gradually ceased, and the fistula healed entirely. (Patient exhibited, presenting cicatrix behind ear and healed membrana tympani.)

Having discussed the usual forms of acute mastoiditis, we can now consider the more chronic varieties, with the operative or other measures necessary for their relief.

Like the acute form, the chronic is due, in the first instance, to suppuration of the middle ear. The communication between the latter and the mastoid cells has been described, and the manner in which those cells may become filled up with pus. While the aditus ad antrum

remains patent, and in the absence of other complications, the pus constantly being secreted by the unhealthy mucous membrane lining those cells finds free exit into the tympanum, and thence through the usually ruptured membrane into the meatus. If now it were practicable to irrigate the antrum and mastoid cells thoroughly with some suitable antiseptic lotion, through the tympanum and aditus, together with appropriate remedies given internally, it might be possible, by such means, to cure many of these cases.

The anatomical structure of the antrum, however, militates against this practice seriously, because, its floor being on a lower level than the aditus, it is impracticable to free it entirely by means of irrigation of its purulent contents. Hence the persistence with which some cases of otorrhœa resist medical treatment, and the local measures of irrigation and insufflation. Notwithstanding this difficulty, it is always best, in the absence of any urgent symptoms, to persevere with such treatment for some time before resorting to operative measures, many cases yielding completely to it eventually, even those that may have been going on for several years, and in which it is fair to assume that the antrum, if not the mastoid cells, may be involved.

The treatment which, in the writer's hands, has been most successful in such cases is the thorough insufflation of the middle ear with boracic acid powder, accompanied by periodical lavement with warm water, and the administration of either pulsatilla, hepar sulph., silica, or calc. carb. The choice of the appropriate medicine must be determined entirely on the merits of the individual case, and for this purpose the diathesis of the patient, with any concomitant symptoms that can be ascertained, must be taken carefully into consideration. An objection that has often been raised to the insufflation, or dry treatment, is that it may, by blocking up the aditus ad antrum, lead to retention of pus in the antrum and mastoid cells, and so to the danger of sinus phlebitis, or subdural abscess. In the writer's experience of aural cases, however, extending now over a good many years, both in private and hospital practice, such complications have never been known to arise as a consequence of this mode of treatment.

(Patient—a boy of 14—shown, with chronic suppuration of both middle ears, and loss of membrana tympani on both sides, cured by above measures.)

But when these measures have been tried exhaustively without avail, when all obstacles to the exit of pus, or sources of its formation have been removed, when polypi and granulations have been dealt with, or a possibly carious malleus and incus disposed of, and when perhaps the patient has suffered from recurring attacks of sub-acute mastoiditis—under such circumstances the aspect of matters is changed entirely. The last-mentioned circumstance—recurring attacks of mastoiditis—may be taken as a danger signal, indicating not only that the mastoid cells have been invaded by pus formation, but that their walls are almost certainly in a carious condition. When this is the case, the patient's life is undoubtedly threatened, and no life insurance office would be likely to accept the risk of it. The sufferer is in the position of one dwelling on the crater of a volcano, perhaps long quiescent, but ready to burst out in the fullest fury at a moment's notice. The danger in such cases lies in two directions. First, the carious process may extend backwards towards the lateral sinus, in which phlebitis is then likely to be set up. The next step is the formation of a thrombus in the sinus, with its attendant obstructive consequences, and finally the thrombus may suppurate, and pyæmia result. Secondly, the thin lamina of bone forming the roof of the antrum may be attacked, and the dura mater lying in contact with it being infected by pyogenetic micro-organisms, a subdural abscess is set up, and the process may, and does, not infrequently, eventually lead to the formation of a cerebral abscess, with its usually fatal consequences. Under these circumstances, opening of the mastoid process is imperatively called for, and must be performed if the patient's life is to be saved.

Before passing on to the description of the appropriate operation, it may be well to refer to one other form of middle ear disease usually associated with more or less caries of the antrum and cells, and in which the opening of the latter may be called for, before a radical cure can be effected. The condition alluded to is that of a chronic otorrhœa, associated with perforation of Shrapnell's membrane. Such cases obstinately resist local and

medicinal treatment, the explanation being, that the perforation and purulent discharge result from caries of the attic, and often of the entrance to the antrum, if not of the mastoid cells themselves. It was for the relief of this condition, that Stacke devised the operation known by his name. This, however, will be considered a little later.

For the modern operation for opening the mastoid process we are indebted to Schwartz, of Halle. The method adopted by him being that chiefly practised by aurists both abroad and in this country, it will be unnecessary to refer in detail to others which have fallen into desuetude. The operation now carried out has been designed to avoid as much as possible three grave dangers which are met with in its performance. These are the lateral sinus, as it courses through a deep groove in the posterior half of the mastoid process; the dura mater, which is separated from the antrum by a lamina of bone, little thicker than a piece of paper; and, lastly, the facial nerve, which passes through its canal in the inferior half of the posterior wall of the meatus auditorius. The distance which intervenes between the posterior wall of the meatus and the lateral sinus is variable, but on an average is from 12 to 15mm. Sometimes, and particularly in children, it is much less than that, and, indeed, Hessler records cases in which the sinus was found in front of the antrum. The upper limit of the operation is the linea temporalis, a line running horizontally backwards from the roof of the zygomatic process and just above the meatus. Between these three points—the linea temporalis above, the posterior wall of the meatus in front, and the lateral sinus behind—there is usually an area of about 12 to 15mm. through which it is safe to cut into the bone. When these rules are followed, and the operation performed with due caution, it is quite possible to avoid injuring any of the above-mentioned structures. A good deal of practice and experience are, however, necessary to insure confidence and safety, and even skilled surgeons have been known to cut through, not only the facial nerve—thereby causing permanent facial paralysis—but even to open the external semi-circular canal which lies in close proximity to it. Should the lateral sinus be opened, the consequences are not so

serious, as the bleeding can be controlled by thorough plugging with iodoform gauze, and the operation resumed on another occasion. Professor Hartmann, in his book on Diseases of the Ear, states that he performed the operation a hundred times on the anatomical preparation, before carrying it out *in vivo*.

The instruments used in the operation are scalpel, wound hooks, periosteum retractor, chisels and hammer, sharp spoon or curette, and probe. I am under the impression that the gouge is a good deal in use in this country, and McEwen and Barr of Glasgow advocate the dentists' burr. There can be no doubt, however, that the chisel in skilful hands, and with the bevelled edge held parallel with the bone, is a most satisfactory and efficient instrument, and can be perfectly controlled. The burr is very useful in removing sharp points of bone, and in smoothing off the conical walls of the incision, at the close of the operation.

In cases of acute suppurative mastoiditis, it is usually sufficient to open into the antrum, and, the various steps of the operation till this cavity is reached being common to it and to the more radical measures required in chronic cases, the former may be first described. The skin behind the ear having been sterilized, an incision is made down to the bone, in the groove immediately behind the auricle, and extending from the linea temporalis above (which can generally be felt under the skin) to the tip of the mastoid process below. Hæmorrhage having been arrested by pressure forceps, the periosteum beneath either flap of the wound is raised from the bone by a sharp retractor. The lips of the wound being then held apart by a hook on either side, in the hands of an assistant, the whole of the surface of the mastoid process is now laid bare, and in front, the posterior wall of the external meatus can be seen, and serves as a guide for the first incision into the bone. This incision is to be made with a chisel about 5mm. broad, held parallel with the meatus, and about 2 or 3mm. behind it. The upper extremity of this vertical incision should correspond with the superior border of the meatus. A small metallic hammer, its head loaded with lead, is convenient for striking the chisel. A second cut is next made at right angles to the first, extending backwards horizontally from its upper edge, just under the linea

temporalis. It has been mentioned that this line marks the upper limit of the excavation, but, as the tegmen tympani is generally a little higher, it is safe to go a little above it. The third incision runs parallel with the second, horizontally backwards from the lower extremity of the first cut. Lastly, the posterior ends of the two horizontal incisions are joined by a vertical cut, and, in making the latter, the chisel should be held obliquely, so as to avoid driving it vertically downwards into the lateral sinus. The bone enclosed by these incisions is now chipped away in successive layers, and the excavation gradually deepened with narrower chisels, the operator always bearing in mind that the antrum is situated a little behind and above the upper border of the tympanum, and therefore guiding the chisel slightly upwards and forwards. As he proceeds, he explores the depths of the cavity with a bent probe, and when the antrum has been opened, its bent extremity can be hooked forward into its cavity. A communication has thus been established with the tympanum from behind, and free drainage secured. The cavity having been thoroughly cleansed and dried, the cutaneous wound is sutured, and the excavation packed with iodoform gauze. The first dressing can be left for eight days, when the cutaneous wound will be found in most cases to have healed, and the stitches can be removed. The parts beneath will have to be packed with fresh gauze daily, till the whole wound in the bone has filled up.

In cases of chronic mastoiditis, or where the lateral sinus is to be opened, the operation, till the antrum is reached, is precisely the same as above described, with one additional proceeding. This consists in drawing the auricle well forward, till the cutaneous meatus comes into view, and then, as it lies in the bony meatus, it is to be cut through transversely. This having been done, it is then to be split longitudinally, the posterior half being afterwards sutured to the posterior lip of the skin incision, so as to form a lining for the back wall of the wound. The remainder of the meatus should be detached from the bone beneath it, when the tympanum comes into view, or the membrana tympani, if still intact.

In chronic cases, there is usually extensive caries of the mastoid cells, and these may be filled with pus right down to the tip of the mastoid, and backwards to the



lateral sinus. It is therefore necessary to cut away, or curette, all the affected parts in these regions, a large conical cavity being thus formed. It is here that the danger of wounding the sinus and dura mater is encountered, but, with due care, this can generally be avoided.

In cases of this kind, it is also now found judicious to remove the bridge of bone covering the aditus ad antrum, that is, the upper half of the posterior wall of the tympanum and meatus. Two dangers here present themselves. First, the external semi-circular canal lying in the floor of the antrum; and, secondly, the facial nerve, in its canal passing through the inferior half of the posterior wall of the bony meatus, as it descends towards its exit through the stylo-mastoid foramen. The first can be avoided by passing a bent probe through the aditus, the bone above it being then chiselled through till the probe is met with. The facial nerve is not likely to be wounded, if not more than the superior half of the back wall of the tympanum be cut away.

The foregoing measures having been completed, a long sulcus is seen to result, extending continuously from the posterior border of the mastoid excavation, forwards into the opened tympanum. All granulations and sequestra having been scraped away, the wound is closed, as before described. Dressing has to be carried out for several months, till by degrees, the wound heals, and a cutaneous lining is secured, covering the walls of the wound from behind forwards, right into the tympanum.

For the treatment of cases in which it may appear that the carious process is limited to the attic, Stacke, a former assistant of Schwartz, practised opening of the antrum from before backwards, by cutting through the posterior wall of the tympanum. When this was done, it was often found that the mastoid cells also were involved, so that the wound had to be extended backwards. On this account, no advantage is to be gained by Stacke's operation, and it is just as well to perform the full operation at once, cutting from behind forwards.

The subjects of sinus phlebitis and suppuration, subdural and cerebral abscess, have been already alluded to, as consequent on suppurative mastoiditis, but, as they are somewhat beyond the scope of this paper, and their consideration would occupy too much time on the

present occasion, it will be better to defer it to some future opportunity.

(Several preparations of the temporal bone, made by the writer, in Dr. Jansen's laboratory, in Berlin, were then shown. They illustrated—as dissections—the various steps in the operations for acute and chronic mastoiditis; also exhibiting the semi-circular canals, and the facial nerve, laid bare by the removal of the inferior half of the posterior wall of the meatus and tympanum.)

Plymouth, November, 1898.

### A CASE OF PELVIC REFLEX. IS OÖPHORECTOMY JUSTIFIABLE ?\*

By WM. CASH REED, M.D.

Hon. Physician, Gynæcological Department, Devon and Cornwall  
Homœopathic Hospital.

ON returning from a holiday (?) in Berlin, where I had been attending Professor Martin's very remarkable clinic, I found the subject of the following remarks in our hospital. She had been sent thither by Dr. Midgley Cash, of Torquay, who had had her under care for a short time at the homœopathic dispensary.

E. H., aged 18. Family history: Patient is one of 12 children, the others being healthy and well. Her parents are living and are fairly strong. She enjoyed good health also until about 14, when menstruation began. For six months or so the function was carried on painlessly. Since then, however, it has been accompanied by very great pain, which is increasing in severity. The discharge is not excessive, but is offensive. Leucorrhœa also exists. The site of the pain which begins a week before the "period" commences, and continues throughout, is in the hypogastric, the sacral, and the right ovarian regions. The hands and feet are always cold, and the face gets flushed towards evening. Patient has been under treatment at home and at various hospitals for 2½ years, and has twice undergone curettage of the uterus, besides other local treatment, without benefit.

\* Being the substance of some remarks made by the writer at a meeting of the Western Counties Therapeutical Society, held at Plymouth, October 26th, 1898.

For the last two years she has been confined to her bed almost entirely, and for a still longer time has not been able to stand or walk alone. She says this disability is attributed, by one of her previous medical attendants, to an attack of "blood poisoning" from which she suffered.

Such, in outline, is the history of a distressing case, and the patient has come to us "to have the ovaries removed." This is the emphatic wish of her parents (not her doctor) and the imperative demand of the patient herself.

On examination, under an anæsthetic, the cervix is found to be conical; it looks forwards. The os uteri is small. The uterus itself is freely movable, and the right ovary is definitely enlarged; the left is not enlarged.

In view of the foregoing, the following treatment was carried out then and there.

Dilatation free and ample. Discission of cervix (after Martin) 1 cm. on each side, the cut being kept from healing by gauze soaked in tinct. ferri perchlor. Finally, the uterus was packed with iodoform gauze. As the patient emerged from the chloroform narcosis, there were free movements of her limbs in all directions, thus negating the theory that true paralysis existed.

*Remarks.*—At once, on a review of this case, I mentally resolved not to remove the ovaries, and this in view of the following considerations.

1. Doubt as to the extreme severity of the dysmenorrhœa, in view of the condition ascertained to exist. Watching carefully since the patient has been in hospital has confirmed my doubt.

2. The girl has been ill practically since puberty, and the pelvic organs have already received too much attention from "surgical art," and infinitely too much on the part of the sufferer, who has acquired a morbid habit of introversion, and, concurrently, a decreasing will power, with an increasing and now overweening impression that grave pelvic disease exists.

3. There is no evidence of true paralysis, or that the paresis which exists is other than that incident to prolonged muscular inactivity.

4. The vaso-motor changes, as evidenced by cold feet,

"flushes," &c., are part and parcel of the same nerve "degeneration."

5. A patient at 18 is incapable of judging as to the effects, proximate and remote, of oöphorectomy, and the parents, who are "worn out" with the case, are as little able to judge from their point of view.

6. Though the right ovary is enlarged, there is no evidence of organic structural mischief therein.

In effect, finally, the phenomena are not chiefly peripheral, but central.

As a corollary to the above, I may add that at a subsequent interview with the mother, I learned I was not the first, nor even the second doctor, who had declined to operate radically. Further information, too, elicited at the same time, went to prove that the position I had taken was logical, diplomatic, and above all the only just one. Finally, I would advise any of my colleagues placed in a similar position, and with similar precedents, to decline also to perform this "irretrievable experiment."

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## NOTES ON INGROWING TOE-NAIL.

By A. MIDGLEY CASH, M.D.

THIS term is somewhat of a misnomer. It is not so much that the growth of the nail is any way altered as that the soft parts at the sides of the nail become from some cause too closely pressed against the edges. Tight boots and shoes is a common enough cause, especially when an attempt is made to use those which are too short for the foot. Again, a very common cause is the cutting of the nails down at the corners. In such ways over-pressure is brought to bear upon the soft parts at the sides of the toe; ulceration is started, granulations are formed along the edge; these come to overlap the nail, and an extremely trying and painful condition of things is thus established. Both sides of the toe may be in this condition, though most frequently the outer side is the worst, or it may be the only one to be affected. More or less lameness follows, no shoe or boot can be worn, and the patient becomes nervously fearful of movement or touch to the foot.

A variety of methods of treatment have been advised. In my student days nothing but operation was considered

—a most painful proceeding requiring the thorough administration of an anæsthetic for its performance. The nail was usually split down its centre, the two halves being forcibly detached from their bed with forceps.

With a little trouble and patience, however, this rather barbarous proceeding need very rarely be practised. The method I have followed, and which has given me satisfactory results, is as follows:—First, with a pen-knife or scalpel, scrape the nail firmly and evenly from the root to the free edge—the middle third only. By this means it is kept thin at its centre part, and being more flexible, the objectionable lateral pressure is diminished. In bad cases it may be desirable to reduce the thickness of the nail till it is little thicker at its free edge than a sheet of paper.

Then, at the sides, where active mischief is going on, and where overlapping ulcerating tissue exists, the first indication is to interpose some suitable substance between the ulcer and the edge of the nail. For this purpose I like the silver foil commonly used by chemists for wrapping up powders. Take a piece three or four folds thick, about half-inch wide, and slightly longer than the full length of the nail. Keeping back the painful granulations with a fine probe introduce the strip of foil between the nail and the sore and pack it carefully in, so as to intervene the full length of the fissure between the nail and the soft parts. If the other side is effected treat this in a similar way. Then taking another piece of silver foil three or four folds thick introduce this under the free thin edge of the nail along its whole length, and with a director press it in as deeply as the patient can bear it, so as to raise the nail from the soft parts beneath. This is painful at first, but it is borne better and better every day as the process is repeated—something more being gained each time. If the nail is very hard and horny, I have applied to it compresses saturated in carbolised glycerine, which have a soothing and emollient effect.

The granulations, thus kept away from the irritating pressure of the nail, soon begin to shrink and heal. I find it useful to dust over them and into the fissure powdered iodoform, which corrects fœtor and favours cicatrization. When the ulcer is healed patients should be instructed still to keep the nail carefully scraped as above described,

and also to keep it cut square and not at all short at the corners. This will throw the growth away from the edges and towards the middle, and tend to prevent a recurrence of the trouble, for a relapse is not unlikely without care, especially in members of certain families where predisposition exists to this complaint.

An unpromising looking case came to me recently in a lad of 16. Both great toe nails were sunk in a bed of angry granulations, exquisitely tender. With care and gentleness I could not at first succeed in peeling these back from the hard edges, and things looked so bad that I feared there would be nothing for it but to remove the nails in whole or in part. He had had to give up his work as a carpenter, as standing or walking had become impossible.

I kept him in bed a few days, and every second day scraped and treated the nails as above described. In a week he was able to be up, and walked a little in the garden without pain, and it was evident an operation would be avoided. In three weeks he returned to his work again practically cured, and I left him with orders to keep the nails thin and never to wear any but very easy shoes.

Torquay.

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### THE MOSQUITO AND THE MALARIA PARASITE \*

DR. PATRICK MANSON (President of the Section) in the course of a demonstration of the malaria parasite said: Ladies and Gentlemen, it was only a very few days ago that I received intimation that I might probably be asked to speak to you about one of the more recent advances in our knowledge of the malarial parasite. Unfortunately at the time I was ill, and as a consequence I fear that, what with bad health and want of time, my demonstration and exposition may be somewhat meagre, faulty, and unsatisfactory. However, I trust to your indulgence, and I hope I may be successful in giving you a lucid account of what is really a marvellous story.

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[\*From the *British Medical Journal* (September 24th) we reprint the above address by Dr. Patrick Manson, delivered at the annual meeting of the British Medical Society in Edinburgh. The address is of much general interest, and we think many of our readers may be glad to have it brought again to their notice.]

### CYCLE OF THE MALARIA PARASITE IN THE CIRCULATION.

In order that my hearers may have a clear idea of what I am going to say about the life-history of the malarial parasite outside the human body, it is advisable in case some of you may not be familiar with the recent advances on the subject, to give first a short *exposé* of the leading facts of the life-history of the parasite inside the human body. I will be very brief, and not occupy your time with details which you may easily get from most modern text-books. Unfortunately, I have left my lantern slides behind me, and I must trust to the chalk to illustrate what I am going to say.

If you examine the blood of a patient suffering from ague and select a time just before the stage of rigor, you will find in a proportion of the blood corpuscles a disc of protoplasm, varying in size according to the species of parasite, dotted all over with black specks of the characteristic pigment of malaria. This is a malarial parasite. If you examine the blood of the same patient during rigor, you will find that these black pigment particles become concentrated more or less in the centre of the blood corpuscle, and that the surrounding pale protoplasm has been broken up into a number of spherules. Later on, if you examine the blood during the stage of pyrexia, you will find that the spherules have escaped from the corpuscles into the liquor sanguinis, and many of them have been absorbed by the leucocytes; a few, however, have contrived to enter the blood corpuscles. Later still, during the stage of apyrexia, you will find that these intracorpuseular spherules increase in size, acquire amœboid properties, become pigmented, and by degrees, as you approach the stage at which we began our examinations, these pieces of pigmented protoplasm attain the size that we originally started with. Such, roughly speaking, is the cycle of the malarial parasite in the human body—that cycle of the parasite that subserves the multiplication of the parasite in the human body. There is nothing in this, however, that gives us any idea or suggestion as to the way in which the parasite manages, as all parasites must do, to pass from one host to another.

#### THE FLAGELLATED BODY.

If you examine the blood of malarials some time after the blood has been removed from the human body, you

will find occasionally a very peculiar and striking organism known by the name of "the flagellated body." This body can only be seen in blood some time after it has been removed from the human body. It is never to be seen in blood immediately after its removal from the circulation—an important fact. This flagellated body consists of a more or less regular, central sphere dotted over with pigment, and, proceeding from the periphery of the central sphere, 2, 3, 4, 5, 6, or more actively-moving, lashing filaments—flagella. If you keep up your observation you will find that after a time many of these flagella break away from the central sphere, and become free and swim through the liquor sanguinis.

THEORY OF ITS FUNCTION ; THE RÔLE OF THE MOSQUITO  
CONJECTURED.

Now, fixing my attention on the fact that this peculiar, octopus-like creature, this flagellated body, only comes into existence a considerable time after the blood has left the human host, I concluded that there was probably a purpose in this circumstance—that, in fact, it was intended to subserve the necessities of the organism exhibiting it. I concluded that, because it came into existence after the blood had escaped from the human body, the purpose of this flagellated organism lay outside the human body. But, as it was impossible for the latent form from which this organism originated, and which is easily recognised, to escape from the human body by itself, it was necessary, in order to get it outside the human body, to invoke the assistance of some extraneous agency. It is unnecessary for me to give you here the various reasons and speculations which led me up to the conclusion that that agency was the mosquito. Doubtless I was influenced towards this conclusion by my previous experience of this insect as an agency for the evolution of the *filaria sanguinis*. Some people have doubted my statements as to the capacity of the mosquito for acting as intermediate host of the *filaria*. In case there should be any sceptic on this subject here, and as an object lesson to convince you of the power of this insect in spreading disease, I have placed under the microscope in the other room two specimens showing the *filaria sanguinis* in the thoracic muscles of the mosquito. One specimen shows the parasite in a mosquito which



has fed on filariated blood about twenty-four hours before. You can distinctly see the worm lying between the fibres of the thoracic muscle. The other specimen is also a section of mosquito's thorax, in which you will find the filaria at the end of six days or a week after the insect had fed, the parasite being much increased in size and variously developed. It is a valuable object lesson for any sceptics who may doubt the power of the mosquito for taking care of pathogenic organisms.

I concluded, then, that the mosquito was the liberating agent of the malaria parasite as well as of the filaria, and that the flagellated body sucked, in its latent form, so to speak, into the mosquito stomach developed therein; that the flagella broke free from the central sphere, as we know they do on ordinary blood slides, and that in virtue of their locomotive faculty they traversed the blood in the mosquito's stomach, penetrated the wall of the mosquito's stomach, entered some cell and there started the extra-corporeal life of the malarial parasite. Originally this was theory pure and simple—theory, however, that was justified, I think, by many facts as well as by analogy; theory which has now been thoroughly borne out by subsequently and carefully-observed facts.

#### ROSS'S OBSERVATIONS.

I was unable myself, from various circumstances, to undertake observations in foreign countries with the idea of establishing the truth of this theory; but fortunately my friend Surgeon-Major Ronald Ross, I.M.S., who had already done much work in blood pathology, was so struck with the probabilities of the hypothesis I had expressed, that he undertook to work out the subject on his return to India, now some three years ago.

The first part of the theory he very quickly proved. He found that, true enough, on the malarial blood entering the mosquito's stomach, ex-flagellation almost immediately followed, and that it followed in a proportion of instances very much greater than occurs in malarial blood spread in the ordinary way on the microscope slide. He found that at least 70 per cent. of the crescent form of the parasite, one of the latent forms of the flagellated body, was transformed into the flagellated body. He found also that the flagella all

broke away. But he utterly failed to find what became of the flagella. They disappeared, and he did not know where they got to. He searched the tissues of hundreds of insects, but he could find no evidence whatever of the flagella having entered them.

#### DISCOVERY OF THE PIGMENTED BODY IN THE MOSQUITO.

About a year ago, Ross, who had hitherto been working with one or two species of mosquitos only, by chance came across what he called a "dapple-winged" mosquito, a species entirely different from any with which he had previously experimented. This dapple-winged mosquito, of which, unfortunately, he was only able to procure four specimens, he contrived to feed upon the blood of a patient suffering from that form of malaria which is known as the summer-autumn fever, and which is characterised by the presence of the crescent body in the blood. Two to four days after these insects had fed he dissected them. In one he could find no unusual appearance, but in the three others he encountered a very remarkable body. He noticed, embedded in the tissues of the stomach wall, certain peculiar, oval, minute, pigmented cells. The fact of the presence of pigment in these cells arrested his attention. The optical characters of this pigment were such that it seemed to be in every way identical with the pigment which is so characteristic of the malarial parasite. He also observed evidence of growth. In fact, Ross was sure that he had now encountered the extra-corporeal form of the malarial parasite. About the same time, by accident, he found one specimen of what is known as the grey mosquito, a common species in the tropics, feeding upon a case of ordinary tertian malaria. This mosquito he captured and kept for a few days, and afterwards dissected it. In this insect, too, he found similar pigmented bodies embedded in the walls of the stomach.

#### MACCULLUM'S OBSERVATIONS ON HALTERIDIUM.

Here, however, fact and theory seemed to diverge. It was difficult to reconcile the presence of pigment in these cells with the absence of pigment in the flagella which, according to my hypothesis, are the infecting agencies. The pigment always remains in the central sphere, or what may be regarded as the residual portion of the flagellated body; it does not enter the flagella. How

then account for it in Ross's bodies if they be the developing malaria parasite? Fortunately at this juncture help came from America, help which apparently reconciled theory and fact. MacCallum, of Johns Hopkins University, observed that in halteridium an intra-corpuseular parasite of birds closely allied to the malaria parasite of man, as I shall presently explain, the purpose of the free flagellum is to impregnate certain halteridia, and, as it were, prepare them for entering on a new phase of existence. In watching slides of blood containing halteridium he observed parasites escape from the blood corpuscles and assume a spherical form. Certain of these spheres emitted flagella which, breaking away, accumulated about other spheres which did not emit flagella, and finally entered them. Whereupon, after a time, the impregnated spheres changed shape, and acquired locomotive powers; became, in fact, travelling vermicules, containing the entire substance of the original halteridium sphere, including its pigment. They exhibited great powers of penetration, passing indifferently through red blood corpuscles and white blood corpuscles, and moving with freedom and activity about the field. Depend upon it, this locomotive penetrating power exhibited by the pigmented halteridium vermicule has a purpose. Observe that it comes into existence only after the blood containing it has left the body of the bird. What more likely, then, than that this purpose is the attainment and penetration of the walls of the stomach of some special kind of mosquito that has ingested it? It is pigmented. Hence, arguing from analogy, I would suggest the pigment in Ross's pigmented bodies found in mosquitos fed on human malarial blood.

This explanation I think is admissible, although, I confess, it cannot be said that absolute proof is as yet forthcoming.

#### ROSS'S OBSERVATIONS IN BIRD MALARIA.

So far Ross's investigations had gone. He had succeeded in interesting a number of people in his work, and fortunately he succeeded in interesting the Indian Government. The Indian Government took him by the hand, relieved him of military duty, sent him into Calcutta, and placed him in a well-equipped laboratory with

instructions to work at this mosquito-malaria hypothesis. When Ross arrived in Calcutta in pursuance of these instructions, it was an unfortunate time of year for his purpose. It was not the malarial season, consequently he had a difficulty in procuring human subjects for observation and experiment. With characteristic energy, however, and not to lose time, he turned to bird malaria, and resolved to devote a few months, at all events, until he could get a sufficient number of human malarials, to studying the analogous parasites of birds. You know that birds, particularly in warm climates, are subject to what I might call plasmodial infection; that their blood often contains parasites strictly analogous to those characteristic of malaria. There are two important species that have been studied. One of these is called halteridium, by Labbé, a well-known French authority. The characteristic of this species is that it extends alongside the nucleus of the bird's blood corpuscle, and forms sporulating appendages at the end of this halter-shaped sort of jugum. The other, very much like halteridium, sporulates in a somewhat different fashion. It is a more concentrated parasite, so to speak, occupying rather the centre of the oval blood corpuscle, and in order to obtain room displacing laterally the nucleus. It is called proteosoma.

Now both of these parasites resemble the malaria parasite in their structure. They are both intra-corpuscular, and they are both composed of pale protoplasm carrying a large number of grains of black pigment. They also, like the malarial parasite, sporulate and they form flagellated bodies; so that in every way they seem strictly analogous, and closely allied to the malarial parasite.

#### DISCOVERY OF PIGMENTED BODIES IN MOSQUITOS FED ON SPARROWS AFFECTED WITH PROTEOSOMA.

Ross gave particular attention to proteosoma. He found that by feeding the grey mosquito on sparrows, larks, and crows containing this parasite, he could with the utmost certainty get a crop of pigmented cells, resembling those he had similarly raised from human malaria, in the stomach of these insects. These experiments he repeated a vast number of times—not one or two insects, but hecatombs of mosquitos he

sacrificed in this way in the cause of science. I forget his exact figures, but of 245 grey mosquitos fed on sparrow's blood containing the proteosoma parasite, 178 (or 72 per cent.) showed the pigmented bodies in the walls of the mosquito's stomach. He fed an equal number of mosquitos on human blood, on the blood of birds devoid of this parasite, and in various other ways, and of 249 mosquitos thus fed not one showed these pigmented cells in the walls of the stomach. These experiments seemed very conclusive. I was particularly struck with one experiment which he details. He collected a number of mosquito grubs from a drain near his laboratory, and he put them in a bottle, and allowed them to remain there until the mosquito was evolved from the pupa. Then he fed some of these mosquitos on a bird in whose blood the proteosoma was particularly abundant. Ten mosquitos he fed in this way, killed them, dissected them, and examined their stomachs, and on an average he found that the stomach wall of each mosquito contained 100 pigmented cells. He took another batch of ten of the same mosquitos, and fed them on a sparrow whose blood was but moderately affected with the proteosoma. He dissected their stomachs, and enumerated the pigmented cells he found there, with the result that the average was only 29. Ten he fed on sparrows in whose blood the proteosoma was not present, and these he also dissected and carefully examined with high powers of the microscope, and in not one did he find any evidence whatever of the presence of pigmented cells.

Of the care and accuracy of Ross's observations I can give personal testimony. The preparations of these thirty dissected mosquitos' stomachs were sent to me, and I found under the microscope the pigmented cells, which there was no difficulty in finding, with the result that my count practically tallies with Ross's finding. I could state many more experiments, but these suffice to establish the fact that the grey mosquito fed on sparrow's blood containing proteosoma almost invariably contained the pigmented cell, and that grey mosquitos fed on sparrows whose blood did not contain the proteosoma did not contain pigmented cells. The inference cannot be avoided that somehow or other the mosquito subserves

the proteosoma, and that the pigmented cell is an evolutionary form of proteosoma.

#### THEIR POSITION AND DEVELOPMENT.

After thoroughly establishing this fact Ross set to work to find out something about the history of these pigmented cells in the stomach wall of the mosquito, and to endeavour to locate their position exactly. If you examine a mosquito's stomach with the microscope you will find that the wall is made up of several layers. The outer layer is composed of ramifications of the air vessels of the insect. Beneath this you will find two layers of muscular fibres, longitudinal and circular. These cross each other at right angles, producing a sort of rectangular pattern. Below these you will find a structureless sort of membrane which does not stain easily, and below this again, and forming the lining membrane, the mucous surface, so to speak, of the mosquito's stomach, what might be called the epithelial layer, composed of several strata of cells. Ross found that the pigmented proteosoma cells do not occur, as might have been supposed, among the soft epithelial cells lining the inner surface of the stomach, but that they lie either on the outer surface of the homogeneous layer covering this, or between the meshes of the muscular fibres. You see them lying between the muscular fibres which they dissociate somewhat in the same manner as *trichina spiralis* dissociates the muscular fibre of the pig and other quadrupeds. When the parasites grow, as they do by-and-by, to a large size, they gradually protude as a sort of wart-like object on the outer surface of the stomach, so that finally, after six or seven days, the stomach of an affected mosquito acquires something of the appearance here represented. A number of wart-like bodies—which are really what Ross calls the "proteosoma coccidia"—protrude into the body cavity of the insect.

Ross has not succeeded as yet in finding the earlier or first-day phase of the proteosoma in the mosquito's stomach wall; but on the second day there is no difficulty in finding the parasite. It is an oval body some 6 or 7 micromillimetres in diameter; through the homogeneous protoplasm of which it is composed you will find scattered some twenty particles of intensely

black pigment. The outline is very distinctly and sharply defined. By degrees the little parasite grows, so that on the third or fourth day it attains a diameter three or four times this, becoming, in certain instances, granular, and exhibiting occasionally vacuoles, and other obscurely indicated marks of structure. By the fourth or fifth day it is more spherical, and has attained a considerable size, sometimes a diameter of 60 to 70 micromillimetres. The wall of the proteosoma coccidium is now thick and dense, and has a capsular appearance, and dim indications of structure can occasionally be made out. One particularly striking appearance is to be seen; there is a sort of concentric arrangement of granules recalling what we may sometimes see in show specimens of diatoms.

So far Ross had got with his work when his report (for permission to use which I am indebted to the Secretary of State for India) was written. According to Government instructions, it had to be sent in at the end of three months. Since then he has made remarkable progress. Of this progress I have learned from letters and telegrams.

#### FORMATION AND DIFFUSION OF "GERMINAL RODS."

Ross found in certain mosquitos, particularly in those mosquitos in which the protruding proteosoma coccidia had ruptured, diffused through the body cavity, and also in the tissues of the insect, certain peculiar bodies, which he afterwards called germinal rods. They are exceedingly minute, spindle-shaped, somewhat flattened bodies. He found these in enormous numbers. He could not at first understand whence they came. After a time, however, he discovered that by dissecting the stomach of the mosquito in salt solution, and by exercising a little pressure on the cover glass, he succeeded in rupturing the proteosoma coccidia, with the result that enormous numbers, myriads, of these germinal rods were extruded from their interior. Thus he accounted for the presence of these bodies in the body cavity of the insects. They were the progeny of the coccidia. He also supposed that they became diffused throughout the insect by entering its blood. They have no very manifest locomotive power of their own, and consequently they could not wriggle their way through the tissues.

He therefore concluded that they must be carried through the tissues by means of the blood. To test this he pricked with a fine needle the back of a mosquito at a time when he knew that the germinal rods must have formed in the proteosoma coccidia, and when he knew that these coccidia had in the main ruptured. He obtained a minute droplet of the characteristic white blood of insects, mixed this with a little salt solution, and placed it under the microscope, and therein he found innumerable germinal rods. Later he endeavoured to make out what next became of these rods, what was their purpose and destiny.

#### THEIR PRESENCE IN THE VENENO-SALIVARY GLANDS.

In dissecting the tissues of the insect he, by accident, stumbled across a peculiar gland connected apparently with the proboscis. This gland consisted of a number of plump, clearly-defined cells, arranged along a branching duct. He found that there were at least two such glands, one on either side of the insect's head, and he was astonished at finding in the clear, plump, cells composing the glands enormous numbers of the proteosoma germinal rods. He found them arranged in bunches, as it were, producing in the gland cells an appearance something like the groups of bacilli in the lepra cell. Dissecting them out, and studying them microscopically, he found that the long ducts of the glands uniting terminated in a common trunk opening into the proboscis of the insect.

#### EXPERIMENTAL COMMUNICATION OF PROTEOSOMA DISEASE BY MOSQUITO BITE.

Ross concluded from this, or rather speculated on the strength of the facts, that very likely this was the route by which the proteosoma germ left the mosquito. Possibly, he thought, it might be the way or a way by which the parasite was introduced into a fresh host. No sooner had the thought occurred to him than he proceeded in a characteristic way to test it by experiment. He got mosquitos that had fed on proteosoma-infected sparrows, and kept them five or six days until he knew the germinal rods had been formed, and were occupying these veneno-salivary glands, for such they undoubtedly are. He then let the insects loose again on



sparrows in whose blood careful microscopic examination had shown there was no proteosoma. Later on the mosquitos bit the sparrows, and then after some days Ross pricked these long-suffering sparrows and examined their blood. He had the gratification of finding innumerable proteosoma in the blood corpuscles.

This is a wonderful and most suggestive result. I believe it, for I have confidence in Surgeon-Major Ross's intelligence and in his honesty. He is an extremely truthful observer, and would be the last to overstretch any fact that he may have observed. He speculates—yes, but when he is speculating he tells you he is doing so: when he states a fact you may rely upon its accuracy. Much of the information I have just given you came to me by telegram; unfortunately, therefore, I cannot enter into minute detail, for one does not expect to find scientific men investing largely in telegraphic messages, even when communicating important facts of science; but substantially I have not the least doubt that my presentment of the subject is correct.

#### BEARING OF ROSS'S OBSERVATIONS ON THE MALARIA OF MAN.

That this is the last word on the subject of the extra-corporeal phase of the malarial parasite I do not believe. I think that malaria may be acquired in this way—that is, by the bite of the mosquito; but that that is the only way I cannot venture to assert, in fact I do not think. For observe; malaria, we know, multiplies indefinitely outside the human body, independently of man. In fact, malaria is most prevalent in places where man is not. Therefore, this extra-corporeal condition of multiplication must demand something more than a short cycle of from man to mosquito and from mosquito to man. My impression is that it requires an infection of mosquito by mosquito; possibly, as in tick disease or as in silkworm disease through the insect's ova, possibly through the larva. Ross's facts supply us, gentlemen, with an explanation of the former sort. They do not tell us how the parasite multiplies indefinitely through generation after generation. Still, it is a most important addition to our knowledge, and I am sure that it will lead to a full solution of the entire

problem and to very many advances in this important subject. It may be objected that what holds good for proteosoma may not hold good for plasmodium malaris; but the similarity of the parasites is so great that one cannot resist the conclusion that their histories are also similar. Moreover, Ross has distinctly shown, as already mentioned, that certain species of mosquito do elaborate pigmented cells when fed on human malarial blood.

I am sure you will agree with me that the medical world, I might even say humanity, is extremely indebted to Surgeon-Major Ross for what he has already done, and I am sure you will agree with me that every encouragement and assistance should be given to so hard-working, so intelligent, and so successful an investigator to continue his work. His observations tend to the conclusion that the malaria parasite is for the most part a parasite of insects; that it is only an accidental and occasional visitor to man; that not all mosquitos are capable of subserving it; that particular species of malaria parasites demand particular species of mosquitos; that in this circumstance we have at least a partial explanation of the apparent vagaries of the distribution of the varieties of malaria. It seems to me that when the whole story has been completed, as it surely will be at no distant date, in virtue of the new knowledge thus acquired, we shall be able to indicate a prophylaxis for malaria of a practical character, and one which may enable the European to live in climates now rendered deadly by this pest. Other practical issues will occur to anyone who thinks of the importance of an accurate knowledge of the life-history of this as of any other parasite.

#### FUTURE LINES OF STUDY.

What we want now is a complete study of the various species of mosquito in malarial and other lands, and of their behaviour in regard to the various forms of malarial parasites. It is only a question of a little time and of a little money. A few thousand pounds devoted to an investigation of this nature would prove an investment yielding a most liberal return to the country that makes it, and to none more than Great Britain.

#### LATER OBSERVATIONS.

*Note.*—Letters received from Ross subsequently to the delivery of the foregoing confirm and expand what is therein stated. Many (30) successful experiments on the communication of proteosoma to healthy birds indicate an incubation period of from five to nine days. The intensity of the infection so conveyed gradually increases during several (4) days, until finally as many as from five to ten or more parasites are to be found in every field of the bird's blood. These artificial infections are much more severe than those acquired naturally; the birds may die from them. Ross further states that he has succeeded in communicating sparrow proteosoma to the crow. He also refers to another interesting observation—one which tends to confirm Mannaberg's view of the origin of the crescent body in human malaria. He finds that the large non-sporulating form of proteosoma—that from which the flagellated body is developed, does not begin to appear in artificial infections until three or four days after the sporulating forms are observable; and he further states that it is easy to follow the formation of the body by the conjugation of the associated parasites in multiple infections of blood corpuscles. He has devoted a great deal of attention to the peculiar black sausage-shaped bodies (represented in plates exhibited). Like the other forms in mosquito proteosoma infections, these occur only in mosquitos fed on proteosoma-containing blood. They are frequently present in great profusion, and, like the "germinal rods," escape on rupture of the enclosing capsule into the body cavity, becoming subsequently diffused through the blood and tissues of the insect. Although Ross made several attempts to get these bodies to develop, hitherto these attempts have failed. The black bodies are not altered if kept in a moist chamber for weeks; they do not develop in the stomach of mosquito grubs fed on mosquitos containing them. That is to say, they resist decomposition and digestion, but, though thus refractory, there can be little doubt that they have a significance in regard to the life-history of proteosoma; possibly they are of the nature of resting spores, and demand some very special condition for their further development.

## THE OPERATIVE TREATMENT OF UTERINE FIBROIDS, ILLUSTRATED BY CASES.

By EDWIN A. NEATBY, M.D.,

Assistant Physician for Diseases of Women to the London  
Homœopathic Hospital.

RATHER more than a year ago I had the honour of presenting to the British Homœopathic Society, as a presidential address, a paper on fibroids, dealing with the subject from a double historical point of view.\* The surgical treatment of these growths was outside the scope of that paper, and save that some suggestions were made as to indications for operation, it was not alluded to. A feeling was present in my mind at the time that something might well be written on the subject of the mode of operating on uterine myomata, but it was not yielded to by myself, in the hope that some one more able and experienced might undertake the task. Twelve months of waiting have not brought forth the article I should like to see, but I do not regret having delayed putting pen to paper. For the year has not been without fruit in the way of valuable experience which has served to confirm the views which have been shaping themselves in my mind for the past three years. During the past year I have had the opportunity of witnessing the work of a number of well-known English operators, as well as Professor Salin in Stockholm. But to none of these do I feel so much indebted as to my colleague Dr. Burford, from whose example and teaching I have learned much, and from whom I have on many occasions received hints which have contributed to the perfecting (in the sense of completing) my ideas. To Dr. Johnstone I owe my thanks for much help in carrying out many of my recent operations.

It will be understood, however, that I am not attempting to give the views or experience of these operators, but only to state what has been forced upon me by my own personal observation and experience.

My remarks will resolve themselves into

### A COMPARISON

between "the old operation" as it is shortly called—*i.e.*, the fixation of the stump in the abdominal wall, and the retro-peritoneal treatment of the same.

\* *Journal of the British Homœopathic Society*, January, 1898.

Now, I am not forgetful of the fact that it is a difficult thing to institute a just comparison between any two methods. The common plan is to compare a very large number of cases—oftentimes by different operators—and strike a mortality balance, in the hope that the number of the cases will atone for the frequent want of parallel in the comparisons. This plan will not be mine for the reason that I wish to bring forward only my own experience, and that experience is far too small to enable me to produce statistics convincing by the weight of numbers. I am ready, consequently, to admit that there may be, to the reader, a certain weakness in the proof adduced, to crave his indulgence when I ask him to allow some weight to the opinion I have formed—an opinion based on more evidence, of course, than can be put on paper, evidence obtained in critical moments at the operating table, and in many an anxious hour at the bedside.

#### THE OPERATIONS DESCRIBED.

##### A.—*The "Old Method."*

My earliest hysterectomies were all done on this plan which is familiar to all those who have seen much abdominal work or done any. In a few words—it consists in opening the peritoneal cavity, separating the adhesions (if any), raising the tumour from the pelvis (if necessary), and cutting off the circulation from the tumour by encircling it at the most favourable position for forming a pedicle, by a constricting appliance. The upper part of the broad ligament may or may not first be ligatured and divided. After constriction, the tumour is transfixured by stout pins beyond, *i.e.*, on the distal side of the encircling ligature (rubber tubing in my cases) and the tumour is cut away. The chief time is spent in trimming the pedicle thus formed, to reduce it to a reasonable size and shape. In the case of sessile tumours and those bulging into the broad ligament, this is a considerable, tedious and even formidable procedure.

The most important stage is that of suturing the peritoneal surface of the stump on the proximal side of the ligature to the peritoneum of the abdominal wall, drawing the pedicle well down to the lower angle of the wound. By this means the pedicle is made extra-peritoneal, union between the two serous layers taking place in from 24 to 36 hours. Drainage is used for from two to four days.

The transfixing pins lie on the skin of the abdominal wall surrounded by the dressings, which are changed night and morning at first, and once daily after the removal of the drain material.

Mummification of the part beyond the ligature takes place—superficially at any rate. The drier the stump, the less smell there is. The slough is helped away by scissors, etc., during the second week. Some necrosis of the pedicle on the proximal side of the ligature also occurs, and this is a possible source of infection. When the transfixing pedicle pins have been cut away the remainder of the stump sinks into the abdomen—a deep and wide sinus leading down to the slough, which separates gradually by the end of the fifth or sixth week. The patient can be discharged in the seventh week as a rule. At this date the wound is often incompletely healed.

#### B.—*The Retro-peritoneal Method.*

After extricating the tumour from the pelvis and extruding it as far as may be from the abdomen, the upper part of the broad ligament is tied off on each side. If the ovaries are sound, one should be left. A long pressure forceps may be placed on the broad ligaments close up to the uterus, and the remainder of the ligaments can then be tied off and divided down to the vicinity of the uterine arteries. These are then to be secured. This may be done by separating the layers of peritoneum forming the base of the broad ligament and passing an aneurism needle round the arteries, or by including the broad ligament in the ligature (using a sharp needle for the purpose). If preferred, these arteries may be secured by forceps and tied after the tumour has been cut away. As soon as the circulation is thus cut off, a transverse incision is made along the front of the tumour, about 1 inch above the bladder margin and a peritoneal flap is reflected; a similar flap is then made on the posterior surface. These flaps are, of course, continuous at the margins of the uterus (or tumour) with the broad ligament on each side. They are reflected as far as is necessary, and the tumour is cut away. As little interference as possible with the cervical canal or uterine cavity is desirable, a few stitches only being placed in the stump to close it. The inner surface of the flaps and the stump are examined in a good light and bleeding points (if any) are secured.

The cut edges of the broad ligament are stitched by a fine running suture, and the edges of the flaps (made by dissection) also. Lembert's method is best, if there is time. A narrow row of stitching occupies the pelvic floor, little or nothing in the shape of a stump being seen. Whatever there is, is behind the peritoneum. No drainage is needed. The sutures in the abdominal wall are removed in the second week, the patient gets up in the third, and walks out of the hospital or home at the end of the fourth week.

Before instituting any verbal comparison I will narrate some cases, classifying them, perhaps somewhat arbitrarily, in three series, viz. :—(1) fatal cases; (2) unsatisfactory recoveries; (3) complete successes.

#### FATAL CASES.

##### A.—*Old Operation.*

M. D. æt. 44, Single, (notes by Mr. Higgins) transferred to me by Dr. Goldsbrough. Came into hospital July 19th, 1897, for the weight and discomfort of a large abdominal fibroid associated with some menorrhagia and anæmia. Patient was carefully prepared for operation for 10 days, urea tested quantitatively repeatedly, about 360 grains daily being averaged. The total of urine was about 40 ounces daily and the bowels acted freely.

The tumour was difficult to raise from the pelvis and the broad ligaments were partly deligated prior to the formation of a pedicle. The operation lasted nearly two hours, time being spent in (vainly) endeavouring to arrest hæmorrhage in the pedicle without the (elastic) ligature, and without tying the uterine arteries. Drainage was used. The pulse rose at once to 120, and in 20 hours to 140, the patient dying within 48 hours. She recovered consciousness, but did not recover from the shock of operation. Throughout, the patient was very restless, complaining greatly and constantly of pain, much aggravated at the time of vomiting, which was frequent. The temperature steadily rose with the pulse in this case. Flatus passed per rectum and the nutrients were well retained; slight epigastric distension occurred. Only 30 ounces of urine were passed in 44 hours.

##### B.—*The Retro-peritoneal Method.*

S. S., November, 1896, æt. 50, sent to me by Dr. Shirliff, now of St. Leonards-on-Sea; was admitted

to hospital on account of a growing tumour of uterus. Menorrhagia had existed for some years and latterly metrorrhagia and offensive intermenstrual discharge. The tumour, which reached to the pelvic brim, had only been recently discovered. The diagnosis was uncertain, but on opening the abdomen, multiple myomata were found. The operation was performed in the way described and lasted over two hours; a drainage tube was used. No accident or complication occurred to prejudice the case. The patient died near the close of the fifth day.

Within 36 hours the pulse rose to 160 and remained between 140 and 156 until her death.

The temperature remained under 100° until a few hours before death. Taken two hours before the end came, it was 103°.

After the first night there was no measurable quantity of sleep except the third night.

There was very little sickness or abdominal distension, but constant restlessness and some embarrassment of respiration. Flatus passed freely throughout.

The pain complained of was slight.

This patient never recovered from the shock of the prolonged operation. If sepsis supervened it merged imperceptibly into the condition of shock, and was indicated by no symptoms other than the frequent pulse. It should be stated that sugar was twice found in the urine after the operation although not before.

#### “UNSATISFACTORY RECOVERIES.”

##### A.—*The Old Method.*

E. O., æt. 40, sent to me by Dr. Byres Moir, was under treatment eight months in the out-patient department of the London Homœopathic Hospital. Her tumour reached the umbilicus, and its presence caused some pain and pyknuria, but it was the anæmia due to hæmorrhage which made operation imperative. The bleeding had been excessive for several years, and latterly was not controlled even by complete rest in bed at the period. The kidneys were healthy and no sugar was found in the urine.

The operation was done on January 29th, 1896, in the way already described, drainage being used. The notes, very carefully taken by Mr. Lestock Reid, state that “hardly a drop of blood was lost during the operation.” There was nothing to lead one to expect any complica-



tion, and for the first six days, except pain which kept her awake, all went well. On February 4th delirium set in, and next day pleural friction was heard at the left base. Two days later the pedicle pins were removed and on the 9th patient had a good night without delirium. But on the 11th more pleural pain was felt, effusion had taken place also, and temperature and pulse were high. (T.  $103^{\circ}$ — $104^{\circ}$ ; P. 120—140). This lasted nearly a week. Very troublesome, offensive, involuntary diarrhœa also set in. A fresh patch of pleurisy occurred still later, again with delirium, but by the 23rd the fluid was becoming absorbed and more friction and breath sounds audible. The last pleural rub was heard March 10th. After this thrombosis of a vein at the back of the right leg occurred. A description such as this gives no idea how ill the patient really was, and we were surprised at one time that she recovered. Discharged in the 10th week.

B.—*The Retro-peritoneal Method.*

H. H., æt. 42, married, attended my out-patient department for several months. The tumour was about the same size as the last, *i.e.*, reached the level of the umbilicus; hæmorrhage was considerable and persistent, and the heart was losing strength. On this ground I again advised operation—it had been declined before. There were hæmic bruits and some dilatation. The pulse before operation was quick. The urine was healthy and the quantity good.

The operation was performed on 1st October of this year. No drainage was used. The first night the nurse's notes state "Sleeping frequently a few minutes at a time; has complained of pain on and off, still has been quiet." On the second day, "Very good day on the whole, very little pain, no sickness, great thirst." There was no reference to operation pain after this.

I have classed this patient as an "unsatisfactory recovery" because the pulse-rate gave me anxiety for the first fortnight, remaining from 108—120, and also because on the twelfth day a rigor took place, the temperature rose to  $104^{\circ}$  F., and a slight tender swelling was found to the right of the cervix. This attack was accompanied with some pain in the left iliac region. The temperature came down in three days and nothing came of it, and the local swelling

disappeared. Patient had some offensive diarrhoea from the sixth day, and on and off for a fortnight this caused some exhaustion and kept up the anæmia. She left the hospital on the 31st October—four weeks and three days after operation, in good condition. (For the notes of this case I am indebted to Dr. Moss.)

“COMPLETE SUCCESSES.”

A.—*The Old Method.*

The notes of B.A., æt. 34, single, were taken by Dr. Chapman, then house-surgeon. The tumour was a large one reaching nearly to margin of right ribs. The size and weight of tumour constituted the chief trouble, micturition was somewhat frequent and occasionally difficult. Operation on Feb. 1st, 1897, no difficulty, pedicle easy to make, drainage used.

Pulse rose to 130 in 36 hours and remained about 120 for one day, then gradually came down, pulse and temperature keeping well together.

As to pain—4 hours after the operation was over, patient had so much pain and restlessness that a suppository of morphia, gr.  $\frac{1}{2}$ , was given; next day nurse's notes say “severe abdominal pain”; “a great deal of pain all day”; next night “kept awake by pain”; “restless and moaning”; morphia given hypodermically by house-surgeon; next day “less pain”; no further mention of pain from operation. There was a good deal of suppuration round the stump which was trimmed on the 8th and 10th days, and the rubber tube removed on the 13th, together with rest of pedicle. Discharge continued free until the beginning of the second week in March; the wound was completely healed during the seventh week, at the end of which the patient left the hospital.

B.—*The Retro-peritoneal Method.*

Dr. Bennett, of Holloway, sent to me in October last a single lady, æt. 39. She was very anæmic, the pulse showed by the sphygmograph signs of failing tension. Operation was advised and performed on the 18th October. Patient complained the first night, at intervals, of abdominal pain, especially with the sickness (four times), but she slept two hours, in short spells; next day, “not much pain.” 2nd night, 3½ hours of sleep, “a good night until 6 a.m.,” then vomited and caused abdominal pain.” 3rd day, “not complained of abdominal pain.”

Urine was passed naturally once on the 3rd day, but the catheter was used again for two days. Bowels opened early on 5th day.

The pulse reached 110 for a few hours the day after operation but soon descended to 100; after the 4th day it was under 90.

Stitches removed at two sittings, 7th and 10th days.

Patient was lifted out of bed at the end of a fortnight and tried her feet a week later; left the Nursing-Home four weeks after operation. There were no drawbacks.

#### THE OPERATIONS COMPARED.

For simplicity and speed the old operation must receive the commendation due to it. In a straightforward case but little skill or judgment is required for its performance; when adhesions or other complications are present the difficulty of operating is increased in direct ratio in both forms of operation. Now the length of time consumed in an operation may in some cases be of supreme importance; where it is questionable whether the patient has strength for the shock an extra 20 or 30 minutes spent under the anæsthetic may turn the scale against the patient. Here the time advantage presented by the old method must receive its due weight.

But the simplicity of that method is due to its crudity; a large mass of tissue—part tumour, part uterine or broad-ligament tissue is crushed together in a constricting ligature sufficiently powerful to produce distal gangrene—dry or moist according to its tightness.

Such a principle in general surgery would be scouted as unsound and inadmissible, and I have always felt it to be a violation of one's surgical instincts. Moreover the distortion and dragging on the parts associated with retaining the pedicle by force in the abdominal wound is productive of severe pain. The amount of pain complained of after the retro-peritoneal method where there is no strain on the tissues is very much less. There is another circumstance which should be noted—the old operation is of less general usefulness than its rival, there being many cases in which it is hardly suitable where the broad ligament is occupied by a large growth and the tumour projects into the pelvic cavity, and below the cervix which is "absorbed," as it were, into the body—in short, wherever it is unusually difficult to form a pedicle, there the old operation is unsuitable if

not altogether impracticable. On the other hand, where a small pedicle makes the old operation easy and (relatively) satisfactory, there the new method is also exceptionally easy and safe.

This is, perhaps, a matter of minor importance, for a surgeon should not start with his mind made up to do any particular operation—only to decide after opening the abdomen as to the most suitable. Unfortunately an operator who seldom practises the retro-peritoneal method, rarely decides in its favour when the difficulty presents itself. It may be bad to have a bias either way, but it seems better to be prejudiced in favour of a method which is always suitable than in favour of one which may any day fail one.

*Cæteris paribus* the shock is greater after the old, than the new method.

Finally, drainage is rarely needed by the new method, and the abdominal wound is not weakened by the pedicle.

On all points, therefore, save in the matter of time, the retro-peritoneal method is superior to the old operation.

It will, of course, be manifest that the few cases I have space to quote cannot illustrate all the points to which I allude in comparing two operations and their subsequent history, but my statements are facts I have observed or opinions I have myself formed or endorsed.

#### FATAL CASES COMPARED.

In the nature of things there cannot be much to be said of this series—it matters little to the operator under which method he loses his case, and to the patient nothing under which she dies. While still alive, however, her comfort is of the highest importance to herself and her friends. The fatal cases I have quoted are fairly representative as regards pain—the severity of course varying with the amount of tension put on the tissues. It may be a doubtful advantage that the patient lives longer under one method than another, if she finally dies, but I think cases live longer under the retro-peritoneal operation. If life be prolonged more opportunity is given for efforts to save the case, and in some instances for the transaction of important business. The frequent dressing required in the old operation, and specially with drainage, is a distress to the patient.

“ UNSATISFACTORY RECOVERIES ” COMPARED.

It is after the first week that most of the complications arise among unsatisfactory cases which nevertheless get well. The prime difference between the old and new operations in cases doing well for the first week is this: under the old the danger of sepsis begins or notably increases after the first week, while with the new it lessens or disappears. In neither case is peritoneal infection likely to occur at this date. *In the old* the sloughing pedicle is for many days a source of danger, a danger especially great at the time of removal of the pedicle-pins. Abdominal symptoms are not conspicuous, unless it be diarrhœa. Pleurisy, patches of pneumonia, bronchitis, delirium, splenic enlargement, pericarditis, nephritis, or renal inadequacy are real sources of anxiety. They are the more grave that they are evidences of systemic poisoning, and that a *tolle causam* treatment is almost impossible. The case quoted under this heading is a severe one—an extreme one indeed, and I am far from suggesting that such is a usual sequence of the old method.

More ligatures are buried in the tissues by the new method, and it is from these that difficulties of a local character are liable to arise. I believe that a local inflammatory condition of this nature will explain the rise of temperature which came on during the second week of the case I have quoted (H. H.). Collections of pus occasionally form around the stump, and if allowed to burrow may cause troublesome sinuses; I have not had such misfortunes so far in any cases. Another complication probably more common with the retro-peritoneal method is thrombosis of an iliac vein with its attendant danger of detachment of a clot. As the cellular tissue between the peritoneal layers of the broad ligament is more interfered with by the new method there is more liability for irritation to extend to the coats of the iliac vein. In one of my patients this came on about the tenth day and interfered with convalescence. Whenever the tumour grows out into the mesometrium and has to be shelled out this danger is present in either operation. But as such cases are less suited to the old method, a disproportionate liability may be forced, as it were, upon its rival.

" COMPLETE SUCCESSES " COMPARED.

It is, perhaps, here that the most striking difference between the two methods is seen.

*In the old.*—Apart from the pain of the early days—an experience not readily forgotten by the patient—there are daily dressings, perhaps daily screwing up of the serre nœud, removal of pedicle pins, slow separation of the slough, an ugly scar and a weak spot in the ventral wall, and a sojourn in hospital for seven or eight weeks.

*In the new.*—After the anæsthetic vomiting is over, the pain is almost nil, urine is passed naturally almost at once. There is no dressing until the stitches are removed between the 7th and 10th days. Recovery is as uneventful as after a successful and straightforward ovariectomy. The patient may safely be *lifted* out of bed at the end of a fortnight and may walk a week later, leaving hospital at the end of four weeks. Add to this the greater freedom with which the patient may, from the beginning, be moved about, and the immense superiority of the new method *per se* is strikingly obvious.

REVIEWS.

*The Therapeutics of Facial and Sciatic Neuralgias; with Repertories and Clinical Cases.* By F. H. LUTZE, M.D. Philadelphia: Boericke & Tafel. 1898.

DR. LUTZE'S little book is one which has sprung out of careful work undertaken, at first, for the benefit of himself and his own patients. For this reason it is one likely to be of use to others. It is on the well-known pattern, where a long list of drugs is given in alphabetical order, and the various pains supposed to be caused or cured thereby are stated categorically. These symptoms are distinguished by varying typography, but we have discovered no clue to the meaning of the different types. If we may suppose them to mark clinical confirmations in his own experience their value is enormously enhanced. The statement at the close of each symptom-list of the aggravations and ameliorations is very useful. Over 150 remedies are mentioned in the index, and to enable the bewildered physician to select the one remedy required, a repertory at the end of each section (facial and sciatic) is added.

Although we have not implicit confidence in all the authorities quoted, we are sure that if our readers would only take the trouble to use Dr. Lutze's book (or, still better, make

one for themselves) they will be gainers in a two-fold sense. They would cure more patients and have less need to resort to gross sedatives; still more important, they would acquire a growing confidence in their remedies and in the homœopathic rule. Any effort which encourages men to study the *materia medica*, and to individualise their cases, meets with our approval and support.

The clinical cases cited are a relief to the reader; they are always interesting, and often striking and instructive, and one in the introduction should prevent laxity in diagnosis, and undue optimism.

## MEETINGS.

### BRITISH HOMŒOPATHIC SOCIETY.

The second meeting of the present Session was held at the London Homœopathic Hospital, on Thursday, November 8rd, 1898, Dr. A. C. Clifton, President, in the chair.

#### HAHNEMANN MEMORIAL.

Dr. Burford reported that on a recent visit to Paris he had called on Dr. Cartier, the secretary of the movement for re-instituting a memorial of Hahnemann at Père la Chaise. Dr. Cartier informed him that the memorial fund was languishing, only 10,000 francs having been promised out of a necessary 18,000. Dr. Cartier was anxious that the memorial should be finished by the time of the International Congress in Paris, in 1900. Dr. Burford endeavoured to ease Dr. Cartier's anxiety a little by a promise to bring the matter under the notice of British homœopaths. Unfortunately, the French sculptors would not begin the work until they had cash in hand.

#### IMPROVEMENT OF THE MATERIA MEDICA.

Three papers were then read by Dr. J. W. Hayward of Liverpool, Dr. Madden, of Bromley, and Mr. Wilkinson, of Windsor, respectively, on the work to be undertaken for the improvement of the *Materia Medica*.

Dr. Hayward adopted as his title: "The Systematic and Scientific Development of the Material now at Our Disposal," and he pointed out that such development could never issue from simply a presentation of the pathogenetic material such as that we possessed in Hahnemann's *Materia Medica Pura* and the *Cyclopædia of Drug Pathogenesis*. Neither would the Combined Index to these two works, which was being prepared, fulfil this purpose. Dr. Hayward advocated the plan of the "*Materia Medica, Physiological and Applied*," but confessed that it was too elaborate either for execution or practical service, and he proposed some simpler treatment of the materials along the lines of this work.

Dr. Madden dealt with "The Necessity for Systematic and Scientific Re-proving of both Old and New Drugs." The basis of his argument was the immensely wider field covered by symptomatology in the present day than when most now well-used drugs were originally proved. Hence the necessity for the re-proving of these. In the old days subjective symptoms were most important, because the means at the disposal of physicians for obtaining reliable objective ones were very meagre, and pathology as a science was largely speculation. Such was not the case in the present day, and Dr. Madden advocated re-proving, with the special aim of adding objective results to those already known of the effects of drugs. All means of scientific or clinical research should be pressed into the service.

Mr. Wilkinson's title was "Prolegomena of Modern Proving", and the basis of his argument practically the same as that of Dr. Madden. Subjective symptoms were good, useful, and necessary, but objective symptoms were more necessary than any. Mr. Wilkinson went into detail as to the organisation of new provings, the spirit in which they should be undertaken, and the precautions necessary to secure accurate results. He pointed out that the "individual norm" of the prover was of the highest importance in estimating objective drug effects, especially with those drugs which were already known, and the effects could to some extent be anticipated. This "individual norm," accordingly, should be always ascertained and recorded before the proving was begun.

Should a prover know what drug he is taking? was a question Mr. Wilkinson asked, and after careful consideration, answered in the affirmative. Ignorance did not lessen the likelihood of auto-suggestion, and the prover, ignorant of the drug he was taking, would be deprived of the power of questioning his own symptoms.

Much advantage would accrue if the minds of several men were concentrated on one drug; and the essayist did not think men need fear interruption of their daily work on undertaking provings of drugs.

An interesting discussion followed the reading of the papers in which Drs. Clarke, Ord, Dyce Brown, Hughes, Fisher (Chicago), Pullar, Goldsbrough, Burford, Neatby, Messrs. Knox Shaw and Dudley Wright, and Dr. Moir, took part. Eventually a committee was formed, consisting of the President and Secretary of the Society with Messrs. Wilkinson and Ord, to report at the next meeting of the Society as to what arrangements could be made with a view to promoting the object of the discussion.



## NOTABILIA.

### DR. GEORGE CLIFTON.

At the time of the last Annual Homoeopathic Congress (June) it was an open secret that our good friend, George Clifton, of Leicester, would in due time be elected to the Mayoralty of that town at the next vacancy. It is probable that this fact had something to do with the selection of Leicester, at Dr. Clifton's invitation, as the place of its next meeting.

On the 9th ult. the election took place, and Alderman George Clifton became Mayor of Leicester by a unanimous vote.

The mover of the resolution alluded in laudatory terms to Dr. Clifton's work, both professional, municipal, and philanthropic. Special allusion was made to his efforts in the "almost sacred cause" of the work for the "Prevention of Cruelty to Children"; also to the time of the small-pox epidemic in the town. The mover of the resolution also said of Dr. Clifton that "In addition to all his other duties he has devoted himself to the department connected with the Fever Hospital, but it is in connection with our lunatic asylums that Dr. Clifton has mainly discharged his municipal duties. For seven years he has been chairman of that committee, and when you remember what an important work has been cast upon our municipality by having the care of those who are mentally afflicted you will realise what a good thing it is we have had in our midst one specially gifted and specially trained, and willing to devote himself to presiding over the administrations of that very large department of municipal work. I know that the friends and relations of the patients are indeed grateful for the presence of the doctor there, and that his work has been highly prized by everyone who is acquainted with it. (Applause.) There has been no show during all those 16 years, no excitement in the work that Dr. Clifton has undertaken. It has been 16 years of hard, plodding, hum-drum work, of pegging away at the daily and weekly duties that came round to him, and the public outside ought to know of the quiet, unobtrusive work that has characterised Dr. Clifton during all those years."

In thanking the Town Council for the honour put upon him, Dr. Clifton said:—"I trust that the municipal year on which we are to-day entering may be one of peace within these walls, and prosperity to the good old town of Leicester. The records of our town show that 40 years ago to-day a representative of the medical profession—one of the ablest men of his day, a wise physician and an accomplished gentleman—was appointed to this chair, I refer to Dr. Noble.

(Applause.) Nine years ago also you honoured the medical profession by choosing another good and worthy representative to fill this chair in the person of Dr. Lankester—(applause)—and you have again to-day chosen another member of the same profession, one who perhaps is not orthodox in all things, but still one who has endeavoured to uphold the dignity of that profession, and who has ever put first and foremost the duty of serving his fellow-men by using the knowledge he has acquired for the relief of suffering humanity. In the discharge of my official duties during the coming year you may sometimes doubt my judgment and wisdom, but I hope you will never doubt my honesty, and my desire to serve by all means in my power to maintain the good government of our town, and my efforts to uphold the best traditions of this Council. (Applause.) In all our deliberations I shall ask you to remember the words and sentiments expressed by a Leicestershire worthy, Lord Macaulay, in his 'Lays of Ancient Rome':

" Then none were for a party,  
Then all were for the State.  
Then the great man helped the poor.  
And the poor man loved the great.  
Then Romans were like brothers.  
In the brave days of old."

(Applause.) As the President of this Chamber, I shall endeavour to conduct its proceedings with strict impartiality, and I trust that, however divergent the views that may be expressed by members, it will be borne in mind that each one is here by the same constitutional right and authority, and that fairness and courtesy will be shown by all." (Applause.)

We offer our cordial congratulations to the chief magistrate of Leicester, and to our confrère, the elected President of the next Annual Congress of Practitioners of Homœopathy, and wish him success in all his undertakings.

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### HAHNEMANN CONVALESCENT HOME, BOURNE-MOUTH.

A SHORT time ago we inserted in our correspondence pages a letter from Dr. H. Nankivell, of Bournemouth, respecting the needs of the above-named institution, and the desirability of enlarging it, and of adding balconies for the open-air treatment of chest cases.

In aid of the fund for these objects a grand bazaar was held on the 2nd and 3rd of November, under the patronage of H.R.H. Princess Christian, H.R.H. the Duchess of York, the Countess and the Dowager Countess Cairns, the Lady Kath-

leen Eliot, the Lady de Tabley, and other distinguished personages.

No pains were spared to make the event a success. The bazaar was held at the Mont Dore Hotel Assembly Rooms (which were artistically decorated), kindly lent for the purpose.

The stalls contained a varied and valuable collection of useful, artistic and attractive goods, including :—

Oil and water colour paintings, artists' proofs and photographs, baskets and embroideries, pottery and Swiss wood carvings, stationery and perfumery, household linen, glass and china, toilet requisites and drugs, groceries, jams, cakes, &c., &c. The exhibition of hospital models formed a special and interesting section of the Bazaar. These ingenious models were prepared by Sister Marion (of the London Homœopathic Hospital), and have received prizes in England and America.

In the Winter Gardens, adjoining the Assembly Room, short entertainments were given by Mr. Sidney Gandy, a thought reader and ventriloquist, assisted by Miss Inglefield

On Thursday evening, November 8rd, there was a Special Magic Lantern Exhibition, under the direction of the Rev. E. F. W. Eliot and Dr. Nankivell.

H.R.H. Princess Christian much regretted that as her time in November was fully occupied, she was unable to come and open the Bazaar. She heartily wished success to the sale, the object of which has her warmest approval. H.R.H. the Duchess of York sent some of her work to the Bazaar, "Hoping thus to show her true interest in, and appreciation of, the object for which it is held."

Our Bournemouth friends are to be congratulated, not only on the influential patronage they received, but on the financial success of the Bazaar, which should serve as a model of excellent and economical management. The profits, above and beyond expenses, which only amounted to £77, reached the handsome sum of £628 17s. 9d.

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#### FOLKESTONE HOMŒOPATHIC DISPENSARY.

We have just received the eighth Annual Report of this institution, from which we are pleased to learn that its funds are now in a more satisfactory condition. The old premises at Grace Hill have been given up to allow of alterations to the neighbourhood, and new ones more convenient have been secured at 11, The Parade, on the Bayle.

The sale of work, to which we referred at the time it was held, brought in the sum of £129.

Dr. J. Murray, the Medical Officer, paid no less than 514 home visits in the year.

## DR. BERNARD ARNULPHY.

THOSE of us who are sending patients to the Eastern Riviera this winter will be glad to know that Dr. Bernard Arnulphy, who for a number of years has been working in the Hahnemann College and Hospital of Chicago, U.S.A., has returned to Nice, at any rate for the present, and will attend to any case commended to him.

## HAHNEMANN TOMB FUND.

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|--------------------------|-----|-----|-----|-----|---|----|---|
| Amount already announced | ... | ... | £20 | 8   | 0 |    |   |
| Dr. Proctor              | ... | ... | ... | 1   | 1 | 0  |   |
| Dr. Majumdar             | ... | ... | ... | 1   | 0 | 0  |   |
| Surgeon-Major Deane      | ... | ... | ... | 1   | 1 | 0  |   |
| C. Knox Shaw, Esq.       | ... | ... | ... | 1   | 1 | 0  |   |
| Dr. Black Noble          | ... | ... | ... | 1   | 1 | 0  |   |
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R. HUGHES.

## CORRESPONDENCE.

## THE IMPROVEMENT OF THE MATERIA MEDICA.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—At the last meeting of the British Homœopathic Society some of the members who took part in the discussion seemed to hanker for more scientific data in the provings of medicines, chiefly with a view to render our materia medica more acceptable to students of pharmacology. It would no doubt give a savour of modernity to the presentation of medicines if it were possible to append to each proving such data as sphygmographic tracings, ophthalmoscopic appearances, estimation of the amount of various excretions, and in short all ascertainable objective phenomena described in the latest phraseology of the schools. But I venture to doubt whether such additions would greatly enhance the value of our materia medica from a practical standpoint. I do not wish to depreciate in the least the advances that have been made in diagnosis and etiology, or in the knowledge of pathological changes. On the contrary, I think it is extremely important that we should be *au courant* with all the latest developments of medical science. And we have ground for congratulation in the fact that the surgeons and gynæcologists of our London hospital are as fully equipped in their departments as the most distinguished specialists of the dominant school. For whatever differences may exist amongst us regarding the scope of homœopathy, I suppose we are all agreed that a certain proportion of cases are beyond the stage of medication, and can be efficiently dealt with by surgical methods alone. It seems to me, therefore, that a wide and catholic spirit is the only philosophic attitude in view of the

fact that the cure of disease fulfils itself in many ways. The extraction of an impacted gall-stone by surgical means is, in my opinion, quite as laudable an achievement as the cure of some chronic disease by high attenuations of the homœopathic remedy. In the healing art there ought not to be a narrow outlook in any direction, for we are surely on a higher plane than monopolists.

When, however, we come to the question of presenting the *materia medica* in a form that may prove most attractive to the highly trained and orthodox young gentlemen from the laboratory, I must join issue with those whose chief aim seems to be to approximate our methods as much as possible to those of the old school. What have they done for the real advancement of therapeutics, with all their experimentation on the animal kingdom, from the mollusca upwards? The truth is that they have only emerged from primeval darkness under the borrowed light of homœopathic teaching, and, instead of gratitude, we get ostracism and misrepresentation. We might say with Shylock, "Sufferance is the badge of all our tribe." Moreover, we must recollect that the enduring value of homœopathy has been amply demonstrated on quite other lines, and some of us are content—nay, proud—to follow in the footsteps of its illustrious pioneers. The lines of homœopathy and allopathy are, indeed, so essentially divergent that there would appear to be no meeting place except on the neutral territory of empiricism, and if it were practicable to inter homœopathy in that common ground, I can imagine that the obsequies would attract a large and representative gathering of the "pharmacologists."

Instead of vainly hankering after the good opinion of the old school, would it not be the wiser course on our part to grant that the phenomena involved in the curative action of our remedies are at present beyond scientific explanation, at least, in terms that would satisfy the requirements of pharmacologists whose conceptions are based on the crude methods of the laboratory. The phenomena in question have simply to be accepted as ultimate facts in therapeutics, attested by competent and trustworthy observers during nearly a century of clinical experience. If this view of the matter does not accord with the ideas of the "scientific" school, so much the worse—for the ideas. It would obviously be futile, for instance, to attempt to set forth in physiological terms, the *rationale* of the action of a high attenuation of stramonium, or anacardium, or platina in reducing to comparative harmony the jangled chords of a mind out of tune. And, yet, I know as a clinical fact in my own experience, that such are the possibilities of medication.

These things are entirely out of the range of the so-called scientific physician, and constitute a barrier between the two schools which no concessions on our part are likely to remove. It seems clear that whatever may be the future developments of therapeutics, the unique strength of the homœopathic method will assuredly rest upon its apprehension of the real significance of mental and subjective symptoms, rather than upon any more material grounds.

Yours truly, ALFRED PULLAR, M.D. Ed.

London, November 14th, 1898.

### 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. EDWIN A. NEATBY.

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

### BOOKS RECEIVED.

*Renal Therapeutics.* By Clifford Mitchell, A.M., M.D. Philadelphia: Boericke & Tafel. 1898.—*On the Study of the Hand for Indications of Local and General Disease.* By Edward Blake, M.D. London: Glaisher and Ball.—*Disorders of the Sexual Organs of Man.* By Dr. Carleton. New York: Boericke & Co.—*Journal of the British Homœopathic Society.* October, 1898.—*The Homœopathic World.* November. London.—*The Calcutta Journal of Medicine.* May and June.—*The Chemist and Druggist.* November. London.—*South Australian Register.* September 10th.—*The North American Journal of Homœopathy.* October. New York.—*The Homœopathic Eye and Ear Journal.* November. New York.—*The Medical Times.* November. New York.—*The New England Medical Gazette.* November. Boston.—*The Hahnemannian Monthly.* November. Philadelphia.—*The Homœopathic Recorder.* November. Philadelphia.—*The Homœopathic Encyc.* November. Lancaster, Pa.—*The Medival Era.* November. Chicago.—*The Hahnemannian Advocate.* November. Chicago.—*The Minneapolis Homœopathic Magazine.* October.—*The Leicester Daily Post.* November 10th.—*The Medical Century.* October. New York and Chicago.—*The Clinique.* October. Chicago.—*The American Medical Monthly.* October. Baltimore.—*The Pacific Coast Journal of Homœopathy.* October. San Francisco.—*The Medical Brief.* November. St. Louis.—*Recue Homœopathique Française.* November.—*Homœopathische Maandblad.* November. Nederland.—*Allgemeine Homœopathische Zeitung.* October and November. Leipzig.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, Limited, 56, Moorgate Street, E.C.

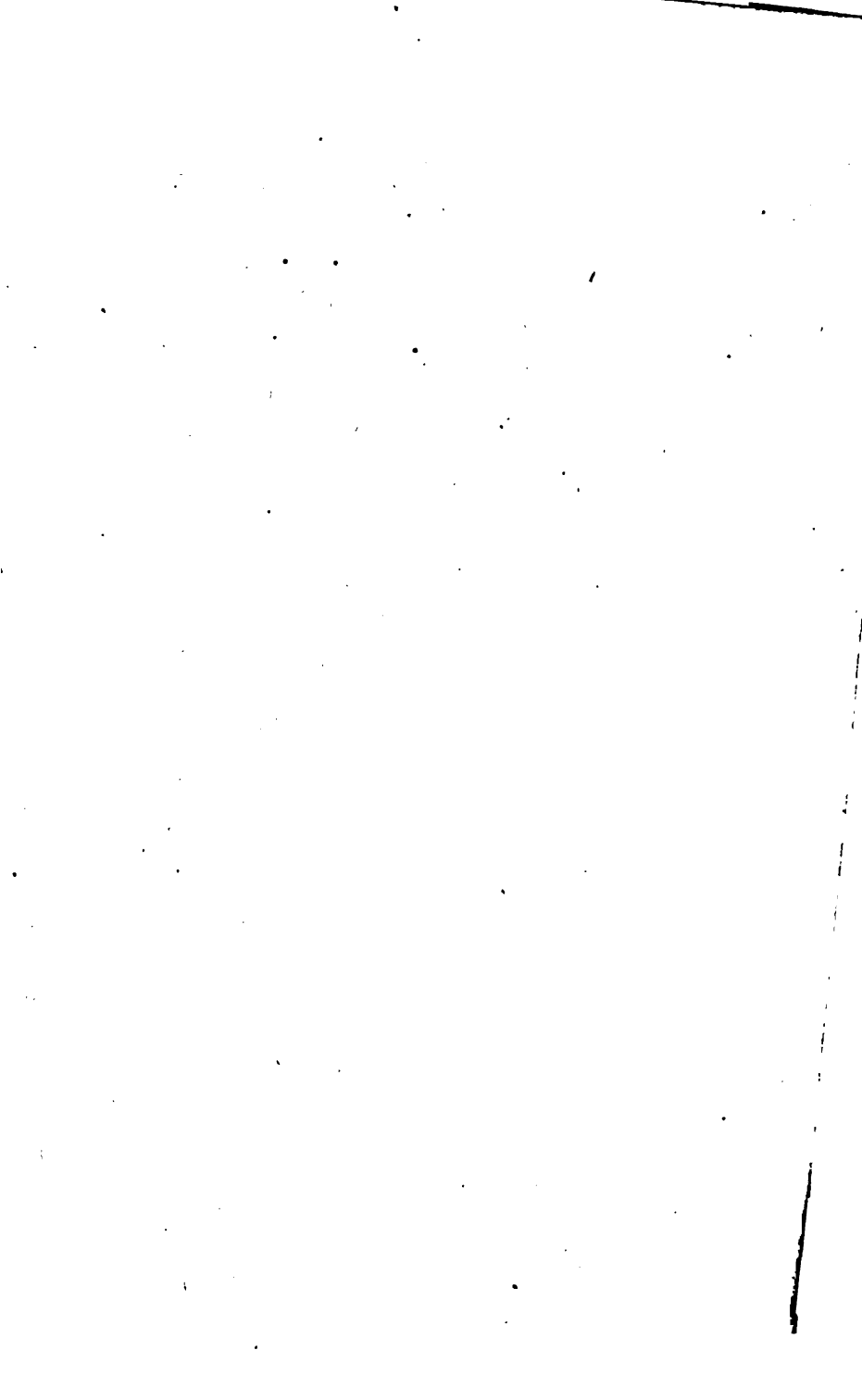






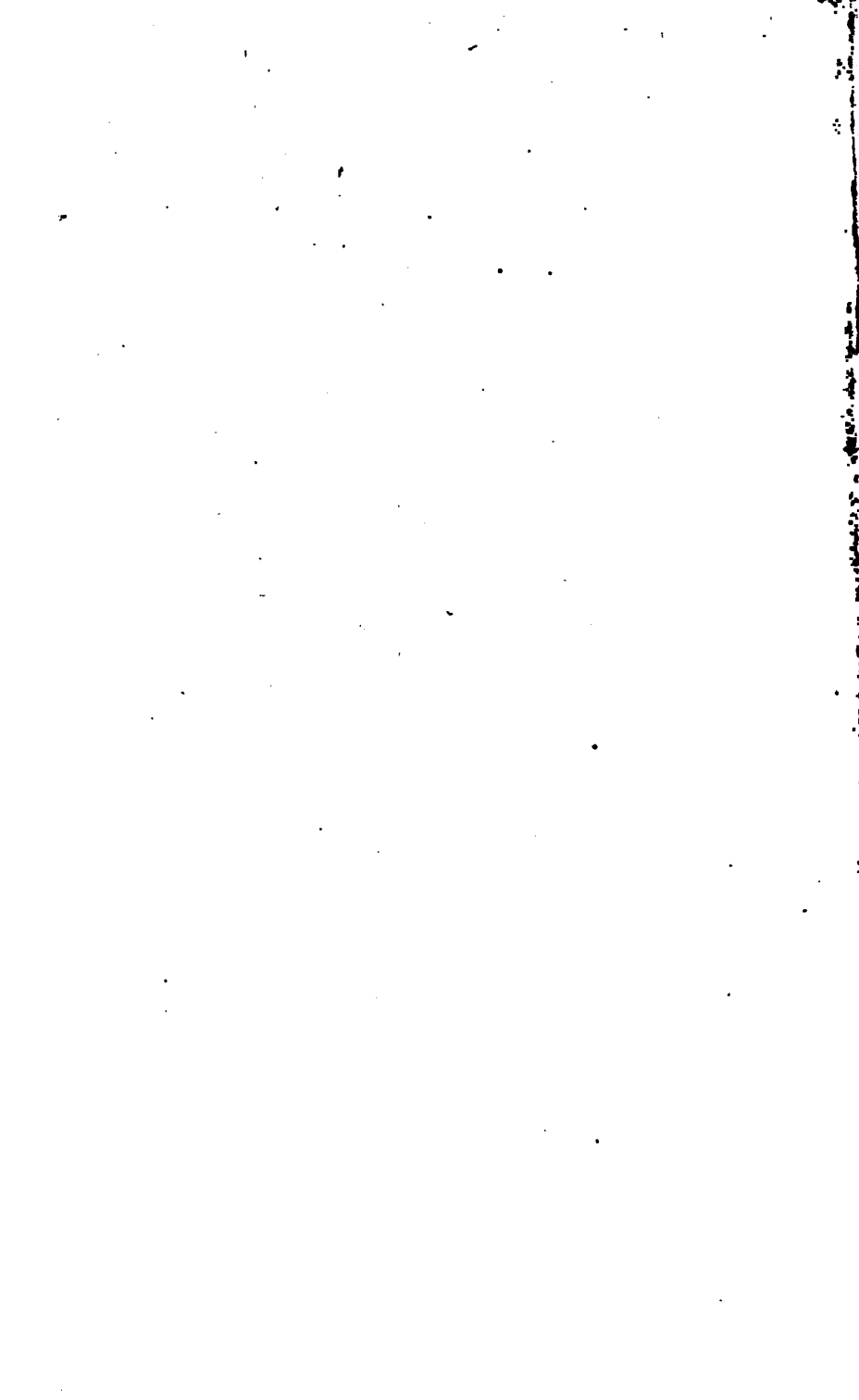












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