

THE BRITISH HOMŒOPATHIC REVIEW.

AUGUST, 1907.

Editorial Notes and News.

THERE have been many signs during the last few years that the points homœopaths have long insisted upon as essential for the correct study of drug-action, are gradually being perceived by the more intelligent of our opponents. From a recent number of the *British Medical Journal*, we are glad to learn that Huchard (*Fourn. des Prat.*, December 1st, 1906), writing on *digitalis*, says, "*digitalis* appears to act differently accordingly as it is given to a healthy or a sick patient; in the former it has a very feeble cardiac action, and has no action whatever on renal elimination; when given, however, to a patient who is ill and suffering from dropsy, it has considerable cardiac effect. From these considerations, the author concludes that in studying the physiological action of a drug, its effects not only on animals but also on the healthy and sick patients should be investigated." Here—a century late it is true—is the acknowledgment of two of the conditions which Hahnemann laid down in his *Organon*: (1) That drugs act more powerfully on sick than on healthy persons, and (2) that experiments to investigate drug-action should be conducted on healthy human subjects. As a result of these experiments, Hahnemann and his disciples found that no need existed for experiments on animals, and that the experiments which naturally followed on sick persons were of a curative nature. If Dr. Huchard will continue his investigations in the light of these facts, he will soon be convinced of the law of similars.

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It has been supposed that whilst chloroform and ether both act as renal irritants, that ether **Chloroform in Renal Disease.** is safer than the former in pronounced renal disease. Dr. Blodgett, writing in the *New England Medical Gazette*, from watching the analysis of urine previous to and after operation in over ten thousand cases of anæsthesia, has come to the opposite conclusion. He decides that chloroform is far more dangerous than ether in cases showing on analysis—normal colour, low specific gravity, very slight trace of albumen, few or no casts. Two cases of death from acute fatty degeneration of kidney occurred in patients whose urine was of this character; a third died with precisely similar symptoms, no autopsy being allowed, and a fourth nearly died in a similar condition, but eventually recovered. The author concludes that although it may be doubtful what precise kidney condition is indicated by this analysis, the fact remains that ether is a perfectly safe anæsthetic in such cases, whilst chloroform is very much the opposite.

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How to Hold Patients. A WRITER in the *Eclectic Medical Journal* gives a rather naïve description of his success in practice, entitled "How I obtain and hold my best patients." Prompt response to all calls seems to have been the foundation of his progress. Certainly we know of none better. A reasonable amount of success in relieving cases comes next; and this cannot be disputed as essential to progressive practice. But that, alas, is not all, though many a budding practitioner thinks so. To hold your patients, we are told, you must get your money out of them. On consideration, we fear that this is also true. If you cure a man, and fail to get your fee, the next time he is ill he will send for your neighbour. The remedy recommended for this difficulty is to so moderate your fee that it will always be gladly paid. That—in this country—we know to be an impossibility; we are glad if it can be accomplished in the States. If the writer could tell us how to do this in the case of patients who neither intend nor desire to pay any fee at all, we shall owe him a deep debt of gratitude. Also how to hold such patients, that they may not only pay

us but refrain from calling in our neighbours, we should be glad to know. No doubt our American cousins are ahead of this old country in these matters.

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**Charlatans
Legalised in
California.**

IN "Notes and News" for May last we referred to a Bill to be introduced into the Legislature of Pennsylvania, which would place the power of granting licences to practice entirely in the hands of the old school of medicine. The new Medical Law of California seems likely to err in the opposite direction. Whilst a Board of Medical Examiners is to be appointed of eleven members every two years, these are to be selected by the Governor of the State from twenty-two names, composed of ten "regulars" and four each of homœopaths, eclectics, and osteopaths. This is perhaps not unreasonable, although we confess being puzzled by the presence of "osteopaths" in this connection. But on learning that this Board of Examiners is to issue three certificates, we confess our astonishment that they are as follows: (1) Licensing to practice medicine and surgery; (2) a licence to practice osteopathy; (3) a licence to "practice *any other system or mode of treating the sick or afflicted* not referred to in this section." Here is good news for Christian Scientists, Faith Healers, Hypnotists, Mental Suggesters, Peculiar People, and all medical cranks in general. We presume that the proprietor of Pale Pills for Pink People, and dear old Mother Siegel, will now hasten to the happy State of California to take out licences for their respective "modes of treatment." If so, we hope that they will reside there permanently. If this is not legalising charlatanism with a vengeance, we should like to know how to describe it in printable English.

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**Dr. Mercier on
Gout.**

WE are sorry that Dr. Charles Mercier should be the victim of so painful an affection as gout, but are very glad that he thought it well to publish in the *Lancet* his experiences during his last attack. It came on subsequently to influenza and was severe. Though Dr. Mercier exclaims against the possibility of any one enduring an attack of gout and still remaining a philosopher, we think he hardly does

himself justice in doing so, for surely it requires something of a philosophical spirit to make so careful an analysis as he has done of one's symptoms during such a painful complaint, and to write them out for publication. We commend the practice as one for imitation. A few records of the exact observations of their complaints by suffering physicians would be more valuable than the impressions gained from the hasty treatment of scores of hospital out-patients. And the good work need not be carried on only by those who are the subjects of illness. The vigorous and robust might do even more useful work by now and then producing in themselves a little artificial illness by testing a drug, and noting in the same careful manner the symptoms experienced.

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**Result of his
"meditations."**

As a result of his experiences Dr. Mercier came to certain hypothetical conclusions : First, that gout is due not to mere excess of uric acid in the blood, but to the presence of uric acid in some peculiar combination which is not separable by the kidneys. Second, that the combination of uric acid that produces gouty symptoms is not always the same, but that there are probably many urates that are noxious and not separable by the kidneys, but which differ in their pathological effects. Third, that the articular cartilages may secrete a substance which has the power of breaking down the combination of uric acid with its organic ally and converting it into urate of soda, which is deposited *in situ*, the articular attack thus serving to clear the blood of the injurious combination of uric acid, and so being in reality conservative to the organism as a whole.

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Asparagus.

IN his paper Dr. Mercier incidentally records an interesting observation with regard to asparagus. He mentions a patient "who can always, by consuming a few heads of asparagus overnight, bring on a migrainous morning headache with scotoma—scotoma alone by a few heads, scotoma plus headache by a few more. Yet however much asparagus he may consume, it never brings on an attack of gout." Dr. Mercier attributes it to a purin combination circulating in the blood, asparagus

containing $1\frac{1}{2}$ grains of purin bodies to the lb. But if this were all, this peculiar headache with scotoma should be of frequent occurrence in those eating asparagus. In fact, it is extremely rare, and the symptom does not occur in any of the provings recorded in the "Cyclopædia of Drug Pathogenesis," nor in Clark's Dictionary. It is probably one of those peculiar and contingent symptoms which often prove of great value, and a note should be made of it.

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A WARNING against an indiscriminate use of *calcium salts* comes from Dr. Joseph Stark, who publishes in the *Lancet* a case in which a woman, aged 40, was given *calcium chloride* in dose of 15 grains three times a day for an ulcer of the leg, associated with a deep varicosity of the veins. On the third day of treatment she complained of numbness on the right side of the body, and was cyanotic; on the next day but one following she had complete hemiplegia, doubtless due to cerebral thrombosis, and which was probably caused by the *chloride of calcium*. There was, however, a lesion of the mitral valve. Dr. Stark, commenting on Sir James Barr's advocacy of the employment of *calcium salts* in pneumonia, draws attention to the fact that in most fatal cases of pneumonia an *ante-mortem* clot is found in the pulmonary artery, and concludes that this especial line of treatment of pneumonia had better be avoided by the general practitioner. Our opinion coincides with his on this point.

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Acetone. ACETONE, $\text{CH}_3\text{CO.CH}_3$, was discovered by Lemery in the seventeenth century, by distilling sugar of lead. It possesses a peculiar ethereal or fruit-like odour, somewhat akin to that of American apples. It is present naturally in diabetic urine, in which it is probably formed by the decomposition of *aceto-acetic-acid* ($\text{CH}_3\text{CO.CH}_2\text{COOH}$). It is sometimes found in the urine of children apparently in good health. It occurs in many of the specific fevers, Bright's disease, appendicitis, and strangulated hernia, but is never accompanied or followed by diabetic coma in such cases. It may be detected by heating the urine with *potassium iodide* and *potassium hydrate*, when *iodoform* is produced. With solutions of *nitro-prusside of sodium* and

ammonia a rose-red colour is produced (see our *May* number, p. 251). The point, however, we wish to make is this : That it is not safe to give *chloroform* to a child with *acetonuria* for the purposes of operation in acute infective conditions, *e.g.*, as septic appendicitis. Always examine for *acetonuria* before giving *chloroform*, as it seems to be very fatal under these circumstances. If present *ether* should be used instead, though no anæsthetic is safe in this condition, and therefore no operation of mere expediency should be attempted.

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ETHYL-DIACETIC acid, or rather *ethyl aceto-*

Diaceturia. *acetate*, $\text{CH}_3\text{CO}\cdot\text{CH}_2\text{COOC}_2\text{H}_5$ (Geuther, 1863 ; Frankland and Duppa, 1865), has played a very large part in the synthesis of organic compounds in the hands of Frankland and Duppa. It has a faint but pleasant fruity odour. Both acid and its salts form a violet or brownish-red mahogany colour with solutions of *ferric chloride*, and the acid itself may be detected in diabetic urine by this means and by its odour. An acidified watery solution of the acid when heated to boiling, readily decomposes into *carbon dioxide* and *acetone*. The *ethyl* compound, when boiled with *dilute aqueous alkali* (or with *dilute sulphuric acid*) breaks up into *carbon dioxide*, *acetone* and *alcohol* (the "Ketonic decomposition"). This view of the origin of *acetone* is supported by the fact that *alcohol* is often found in the urine at the same time. Many other substances give a similar reaction with *ferric chloride*, but Hammarsten states that if the reaction be due to *aceto-acetic acid* (*diacetic acid*) it will not be obtained in carrying out the test with a second specimen of urine *that has been boiled* and allowed to cool, as the substance will then have suffered decomposition. The other substances, *e.g.*, *anti-pyrin*, *thallin*, *salicylates*, *carbolic acid*, and *oxy-butyric acids*, do not behave in this manner. Further, in the case of *acetone*, the red colour is intensified and turned purple on the addition of *acetic acid*. This distinguishes it from the somewhat similar reaction given by *creatinin* (a transient red with *nitro-prusside* and *caustic soda*), which is at once destroyed by *acetic acid*.

Diaceturia is probably *always* pathological. In diabetes its occurrence is serious, and may be looked upon as a very probable prelude to coma, which usually terminates quickly

in death. Von Jaksch proposes to substitute the term *diacetic coma* for "*diabetic coma*"; but it is now recognised that the cause of "*diabetic coma*," as well as the source of both *aceto-acetic acid* and *acetone*, is β -oxy-butyric acid.

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**Delayed
Poisoning by
Anæsthetics.**

TEN years ago this would have been written "*Delayed poisoning by Chloroform*"; but in 1904 in the *Boston Medical Journal*, Brackett, Stone and Low recorded fatal cases where *ether* was the anæsthetic used; and in 1906 Telford and Falconer, in the *Lancet* for November 17th, have shown that *ethyl chloride*, like *chloroform* and *ether*, is capable of producing aciduria. In this country Dr. Leonard Guthrie, in 1894, was, so far as I am aware, the first to draw attention to this matter. At that time, however, his conclusions were doubted, and the fatalities were held to be due to *carbolic acid* poisoning or to pulmonary embolism, and to have nothing to do with *chloroform*. Ten years later the same writer recorded another series of fatal cases, wherein he attributed the cause of death to the action of *chloroform* on a *morbidly fatty liver*. This is sometimes so intense as to give rise to a "canary-yellow" appearance, suggesting on *post-mortem* examination "acute yellow atrophy." The *symptoms* manifested are those of acute fatty acid intoxication, and may not begin to show themselves till twelve or thirty-six hours after the operation. The nature of the operation seems to have little or no effect on the result. Vomiting is one of the chief and early symptoms, at first watery or bile-stained mucus and gastric juice, later like coffee-grounds or the dregs of beef-tea; at times there is pyrexia as well as dyspnoea (Kussmaul's "air hunger"), with cyanosis, and "Cheyne-Stokes" respiration. A very important symptom is the presence of acetone in the urine, and sometimes aceto-acetic acid. The smell of acetone (like that of hay or of apples) is noticeable in the breath. For this condition of delayed poisoning by anæsthetics we would suggest *phos.* as a very likely remedy.

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**Acute
Intoxication by
Fatty Acids.**

FATTY acid poisoning, otherwise known as *aciduria*, *acetonuria*, and *acetonæmia*, is believed to be the cause of diabetic coma. *Acetone* itself is harmless, but its precursors,

β-oxybutyric acid ($\text{CH}_3\text{CH}(\text{OH})\text{CH}_2\text{COOH}$) and *aceto-acetic acid*, are highly poisonous, and to these the symptoms are due. The poison, in all probability, is *β*-oxybutyric acid. All these result from imperfect metabolism, or oxidation of fat. *Acetonuria* is met with in *diabetes*, *recurrent vomiting of children*, *pernicious vomiting of pregnancy*, *cancer of stomach*, *starvation*, *gastric ulcer*, *septic poisoning*, and *occasionally in broncho-pneumonia*. It is also found in poisoning by *phloridzin*, *sodium salicylate*, and *morphine*. The underlying or predisposing cause of these fatalities is believed to be a *morbidly fatty condition of the liver*. This is all the more likely, since the liver is the chief seat of fat metabolism and oxidation.

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Cyclic Vomiting in Children.

THIS was first noticed by Dr. Gee in 1882, who did not, however, connect it with *acetonuria*. The symptoms of cyclic, recurrent, or periodic vomiting, with *acetonuria*, seen in children, are practically the same as those of a minor degree of post-anæsthetic poisoning, as shown by Messrs. Brackett, Stone and Low. In cases where an autopsy has been obtained the liver, kidneys and other organs have disclosed fatty degenerative changes similar to those met with in cases of delayed poisoning by anæsthetics. Cyclic vomiting has been regarded as a pure "neurosis" and as a toxæmia of intestinal origin, and as evidence of hepatic inadequacy, and hence these "bilious attacks." When a fatty liver is suspected, or when a child has recently vomited, apparently without cause, intended operations should be postponed. It must not be forgotten that *starvation* and *fright* will give rise to acute acetonuria, an important point to remember in preparing patients, especially children, for the administration of an anæsthetic. It may be well, therefore, as Guthrie suggests, to give a nutrient enema two hours before and immediately after an operation. A four hours' fast for a child before operation is far too long. Acetonæmia as a cause of vomiting in infants may therefore arise in various ways. (1) It may be present without known cause, in the so-called periodic, cyclic, or recurrent vomiting. (2) In delayed poisoning by anæsthetics; this was formerly supposed to be due to "acute yellow atrophy" of the liver. (3) *Salicylic acid* poisoning.

The Organon Lodge. FOR some years there has been a movement to found a Masonic Lodge in connection with Homœopathy. This movement culminated recently in the Grand Lodge of England granting a warrant for a Lodge to be named "The Organon, No. 3,233."

The Consecration ceremony took place on May 28th, 1907, at the Westminster Palace Hotel, S.W. The ceremony was performed by the Grand Secretary, Sir Edward Letchworth, as deputy for the Grand Master, the Duke of Connaught. He was assisted by Lord Athlumney as S.W., Dr. Sandberg as J.W., the Dean of Bocking as Chaplain, Mr. Frank Richardson, Grand Director of Ceremonies, Mr. Henry Times as I.G. The founders and office-bearers of the Lodge are: Mr. James Johnstone, F.R.C.S., B.A., W.M.; Mr. A. G. Sandberg, M.D., I.P.M.; Mr. H. J. T. Wood, M.A., J.P., S.W.; Mr. George Norman, M.R.C.S., J.W.; Mr. J. T. Ashton, M.B., Treasurer; Mr. D. Macnish, M.A., M.B., Secretary; Mr. Sydney Gilbert, L.R.C.P., S.D.; Mr. W. Spencer Cox, M.D., J.D.; Mr. Cuthbert Wilkinson, I.G.; Mr. R. P. Couper, D.C.; Mr. Horace Sanders, L.S.A., S.; Mr. Ogden Loesch, A.S., Mr. E. A. Attwood, A.S.

The ceremony was most impressively performed by the Grand Secretary. The Grand Chaplain delivered an oration in which he extolled the motto of the Lodge—" *Aude Sapere*"—and those who had the courage to form their own opinions in science and to maintain them.

The ceremony was followed by a banquet, at which the W.M., Dr. Johnstone, presided. The general company included the consecrating officers, the founders, Messrs. Nye Chart, F. King, Hardy Carter, Partridge, Major Braik, Dr. Pardoe, Dr. Bowie, Dr. Gerard Smith, Dr. George Clifton, Gerard Maxwell, &c.

The founder's jewel, designed by Mr. E. G. Gillick, has on the obverse of the medal the portrait of Hahnemann, after the bust of David, of Paris, and on the reverse the motto "*Similia Similibus*," with the three snakes intertwined.

The Lodge meetings will be held at the Westminster Palace Hotel, S.W., on the second Saturday in the months of February, May and November, and during this summer on July 3rd, at 5 p.m.

IN a letter to the *British Medical Journal*,
Salicylism and Epistaxis. April 20th, Dr. E. Leach, of Eccles,
 Lancashire, suggests that instances of
 epistaxis occurring in the course of in-
 fluenza are due, not to the disease, but to the *salicylate of*
sodium which is prescribed as a remedy. He quotes a case in
 which on three separate occasions the administration of
salicylates was followed by epistaxis. There was also a rash
 produced "resembling more than anything else large, so-
 called, blind boils." On stopping the *sodium salicylate* the
 rash disappeared, and the attacks of epistaxis ceased.

This is not the only "regrettable incident" caused by the
 use of massive doses of *salicylates*. They have caused purpura
 and gangrene (*Lancet*, ii., 1896, p. 1478), acetonuria and hæma-
 turia in infants (the synthetic salt, not that derived from "oil of
 wintergreen"). It is curious how the synthetic salt is often
 depressing, while that made from "oil of wintergreen" is
 not so.

This is not the only case where the action of the "natural"
 salt differs from that of synthetic or artificial imitation. Another
 example is *calcium phosphate* as derived from bones, and that
 made artificially in the laboratory. This difference in con-
 nection with the manufacture of the far-famed *James's Powder*,
 gave rise once to a famous law case.

Salicylic acid is supplied as "Natural" (from "oil of winter-
 green"), "physiologically pure" and "commercial." This
 reminds one of the various kinds of eggs, "new laid," "fresh,"
 "cooking" and "political"!

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IN the great majority of cases this is due
 to middle-ear disease, though there are
Superficial Mastoid Abscess. other causes. It may be due, for example,
 to furunculosis of the meatus, or a septic
 condition of the scalp or pinna, such as impetigo of these
 regions. It is of importance to distinguish these different
 causes, for the treatment required will be very different in
 each case.



Original Articles.

RICKETS, AND SOME OF ITS ASSOCIATES.

BY THE SENIOR EDITOR.

Rickets formed the subject of the discussion by the Society for the Study of Disease in Children at their special meeting in December, 1906. The discussion is a very interesting one, though it cannot be said that any fresh light was shed on the subject. Errors in diet, bad hygiene, especially deficiency of sunlight and fresh air, are the usual and recognised factors in its etiology. It was also pointed out that though the disease manifested so many muscular and nervous symptoms, yet there was a *total absence of any morbid anatomy in these systems*. Now, to a practitioner of the dominant school, this is a serious loss, since the morbid anatomy alone can form *his* basis for "rational" therapeutics.

No doubt much can be done by correcting faults in the child's environment—faults in diet and faults in hygiene. The faults in diet usually consist in a deficiency of fat and proteid and an excess of carbohydrates. But when all this is done, what about the organism, the child itself? The early warnings of the disease are *anæmia*, *general flabbiness*, and *profuse sweating about the head*, and restlessness at night. These are "symptoms," distant signals of danger, and appear long before there are "physical signs" or any evidence of a morbid anatomy, or any possibility of discovering a "pathological substratum."

Now these warnings, though of little value to the ordinary practitioner, are of vital importance to the homœopathic practitioner, and to him throw a flood of light on the question of treatment, and at once lead him to study such medicines as *calc. c.*, *calc. phos.*, *merc.*, *phos.*, *sil.* and *sulph.* Of course, too, hereditary tendencies, such as the tubercular, must not be neglected, and tuberculin or other nosode may be needed. In this affection, therefore, the hereditary tendencies and the early warnings ("symptoms") of danger are efficient guides to a prompt and effective cure by the homœopathic physician ;

while physical signs and morbid anatomy will utterly fail to give any rational basis of treatment in his or any other school. And here we would insist once again, that if hereditary tendencies and "symptoms" are properly interpreted and met, physical signs may not appear at all.

But the homœopathic practitioner must not trust to medicines alone. Medicines will never "cure" improper feeding, want of sunlight and fresh air, or want of *fresh* milk. Everything in the *environment* must be put right as far as possible, before we can rationally apply our medicines to the *organism*—the child itself. It is a curious fact that if a child is *properly* fed on breast milk from a healthy mother, rickets will not develop, though this does *not* mean that no breast-fed infant becomes rickety. Good milk from a cow is better than bad milk from a mother.

In connection with rickets there is the softening of the bones and ligaments and epiphyseal enlargements, leading to deformity, especially of the bones of the legs and spine. If the bones are tender as well, suspect scurvy. In regard to complications of the *respiratory* system, we have acute bronchitis, broncho-pneumonia, and collapse of the lung. The chief, and usual, complications of the nervous system are convulsions, laryngismus stridulus, and tetany, due in most cases to reflex irritation from the gastro-intestinal disturbance concomitant with the rickets. The abdomen is usually distended and bulging at the sides ("pot belly"), from the flabbiness of the abdominal wall and distension of the intestines with gas, the product of imperfect digestion; and which instead of being forced onward by a healthy peristalsis, accumulates and distends the atonic stomach and bowels. The secondary anæmia is best met by fresh fruit juice, *e.g.*, grapes and oranges. The *fats* at our disposal are chiefly cream, butter, bacon-fat, mutton-fat, suet, and yolk of egg. We hope, now the question of "feeding by prescription" is coming to the front, that rickets will be of less frequent occurrence than it has hitherto been.

Tetany in children bears a definite relation to gastro-intestinal disorders, acute infections, and rickets in childhood. It is a curious fact that in the United States true tetany is an extremely rare disease. It is common to find in rickety children

or in cases of severe gastro-intestinal catarrh a transient spasm of the fingers or even of the arms. Such are considered by some to be cases of mild tetany; and no doubt there are all grades in rickety children between this simple carpo-pedal spasm and the condition in which all four extremities are involved, but it is better to limit the term *tetany* to the more severe affection.

The nature of the disease is unknown. By some it is regarded as an intoxication of lime salts from cow's milk—cow's milk containing five times as much lime as that contained in mother's milk. This "intoxication" is believed to cause a hyper-excitability of the peripheral nerves. It has been shown—by Stoeltzner, I think—that frog's muscle in normal saline solution loses its electrical excitability in two hours, but that if .002 per cent. of *calcium chloride* be added to the solution, the electrical excitability is regained in five minutes.

Infantile Scurvy.—Just as in adults, scurvy may occur in infants in consequence of defective food supply. It usually occurs between the sixth and eighteenth month of infantile life—the great majority are from six to twelve months; few are under six or over fifteen months. Dr. W. B. Cheadle regarded such cases as "scurvy-rickets"—scurvy ingrafted on a rickety stock. Dr. Gee called his cases "periosteal cachexia." Up to that time such cases had been regarded as "acute rickets." Some years after Drs. Cheadle and Gee's papers, Barlow made an exhaustive study of the condition, and since that time "Barlow's disease" is synonymous with "infantile scurvy." The proprietary foods, especially malted milk and condensed milk, seem to be the most important factors in producing the disease. In cases, therefore, where such foods seem to be a necessity, one must always take care that the infant gets some form of fresh fruit juice as a regular part of its daily dietary. For this purpose we have found that the pulp of ripe grapes (first removing all the pips, of course) is very convenient and effective. Ripe "Canary" bananas are excellent, and usually well relished; for very young infants it is advisable to pass them first through a fine-meshed sieve.

In regard to the *symptoms*, we have the sudden appearance of painful swellings in connection with the long bones, first of the lower extremities, especially the lower third of the thighs.

As long as the child is left alone it is tolerably quiet, but when placed in its bath or otherwise moved, there is continuous crying or screaming. The lower limbs are kept drawn up and still at this stage. Later they lie everted and immobile, in a state of "pseudo-paralysis." The swellings are at first obscure and ill-defined, and more or less symmetrical. The swellings, on gentle and careful examination, give one the impression that the thickening is round the *shafts of the bones*, beginning just above the epiphyseal junctions. The joints are free, though in severe cases there may be separation of an epiphysis which will still further complicate the diagnosis. The appearance of the child is sallow, "earthy," and cachectic; the anæmia is profound and the asthenia extreme. It seems to dread the approach of any one (*arnica*), and screams if touched or moved. Bruise-like ecchymoses may appear on the skin, and sometimes purpuric spots are observed. The *temperature* is very erratic, and is often raised for a day or two as successive bones are involved, but is rarely above 101° or 102° F. If the teeth have appeared, the gums may be spongy and ulcerated, with foul odour from the mouth. The essential lesion is a subperiosteal extravasation of blood, which usually begins near the epiphyseal line; this causes the thickening and tenderness in the shafts of the bones.

Some Diagnostic Points.—Do not be too ready to diagnose fracture and put the limb in splints, or to suggest, because of the presence of the "black-and-blue" spots, that the condition of the child may be the result of a fall, due to the carelessness of the nursemaid. The marked immobility, the sudden onset, and the fact that a lower limb is usually first affected, might lead one to suspect *infantile paralysis*. It is safer when such immobility is marked rather to suspect infantile scurvy, which will lead one to make enquiries as to the child's diet, and search for other signs of rickets, such as changes in the bones, and the diffuse sweating, especially about the head, during sleep. There is, further, in the pseudo-paralysis of rickets general hyperæsthesia of the skin, and rapid atrophy is not present; while in infantile scurvy the limbs are swollen and extremely tender, which is not the case in poliomyelitis.

Congenital syphilitic affections appear at an earlier age than rickets or infantile scurvy, usually from the first to the sixth

month. *Syphilitic pseudo-paralysis*, known sometimes as "Parrot's disease," is due to acute epiphysitis. It is usually noticed in infants a few weeks old, and is often the first symptom of hereditary syphilis. It is noticed that one or both *arms* (in infantile scurvy the *legs* are usually the first affected) are not moved, and that the parts are tender when handled. The arm is often held in marked inward rotation with the palm looking outwards, resembling the position in Erb's palsy. But gentle and careful examination will show that the loss of power is only apparent, and that it is due either to the pain which motion produces, or to epiphyseal separation.

It (infantile scurvy) is probably most frequently confounded with *rheumatism*. But the extreme rarity of rheumatism under one year should always make one cautious. Pain and tenderness in the legs in an infant should invariably suggest scurvy rather than rheumatism. Besides, in scurvy the joints are free, the swelling being over the shafts of the bones, not over the joints. Do not be anxious to send your cases of scurvy to an orthopædic surgeon, under the mistaken idea that the case is one of joint or spinal disease.

Be careful not to diagnose the case as one of "acute necrosis." In this disease the temperature is usually higher, 103° to 105° F. the first night, and the child delirious. English surgeons believe that this disease begins under the periosteum, and call it "acute necrosis." German surgeons, on the other hand, incline to the belief that it begins in the medulla, and call it *acute osteo-myelitis*. By Thomas Smith, W. R. Townsend and others, it is styled as *acute arthritis of infants*; but as the joint, if invaded at all, is only invaded secondarily, this name is a misleading one. It is interesting to note in passing that this is one of the conditions where Bier's method is used with fair success—a method, we fear, not at all applicable in infantile scurvy. It is a curious fact that "acute necrosis," like infantile scurvy, has frequently been mistaken for rheumatism, although rheumatism is so rare in infancy that it may be practically ignored. Both must be distinguished from *acute cellulitis*; but this is rare except from traumatism resulting in a wound large enough to be easily seen. Emmett Holt puts it on record that he has twice seen infantile scurvy, when the swelling was mainly confined to one limb, mistaken

for malignant disease, chiefly because of the cachexia, the shape of the swelling, the discolouration, and the pain. "I have known," he says, "two cases to be operated upon by eminent surgeons, once with a diagnosis of sarcoma, and once of osteitis of both tibiæ. Not until the subperiosteal hæmorrhages and epiphyseal separation were discovered was the nature of the trouble suspected." Huebner also states that he has prevented a surgeon amputating a limb for supposed sarcoma.

Protrusion of an eyeball, sometimes extreme, occurs in about 10 per cent. of the cases, and such an appearance might lead the unwary to diagnose sarcoma of the orbit or eyeball. The tendency to hæmorrhages is marked. Epistaxis is common, and so is renal hæmaturia, which is apt to be ascribed to sarcoma. Cutaneous hæmorrhages suggest purpura.

An error in diagnosis is less likely to happen if the essential features of the disease are kept in mind : the extreme tenderness of the legs, spongy, swollen gums (if the teeth are through), swelling *near* the large joints, a tendency to hæmorrhages, and usually a history of the prolonged use of some proprietary infant food, particularly malted milk, sterilised milk or condensed milk. The prompt recovery on the adoption of an anti-scorbutic diet will confirm the diagnosis.

"Scurvy is a typical instance of a disease resulting from pure dietetic causes, and requiring pure dietetic treatment" (Hughes). That is quite true, but it does not follow, therefore, that in infantile scurvy, any more than in rickets, medicines are of no use. Both are directly due to dietetic and hygienic errors, yet no one questions the value of medicines in the treatment of rickets. Correct the diet by all means, but do not forget that in infantile scurvy such medicines as *arn.* and *phos.*, or any other indicated remedy, will do much to ease the pains of the little sufferer.

A MENTAL SYMPTOM OF QUININE.

By T. G. STONHAM, M.D.

A PATIENT who was suffering from influenza, and who was recovering from the acute stage, was still troubled with a persistent supra-orbital neuralgia over the left eye, which had not been affected by the *gelsemium* and *arsenicum* which had been given him for the influenza. The patient was a gentleman, aged 62, who had been born in Barbadoes and had lived a good deal abroad. And while I was turning over in my mind what to give him for the neuralgia, he, divining my thoughts, volunteered the statement that he could not take *quinine*. On inquiring why he thought so, he informed me that he had twice been poisoned by it. The first occasion was when, at the age of 21, he was voyaging from Barbadoes to New York, and an epidemic of smallpox had broken out on board ship, the ship's surgeon gave him a strong dose of *quinine* for some slight feverish symptoms. He became very delirious with it, and was laid up some days with fever and delirium when he arrived at New York. And though he recovered in a short time, the attack recurred after an interval of a month, and he then had an illness which lasted five weeks. He was the subject of persistent delusions, one of which was that of the figure of an old man who stood looking at him from the foot of the bed.

In subsequent years, though suffering frequently from a Colonial fever of remittent type, he never took any *quinine*, as he did not wish his former experience to be repeated. However, four years ago, being 58 years of age, and having lived many years in England without any sign of ill health, he had an attack of influenza and was given a single dose of *ammoniated quinine* to cut it short. The influenzal attack was not serious, but for some days he became troubled by a persistent mental impression that he was somebody else. His reasoning was not affected, he could argue to himself that such a thing was impossible, but the impression overbore his reasoning powers and would not be dislodged. He felt much troubled at the thought that he would have to tell his sister that he was no longer himself but some one else. Though able to go about and do his business he did not get rid of this obsession till after four or five days.

The quality of persistence of idea against reasoned judgment recalls the symptoms of the dreams and sleep in the *Materia Medica Pura*, where anxious, frightful dreams, with confused consciousness on waking, so that the dream cannot be got rid of, but the fear of it persists, is found to be characteristic of *china*. The particular delusion as to personal identity does not occur under *china* in the *Materia Medica Pura*; nor is it in Kent's repertory, nor among the provings and poisonings of the "Cyclopædia of Drug Pathogenesis." It must be remembered also that this delusion sometimes occurs from influenza, and it was while suffering from a slight attack of this complaint that he took the *quinine*. We should therefore await further confirmation before finally placing it amongst the *quinine* mental symptoms.

A case has recently come under my notice which to some extent bears on this point. A young man, the subject of secondary syphilis, had an attack of influenza, and one of the principal symptoms complained of was extremely vivid and disagreeable dreams, in which personal identity was confused, the actor in the dream appearing to be himself and yet some other person. The dreams were very persistent, for though he woke up several times, the dream was continued through successive sleeps. I gave *china* 3x, and the next night sleep was dreamless and refreshing, and there was no return of dreaming on subsequent nights. This is a confusion of identity in a dream, presumably cured by *china*, but one would like to have a case of a similiar condition occurring in the waking state cured by it or by *quinine*.

SALICYLATE OF SODA IN RHEUMATISM.

BY DR. PROCTOR, BIRKENHEAD.

THE cases of pelvic pain, reported by Dr. Cash Reed in the July Review, as greatly relieved by the *salicylate of soda*, are of interest, as they may help in the treatment of a class of troublesome cases by a medicine that does not seem to have any specificity of seat, but that corresponds to a general condition.

The suggestion that rheumatism is at the bottom of some

such cases as gout may be in others, is one that should be borne in mind. General conditions are too apt to be lost sight of in the search for the local specific. In the cases referred to, the mere aggravation from movement does not help us much, but the aggravation from damp weather, and the presence of pain in the arms of the kind mentioned, lend support to Dr. Cash Reed's supposition that rheumatism was a large factor in the case, and the results seem to have been very satisfactory. The doctor is somewhat apologetic for using the *salicylate* in 5 grain doses in place of the more familiar *bry.*, *actæa.* and the like. This, however, I think is unnecessary, for in addition to its apparent specificity of action, it is highly probable that *salicylic acid* may stand in homœopathic relationship to *lactic* or other acids that may be the immediate agents in the rheumatic process. Certainly the extensive use of the *salicylate* is good testimony to its general usefulness, and it is by no means clear that it does not act homœopathically in many cases of rheumatism. In my own experience I have found it more useful in localised and sub-acute affections than in rheumatic fever, but then I have never had the hardihood to use it in the heroic doses of the other school.

It should not be forgotten that the *salicylate* is not limited to rheumatic affections. It has, as we know, an extensive range of action, affecting the head, ear, throat, kidneys and liver, as well as its general action on metabolism. There is, however, one special action that I would draw attention to, it is that on the retina. In the Guy's Hospital Reports for 1886-7, cases are mentioned of hæmorrhage occurring during the treatment of acute rheumatism by large doses of *salicylate*, such as hæmaturia, epistaxis, and bleeding from the gums, and in one of the cases retinal hæmorrhage took place. This is referred to in the "Cyclopædia of Drug Pathogenesis," vol. iv., p. 23, under the heading "Salicylica," and I may be allowed to mention that the eye symptom in that list has been of signal use to me in two cases. The first was one of albuminuric retinitis with hæmorrhage, in which, to the surprise of the specialist who was consulted, vision was quickly restored, and I had the satisfaction of pointing out to him the data on which the treatment was based. The

other case was one of retinitis after influenza. This also did well, but as an experimental demonstration it was vitiated by the fact that the *salicylate* was alternated with *belladonna*. The result, however, was very satisfactory to the patient, and no little of a surprise to the specialist. I mention these cases because I have not seen the point taken up by our eye specialists, and it would seem to be well worthy of their attention. Whilst, therefore, we may share with the other school in the anti-rheumatic virtues of this medicine, it seems to me highly probable that its action in such cases is really homœopathic, which is not to be denied, because it acts curatively in 5-grain doses. What seems to be desired is a more exact definition of the cases to which it is suitable, amongst the various nutritive derangements that are classified under the headings of Rheumatic and Rheumatoid. This can only be arrived at by careful provings, which we are lacking. Most of our knowledge in this direction has been obtained as the result of over-dosing, in which the finer shades of drug effects are obscured.

BRITISH HOMŒOPATHIC ASSOCIATION.

BY THOMAS SIMPSON, BIRKDALE.

THE enthusiasm awakened in the ranks of Homœopathic physicians in this country during recent years, is marked and marvellous. The British Homœopathic Association has adopted a policy of progression. The tone of its literature is inspiring, and forces the attention of the lay public to startling revelations as to the value and advantages of single remedies, carefully selected to correspond to groups of symptoms which are found in different patients. Empiricism is giving place to intelligent selection, and adaptation of drug to disease, and permeation extending to minutest detail. There is a sign of earnest enquiry to discover the shortest and safest course which should be adopted when urgent cases present themselves to the practitioner of the healing art. Prejudice seems yielding at length to the overwhelming

demand for more rational treatment of the sick, and it behoves those who have become convinced of the value of the new system of treatment, to extend the knowledge they possess to others who are enquiring for some safe and scientific basis of treatment which can be registered for future reference ; for it is notorious that wherever you confer with a consistent follower of Hahnemann, he will probably confirm your choice of any drug you may have resolved to prescribe. There is a tacit understanding between most earnest, honest men, that certain indications demand a given remedy, and a happy issue of the selection is often pronounced. Every cured case yields a clinical confirmation, and so prescriptions become articles of faith, and we grow stronger in zeal, as well as confirmed in our faith. Knowledge comes of things we see. We have an exhaustless store of literature in every department of physic, and specialism is abounding in our ranks. Our text-books are monuments of wide research and patient investigations and marvellous precision. Our predecessors worked persistently and patiently, with minute attention to detail, and adherence to the principles they professed ; and now there are repertories of all the drugs we possess for each organ and function, thus enabling us with comparative ease and celerity to find the indicated remedy, surely it is incumbent upon us to give our best talent and experience to the noble cause of abating the sum of human suffering, and handing down to posterity the precious heritage we have received in such fulness and freeness.

The best way we can do so is to aid every agency which aims at placing within the reach of all, those great truths which are rational, and those lofty ideas which are of universal application.

The best way to immortalise our names is to soothe the wretched, to heal the sick, to comfort the sorrowing sons and daughters of men.



Clinical Cases.

A CASE OF DIPHTHERIA.

BY DR. RIDPATH, SUNDERLAND.

DECEMBER 16th, 1906.—E. G., aged 16, school teacher. This patient consulted me about her throat, which, she said, felt sore. Her temperature was 100·1° F. On examination of the throat there was visible a grey, pearly-looking diphtheritic membrane covering the whole of the left tonsil, which was slightly enlarged. The patient said she had felt unwell for a few days, but had been going about as usual. On fuller enquiry I could elicit no other symptoms, but I got from her that she had a good deal of axillary perspiration, which stained her linen brown.

Here there was such paucity of subjective symptoms that I had to use the objective symptoms for the selection of the remedy.

In Kent's Repertory (p. 452), pearly membrane on the throat gives *lac can.*, *kali bi.*, and *sanguinaria*.

Membrane on left tonsil *lac can.*, *kali bi.*, besides other remedies not under "pearly."

In Guernsey's diphtheria chart *lac can.* is given under pearly membrane and under grey membrane. Kent (p. 852) gives perspiration axilla stains linen brown, *lac c.* and *thuj.*

I thereupon gave the patient at once *lac can.*, I.M., a few globules dry on the tongue, and ordered her to keep in bed, and to be isolated.

December 17th.—On visiting patient I found temperature 99·2° F., and on examination found the membrane on the left tonsil was thinner and more transparent.

December 18th.—Temperature 99·8° F. Membrane on left tonsil becoming detached. Patient felt quite well, and as if nothing were the matter with her. There was no throat pain, *lac can.*, I.M., dry on the tongue. I took a swab of the throat membrane, and sent it for bacteriological examination. The report by telegram from the laboratory was "positive." Afterwards the written report certified to the presence of *Bacillus diphtheriæ* in the cultures.

December 19th.—Left tonsil nearly clear of membrane; patient feels well.

December 20th.—Slightest possible film of membrane on left tonsil. "Feels well."

December 21st.—Temperature 98° F. Diphtheritic membrane on left *and* right tonsils. "Feels well."

From the fact of the diphtheritic membrane appearing on the right tonsil after having begun on the left, the call for *lachesis* seemed clearly indicated, though there were none of the other generic symptoms of *lachesis* discernible.

I therefore dissolved a few globules of *lachesis*, c.m., in water, and ordered her to take a dose every two hours.

December 22nd.—The membrane had all gone from the right tonsil—the one most recently affected, and there was only a slight membrane on the left tonsil—the first to be attacked. The patient feels quite well and eats well, and the temperature is normal.

December 23rd.—Both tonsils were free from membrane and remained so, and the patient continued to feel well.

December 28th.—A swab taken from the throat still revealed the presence of *B. diphtheriæ*, although the throat had been clear of membrane since December 23rd. The patient remained in good health, and has done so up to the present time.

Comments.—(1) The above case shows the satisfactory manner in which diphtheria can be treated by the most similar remedy, or even in this case by what I now believe was not the *most* similar remedy. I now think that this was a *lachesis* case from the first, and that if *lachesis* had in the first instance been given, the progress of the cure would have been more rapid.

I was induced to give *lac can.* at first because it had the pearly and grey membrane given by both Kent and Guernsey on the left tonsil, and further confirmed by the axillary perspiration staining linen brown (p. 852), and the remedy appeared to have had some beneficial action, for the membrane on the second day of my attendance had become thinner and more transparent, and the temperature was lower.

Still the condition on December 21st, when the membrane had not entirely disappeared, but had shown its presence on the right tonsil also—left to right—clearly indicated *lachesis*,

which also has a grey membrane, Kent (p. 452), while in Kent (p. 1235), perspiration staining the linen, *lach.* is given in the first rank. I had not seen the linen myself, but only had the description given by the mother, who might easily have called the colour brown, when it might actually have been more yellow, which *lachesis* has in the first rank.

(2) The direction of the disappearance of the membrane also indicated the true homœopathic action of the remedy, viz., the removal first of the most recently appearing symptoms, the clearing up of the exudation on the right tonsil first—the last tonsil to become affected.

(3) The evidence of the bacteriological expert's examination at the Public Health Laboratory (whose certificates and telegram I enclose for the satisfaction of the editors) ought to remove all doubt as to the nature of the disease treated.

(4) It is also to be noted that there were no local applications used; no gargles, or caustics, or corrosive, or other forms of so-called disinfectants, which are usually applied under the old-school treatment.

(5) The presence of *B. diphtheriæ* indicates the existence of the disease known as diphtheria, but I do not consider their presence to be the cause of the disease. I consider that they act as scavengers, who exert a salutary effect by being present to clear up the refuse thrown out as diphtheric exudation.

(6) Curiously enough these bacteria are found after all exudation is removed, and for some time after the patient is convalescent, e.g., the examination of swab taken on December 28th revealed their presence.

(7) Here you will observe there was no alternation of medicines. The first given, *lac can.*, was allowed to act as long as it appeared to be indicated, and afterwards the then indicated remedy, *lachesis*, was given, and no other medicine was required.

Lac caninum, in "Guiding Symptoms," has false membrane, thick, grey, yellow or dark, surrounding mucous membrane, dark or bright; may be worse on either side, or inflammation shifts repeatedly from side to side, generally worse on left side.

SALISBURY TREATMENT.

BY DR. ARTHUR A. BEALE,
Anæsthetist, London Homœopathic Hospital.

THE following four cases show especially what the Salisbury treatment can do in chronic cases in a very short time. All told me a similar tale regarding their suffering, that life was practically unbearable, that they had lost much time at work, and that they had sought advice in various quarters without relief. The relief was quick, certain, progressive and permanent, as far as one can judge. It is best to start with a strict diet of minced beef, three times minced, and cooked into cakes, not too much nor too little cooked. The hot water should be more than warm, but not too hot to be disagreeable, and taken four times a day, an hour and a half before meals and the last thing at night. After two or three weeks vegetables may be added, then wholemeal bread toasted, and afterwards one may gradually add fish, meat and fruit, and milk puddings at intervals.

W. B., aged 46; occupation railway depôt carter. June 27th, 1905.—Two years ago had asthma very badly with emphysema. Has had polypus in nose, which, after removal, has recurred times innumerable as it seems to him. Has now very bad bronchitis and emphysema with attacks of asthma frequently. He was at this time on the sick list and his club doctor had told him that he would not be good for much work again, and that he would have him in hand every winter he was there.

He had especially morning attacks of coughing with copious expectoration of greenish-yellow phlegm; he was put on a strict Salisbury minced beef diet commencing with 2 or 3 ozs. and working up to 6 or 8 ozs. three times a day, the usual hot water drinking an hour and a half before meals. *Cupum. met.* 200, twice a day.

July 14th.—Felt better, but no improvement in cough. *Osmium* 12.

August 11th.—Only slight improvement. *Lobel.* 3.

September 1st.—Very much improved, less cough, less expectoration. Vegetables and wholemeal toast taken; gone back to work. Repeat *lobel.*

October 7th.—Has had a cold, hence more breathless. Brings up a quantity of phlegm, sometimes white, sometimes blackish, sometimes frothy, and at times makes him vomit; pains in back and chest increased on sitting, relieved by walking. *Sulph.* c.m. one dose, followed by *rhus. tox.* 3x.

November 4th.—Has been very much better, no attack of asthma since last visit, except a short attack yesterday after lifting some heavy boxes. Says the *rhus. tox.* relieved him most. Repeat *rhus. t.* 3x.

December 2nd.—Very much better, has only had slight asthmatic attacks occasionally, generally once a week. Coughs much in morning with thick, dark phlegm in pellets, pain in neck and spine, especially in driving. Appetite good, tongue clean, bowels regular, face looks healthy. Repeat.

January 13th, 1906.—Very much better, polypus removed from nose with cautery snare. *Rhus. t.* 30.

February 10th.—No sign of asthma, a little wheezing occasionally, has feeling of vertigo which seems to start in forehead.

Have seen this patient many times since. He has been well ever since, has not lost a day's work, with the exception of a week when he had influenza. His cough still gives him trouble in the morning. Examined his nose this July, no sign of nasal polypus; his health is excellent, his lungs are fairly free, except for the emphysema. He has gradually gone back to ordinary diet. In cases of asthma the Salisbury diet does remarkably well, but at least three months are required to make an impression, and then sometimes the cases clear up suddenly.

L. S., aged 40; occupation, coiffeur. September 24th, 1906.—Complains of weakness in back with burning pains across the back, of many years standing, which makes his work (involving as it does much standing), at times unbearable. At night pain settles in the spine itself; there was pain in the left leg increased by movement, so that his life was miserable. Had sought ordinary advice without any result. On examination he had a very stooping gait with "round shoulders"; the breathing was very contracted, the difference between inspiration and expiration being 34 inches and 32½ inches only. The 10th, 11th, and 12th spines were very prominent, but not sufficient to suggest spinal disease. Urine, sp. g. 1030, acid normal, acidity 2 per cent., volatile acids '96 per cent.

This patient was put on a strict Salisbury diet, and given *bell.* 3x.

October 15th.—Feels much better, pains in the back very much less, and does not feel so stiff; pain in the leg nearly gone. *China* ix. To have regulated exercises, Swedish movements, and breathing exercises.

November 12th.—Stiffness in back and pains entirely gone, return occasionally at night in bed; pains in shoulders not so severe, can work without pain. Pains in legs entirely gone, can walk much easier, work not so irksome. Repeat *china*.

November 16th.—Pains in shoulders and spine entirely gone: in every way better, last visit. I saw him the other day, and he tells me there has been no return of pain, can work with ease and enjoyment. Walks to and from business, about two miles. Walking was agony before.

J. K., aged 52; occupation French polisher. January 22nd, 1907.—Complains of shortness of breath; a very heavy cough, worse at night, has not had a good night's sleep for months; it is also continued during day; great shortness of breath, which makes ascending a hill or stairs a painful labour; expectorates much phlegm, which is thick, gelatinous and greenish, often streaked with blood; great pain in back.

History.—Has had, he says, bronchitis and asthma for eighteen years, previous to which he was extremely strong, surprising his friends by exhibitions of lifting, &c. He had influenza eight or nine years ago, since which time his chest has given him much trouble; has now been unable to do any work for over six months, and the doctor (allopath) thought he would never be able to work again in this country, and his only chance was to go to Africa or other warm climate.

Condition.—Patient was fairly well nourished and very muscular. He could not speak without trouble, there being great oppression about the breathing; his tongue was furred with a blackish fur. On examining the chest there were no marked emphysematous râles, but there was a suspicious area in the right lung in the upper portion (not on the apex), but the air entered freely over all the lungs. I had the sputum examined later, and it contained large quantities of tuber. bacill.

I immediately put this patient on Salisbury treatment,

which I believe he carried out thoroughly ; first, strict meat and hot water, and for medicine *phos. 2.*

I thought I could get him back to work in about six weeks, and told him so.

January 25th.—Very much better, breathing improved, pains in the back much less, cough less, less phlegm, but still contains blood ; this all in three days. I have often noticed these quick reliefs.

January 29th.—Still improving ; breath better, no pain in back, cough has been much less and is getting better nights, though last night was bad ; brought up a lot of phlegm last evening. Continue *phos.*

February 5th.—Sputum more but not so tenacious ; cough troublesome at times, breathing better, but difficulty in mounting stairs. Blood in sputum.

February 8th.—Progressing. Still difficulty with stairs ; it was now the sputum was examined. I ordered him onions to take every other night. I have found extraordinary effects from this food. *Rhus. tox. 3x.*

February 18th.—Sputum has had no blood since taking onions at night. Feels stronger, voice husky still. *Tuberculin 6* every two weeks.

February 22nd.—Very much better ; less sputum, no blood, less cough, sleeps well, hardly ever wakes, only once last night. Says that after taking the new medicine (*tuberculin*) a little blood showed itself, but did not repeat.

February 26th.—Still progressing : sleeps well, no cough at night, no blood in phlegm ; sputum more in morning, very little during day, and is yellow. Feels stronger, breath better, breathing freer, can carry coals up the stairs with relative ease, much to his own and his wife's surprise. On examining the lungs they seemed remarkably free from abnormalities as regards signs, no râles to be found except in one small area.

March 12th.—Feels fit for anything ; going away to Hastings for a fortnight. I afterwards heard that he came back from his holiday and went straight to work, and has not lost a day since.

W. B., aged 36 ; occupation police officer. May 2nd, 1907.—Complains of pain in abdomen coming on about one

or two hours after food, accompanied by feeling of distension, flatulence and general discomfort; he has also had intense colicky pains, which double him up, three or four times a day about three hours after meals. This has been going on for six years almost without intermission, and produced great weakness and lassitude, so that life was almost intolerable. On examination there was distinct and marked dilatation of the stomach with succussion, otherwise the body was in good condition. *Nux. vom.* 3x as a preliminary step.

May 9th.—To-day he placed himself thoroughly in my hands. The flatulence and colic persisting with very few days' interval; also cramp; he is constipated, tongue with white fur, motions clay coloured, sometimes sits for half an hour without relief; there is a bitter taste in mouth in morning, great pain in the pit of stomach and great lassitude. I decided to place this patient on the Salisbury diet. In this case it consisted of minced beef, passed through the machine three times, made into cakes varying in size from 2 to 6 oz. He was also allowed certain vegetables, such as tomatoes, stewed or raw, stewed celery, brussels sprouts or young cabbage (without hearts), at the same time drinking the hot water four times a day. *Ant. crud.* 3.

May 23rd.—Feels better, flatulence not so violent, pains (cramp) not so extreme, constipation less, no bitter taste, tongue clean, motions darker but still light; continue diet. *Lycop.* 3x.

June 3rd.—Very much better, pains neither so frequent or intense, and relieved by hot water; bowels free, tongue quite clean, no bitter taste; stomach examined, no dilatation, no succussion. Repeat *lycop.*

June 10th.—Still improving; no cramp for seven days, had had it every day since Christmas; bowels free; to have milk puddings and fruit after mid-day meal.

June 20th.—“Feels splendid”; no pain for seventeen days; bowels free; eating milk puddings and bread untoasted without bad effect. *Nux. vom.* 3x.

July 3rd.—Saw him for a short time, is off treatment, says he was never better, no symptoms; is eating ordinary, careful food, including meat of all sorts; is strong, well and happy, though he has had family illness of a trying character; has had no relapse.

DOUBLE INFECTIONS.

By K. P. GANGOULY, CHANDERNAGORE, BENGAL, INDIA.

CASE I.—*Measles and Varicella*.—B. D., a girl, aged 10, was attacked with fever on January 15th, 1906. Her complaints were: pains in the limbs and heaviness of the head; tongue white in the middle and red at the tip. Bowels moved once of yellowish liquid; temperature 103°; pulse 135. Supposed exciting cause: bathing in the river and exposure to cold. Treatment: *Rhus. tox.* 6, gtt. iii., *aqua.* ʒii., six doses, one every three hours.

January 18th, 1906.—Temperature 104·6°; pulse 140; a little delirious, eyes congested, pain and heaviness of the head increased. *Bell.* 12 every three hours. Diet, barley water and milk. 19th: Measles of large type, like urticaria, appeared on the face and extremities; temperature 104°. Repeat medicine.

Measles, as a rule, comes out during remission of fever; but in this case measles came out during the height of fever. 20th: Some of the eruptions on the lower extremities suppressed, and the lungs affected. *Cuprum acet.* 3x, twice for the day. Diet, barley water.

21st: Eruption well out. Both the lungs were affected with broncho-pneumonia. Temperature 104°; pulse 140. *Rhus.* 30, two drops for the day, and *bryonia* 30 pills, two doses for the night.

This day an eminent allopathic doctor came to see the child. He examined the patient carefully and pronounced the case to be very grave. He did not prescribe any allopathic medicine.

22nd: The patient was in the same state. *Sulphur* 30, one dose. Evening temperature 100°, pulse 110; bowels moved once of yellowish liquid. Lungs better. Diet, milk and barley water.

23rd: Fever again rose. Temperature 103·8°, pulse 130. Cough increased, stools yellow, watery. *Chel. maj.* 3x, four times for the day. Diet, arrowroot and milk.

24th: Temperature 100·4°, pulse 120. Cough diminished. Repeat medicine.

25th: Temperature 99°, pulse 90. Repeat medicine. From 27th up to 29th: The child remained better.

30th: Fever again rose high, temperature 103·6°, without any prominent symptom except the absence of thirst. *Gelsem.* 3x, four doses for the day. In the evening chicken-pox came out.

January 31st: *Antim. tart.* 30, two pellets for the day; with this medicine and *sulphur* 30, the patient came round within eight days, but remained very weak and prostrated over a month.

CASE 2.—*Varicella and Measles.*—Younger brother of Case 1. Varicella came out first, which was cured with three doses of *sulphur* 30. Later on the child was attacked with measles. *Bryon.* 30, *puls.* 6 and *sulphur* 30, cured him. Both varicella and measles were of a mild type and cured within a fortnight.

CASE 3.—*Measles and Small-pox (Variolina).*—S. Mitra's son, aged 5. I was called to attend his elder son, who was suffering from abscesses as the sequel of small-pox, for which I prescribed *silica* 30, four doses, to be taken once daily. After this the younger patient was brought to me. His face, ears and neck, were all covered with measles, with fluent coryza, redness of the sclerotics, water gushing out from the eyes profusely; fever intense, trunk, upper and lower extremities, were all covered with confluent small-pox. I prescribed one dose of *variolinum* 30, and three doses of *bryonia* 30, for the day.

Most of the literate and illiterate people here in Bengal that I know, prohibit the small-pox patients from adopting any sort of scientific treatment or taking any medicine, although some of them see and hear of our successful treatment in this and other diseases. They rely only on the graciousness of *Sitala Devi*, who is the goddess of this pest, and give the patient the customary decoction of some indigenous plants. For this reason I did not get any news of the child till after a week or so, when I heard that the younger patient passed away from this world.

I shall in my next try to satisfy my friends and colleagues by showing another set of poisons acting simultaneously in one system.



Clinical Extracts.

BY DR. T. E. PURDOM, CROYDON.

IN the *Medical Review* for December, 1906, there are some interesting corroborations of our therapeutic law. Under the title "Thyroiditis in acute Iodism," the writer, "Lubinski," states that while the skin and mucous membrane are usually affected, occasionally the glands become swollen and inflamed.

He says that he has repeatedly seen unilateral or bilateral parotitis during the administration of *iodides*, both in large and small doses. Less frequently the submaxillary glands become enlarged. A few cases of swelling of the thyroid gland have also been reported.

We are all familiar with the curative action of small doses of *iodine*, and the various *iodides of potash, lime, baryta* and *mercurius*, in many glandular enlargements, and the above report shows clearly how the principle of *similia* unlocks the door for us into therapeutic and curative treatment.

In the same number of the *Medical Review* there is a note as to the value of *arsenic* in whooping cough, suggested to the writer by its usefulness in another spasmodic affection, viz., chorea. Two cases are mentioned where *arsenic* was prescribed in the usual form and dosage, where the improvement was very marked in a few days.

In one, after the fifth day, the cough resembled that of an ordinary cold. In the other case, after the third day, the fits were replaced by slight attacks which could not be recognised as whooping cough.

In chorea most of us have found *arsenic* useful, though we have many other drugs to rely upon.

The restlessness and irritable weakness, the tremblings and twitchings and spasms found in the provings of *arsenic* show its homœopathicity to chorea. On the same principle many symptoms of *arsenic* serve to show its similarity to whooping cough, and the principle at work in the above cases reported.

Its "suffocative catarrh," "wheezing respiration," "fears of suffocation," remind us of whooping cough.

Again, "air passages constricted"; "severe spasmodic

cough"; "violent fits of coughing wake him in the night, as if he would be suffocated"; "expectorates a frothy saliva"; "dyspnœa," "asthma," and such like symptoms are markedly seen in the provings of *arsenic*, and are more or less characteristic of whooping cough.

I have no personal experience of *arsenic* in ordinary whooping cough, though its *iodide* is very useful in some of the lung complications. Others may have tried it. If not, it seems well worth a trial in this very troublesome complaint, if otherwise indicated on the principle of *similia*, and with no risk of producing its physiological or poisonous action, as is sometimes the case with large doses.

[*Note by Senior Editor.*—At the June meeting of the Edinburgh Obstetrical Society, Dr. B. P. Watson read a paper entitled "A case of repeated abortion due to syphilis, treated by *potassium iodide*. Birth of a child with congenital goitre." The goitre progressively diminished in size till the child's death, which took place at 3½ months. The goitre was of the parenchymatous variety. Dr. Watson reviewed some cases of enlarged thyroid, published by Sir James Y. Simpson and others. In most of the cases *potassium chlorate* had been given during the pregnancy. Dr. Watson was therefore of opinion that the enlargement was due not so much to the *iodine* as to the *potassium*.]

A CHAMOMILLA CURE.—Dr. Stacey Jones relates this case in the *Homœopathic Envoy*: A lady had the peculiar affliction that at 5 o'clock every afternoon her ankles gave way and she would sink to the ground; in consequence she had to go to bed before that hour to avoid being carried there. Many doctors had treated her unsuccessfully. Dr. Jones tried *causticum* and many other remedies, but with no result, and gave up the case, telling the lady she was wasting her money. Some months after he met her again, and hearing her condition was unchanged, determined to prescribe once more. A thorough search of the *Materia Medica* revealed that the symptom of giving way of the ankles in the afternoon occurred under *chamomilla*. Four powders were ordered, but the first cured the case immediately. Under *chamomilla* in Allen's "Encyclopædia" we find: "Nightly paralytic loss of power in the feet; they have no power; he is unable to step on them, and if he rises he sinks to the ground."

Cases from Hospital Practice.

This section is reserved for reports of interesting cases occurring in Hospital or Dispensary practice, new methods of treatment, and all purely professional matters. These should be carefully, or, if needful, elaborately recorded and described. Each contributor will, if necessary, be allowed two pages of the REVIEW every month for this purpose.

Reports should be sent on as early in the month as possible.

LONDON HOMŒOPATHIC HOSPITAL.

BELLADONNA IN DELIRIUM TREMENS.

Reported by Ed. Cronin-Lowe, M.B.Lond.

(Under Dr. Speirs Alexander, Durning Ward.)

A WOMAN, aged 45, admitted for cataract extraction. At the time of the operation she was rather nervous, but it was not until the following day that it was noticed that she was somewhat excited. Thinking it to be her temperament, she was assured of her satisfactory progress, and her real condition overlooked, for not until the delirium had begun was it found out that she had been for some time past in the habit of drinking a good deal of alcohol, and since her admission no stimulants had been given. In the early hours of next morning her condition suddenly became acute, it took three nurses to keep her in bed, she screamed and fought, violently tore her dressings from her face, and rubbed her fist in the lately operated eye.

Her language was violent and obscene. *Chloroform* was administered with difficulty, and she was removed to the private ward; on coming round *stram.* 3 was given frequently, but without avail. Her condition again became so violent and unmanageable, that a drachm of *chloral hydrate* was given *per rectum*, this keeping her quiet for about four hours, but she then became as bad as before, and not being able to induce her to swallow any medicine (which she persisted in regarding as poison), *chloroform* and *chloral* were again resorted to.

During the quiescent period thus produced, Dr. Alexander saw the patient, and advised *belladonna*. When next she became restless and noisy *belladonna* 3 was given and

continued half hourly. The effect was most marked. She quickly became calmer and docile, and in about four hours from the first dose had fallen into a natural sleep, from which next morning she awoke very repentant and ashamed, remembering to a certain extent something of what had occurred.

The *belladonna* was continued throughout the day at four-hourly intervals, but no signs of further delirium or even restlessness returned. She was allowed during this day \mathfrak{z} i. of brandy every four hours.

The following day she returned to the general ward, and during the rest of her fortnight in hospital could not be sufficiently repentant and quiet.

The eye wonderfully escaped and made an excellent recovery, in spite of its very rough handling within forty-eight hours of the operation.

ACUTE DILATATION OF THE HEART, WITH VOMITING.

(Under Dr. Epps, Hahnemann Ward.)

W. C., aged 30, an artillery man, who after going through the siege of Ladysmith contracted enteric, and after a long illness was invalided home, and discharged. Since then he had led a fairly active life and enjoyed good health and an excellent physique.

During the summer of 1906, while working as a clerk, and when quite out of training, he undertook to roll a playground with a four-hundredweight roller. He felt pain in the left side at the time, and found the work exhausting, but finished the job. However, that night he vomited, and ever since then on walking, or the slightest exertion, vomiting came on. When lying in bed quietly he could eat a good ordinary diet without discomfort, but on rising he immediately felt nausea, and after walking 50 yards or less, vomited the contents of his stomach and felt temporary relief.

This condition of things went on for six months, he gradually getting worse, being treated for gastritis and dilated stomach both allopathically and homœopathically.

On admission his most striking symptoms were the following: Sharp pain, commencing in the left shoulder and running down the left side and arm, also across to the sternum, these pains being < exertion.

Also vomiting whenever standing up for a few minutes, walking, or any slight exertion > lying down.

Always felt > after vomiting.

On Examination.—Nothing abnormal could be made out in the stomach or abdomen ; lungs and limbs were sound. The heart, however, was not. Left-sided dilatation was evident, the left border by percussion was found half an inch outside the nipple line, the apex beat was soft and indistinct, and the sounds were feeble though otherwise normal. He was then made to quickly raise his body about eight times from the lying to the sitting posture, and after this amount of exertion the left border of the heart was found $1\frac{1}{2}$ inch outside nipple line.

Then he was made to stand and walk some twelve to twenty paces—this caused the old pain in shoulder and nausea, but he did not actually vomit ; his heart, however, had further dilated, its left border now being 2 inches outside nipple line. After resting, it considerably returned. The right side limitations did not alter.

These manœuvres gave the clue to treatment, and the patient was forthwith kept strictly in bed, and commenced a very carefully graduated course of exercises. He was also given a full diet, and *aurum met. 2, t.d.s.* Gradual progress ensued during a fortnight, the left heart limits then corresponding with the nipple line.

Then on account of injudicious increase of exercises, a relapse of several days occurred during which the pain in shoulder and nausea returned, no vomiting however.

Exercises were for a few days discontinued, and then again more carefully recommenced. Nauheim baths were later added, and *strophanthus φ. m ii. t.d.s.* given.

From this time, six weeks ago, until now he has steadily improved, and now he is up and about the ward for eight hours at a time helping the nurses by moving light furniture, &c., and has had no return of pain, nausea or vomiting. The heart's apex beat is now a good inch inside the nipple line and is strong and well defined, giving the typical impulse of a hypertrophied ventricle. The left border is half an inch inside nipple line.

This history emphasises several points. The patient was a

strong man out of training, and therefore likely to strain his heart more than a less athletic man would have done. Each time he was allowed up after a few days in bed (during which time his troubles apparently ceased) he again acutely dilated the feeble heart repair those few days' rest had produced.

The whole interest of the case centres around the connection between the dilatation of the left ventricle of the heart and the vomiting after exertion. The explanation has been given by Head's work on nerve physiology, and in an excellent paper bearing on the subject by Dr. Beddard in the *Guy's Hospital Gazette*. There it is shown that the nerves supplying the posterior wall of the stomach arise from the same spinal segments as do those that supply the left ventricle of the heart; so that in acute dilatation of the left ventricle a hyperæsthetic condition of the stomach mucous membrane is produced, much the same as the corresponding skin hyperæsthesia of Head's cutaneous areas. Under such hyperæsthetic conditions food, otherwise normal to the stomach mucous membrane, acts as an irritant and is at once ejected, giving thereby temporary relief.

That this is the explanation of the case cited is proved by the complete and satisfactory recovery made under the appropriate treatment. By means of cardiac "tonics," prolonged rest in bed, and gradually increasing exercises, the dilated ventricle with its soft indefinite impulse, has in two months been converted into a strong hypertrophied organ, giving a sharp decided impulse, and the sounds at the apex, from being soft and feeble, are now clear and sharp.

The ventricle is now able to compensate for the alterations in pressure due to exertion and position, and since its delicate nerve endings are no longer being irritated by sudden dilatation, the gastric nerves are also unaffected, and so by these simple means of allowing the heart's muscle to recuperate, the normal cardio-gastric mechanism has been re-established.

The importance of accurate percussion of cardiac limitations is again impressed upon us, for no doubt the cause of the vomiting would not so long have been missed, had the heart been carefully mapped out at an earlier date.

BOURNEMOUTH HOMŒOPATHIC DISPENSARIES.

Reported by Dr. W. T. Ord.

TUBERCLE OF ELBOW.—*Silica.* Percy T., aged 3, had diseased bone in his elbow joint since infancy. Father has phthisis and a specific history. Very slight movement in elbow, which has several discharging sinuses around it. A simple ointment was ordered, and cod liver oil, which had often been given before, with *silica* 6x gtt. v. *t.d.s.* Improvement began at once, the discharge dried up, the sores healed, and in two months the arm was practically well. The arm remained sound for seven months, when it became swollen and inflamed, and a fresh sinus began discharging. This time *silica* failed, but *calc. fluor* 3x acted at once and speedily healed the ulceration.

STRUMOUS ONYCHIA.—*Calc. carb.* Mrs. T., aged 35, has had chronic inflammation of middle finger nail for some months, which nothing does good to ; there is constant throbbing pain, with intense sensitiveness. The patient is of strumous type, has a pustular rash in places, and an enlarged gland in neck. *Hepar sul.* 6x for the first week did service in relieving pain and checking the rash ; after which, finding that she always had cold damp feet and was fond of eggs, *calc. carb.* 6x was substituted, with immediate success. The old nail came off in a fortnight, and a new healthy nail grew. All her symptoms cleared up under this remedy, except an erythematous rash which appeared, and caused intense itching when warm in bed. This was cured in a few days by *sulphur* 6x.

TABES MESENTERICA.—*Sulphur.* A child, aged 2, had constant diarrhoea for many weeks, with rapid wasting and fever. The abdomen was distended and hard, no glands or lumps could be felt ; motions very foetid, with undigested food but no mucus. The child was very restless, with much sweating of head. Careful feeding and treatment by old-school doctors had been tried without effect. *Sulphur* 4x was ordered with Benger's Food. In a few days improvement set in and continued steadily, until in about six weeks the motions were natural, all the symptoms had ceased and the child seemed well. The subsequent history of the case was less satisfactory. Remaining in good health for eight months, and having grown and thriven well, the child was being carried by its mother on to a steamer, when it was greatly terrified by the

sudden blowing of the whistle, and could not be pacified. From that moment meningitis set in, and in spite of every remedy, proved fatal in a short time.

A CASE OF TETANY.

RAPID RECOVERY UNDER CUPRUM.

Reported by Dr. J. Hervey Bodman.

In this country and in America, tetany is a decidedly uncommon disease, but it is said to occur with greater frequency in some of the larger continental cities. The majority of the cases occur in children and especially in those under 2 years old.

The disease may be classified as a spasmodic neurosis, and is probably usually caused by some form of auto-intoxication. In a large proportion of cases it is associated with rickets, and in other cases with chronic diarrhoea, marasmus or chronic indigestion.

The exciting cause may be an attack of gastro-enteric irritation or intoxication; or, apparently, in some cases the presence of intestinal worms.

The most constant symptoms are the tonic contractions of the muscles of the hands and feet, often spoken of as carpo-pedal spasms. The fingers are strongly flexed at the metacarpo-phalangeal joints, but usually less so at the more distal joints, in fact, they may be held practically straight. The thumbs are strongly adducted into the palms of the hands, and the whole hand is flexed laterally towards the ulnar side. The feet are flexed downwards and the toes turned in, the individual toes being in a position of flexion. The knee jerks and other reflexes are increased, and there is a general increase of muscular irritability; this is exemplified by the fact that a sharp tap over the facial nerve trunk will generally produce a spasmodic contraction of the facial muscles on the same side. This is sometimes referred to as "Chvostek's symptom" or "the facial phenomenon."

In about two-thirds of the cases spasm of the glottis or laryngismus stridulus occurs, and occasionally it is the cause of a fatal result. General convulsions develop in about a quarter of the cases.

One of the best observers gives the duration of the disease as being from a few days to several weeks, but most commonly one to two weeks.

The following are the notes of a case which recently came under observation.

H. G. S., male, aged 14 months, was first seen on May 12th, 1907. He was cutting one of the first temporary molars, and a day or two before had been suffering from vomiting and diarrhœa, but this had subsided. Early on the morning of the 12th his parents noticed that his hands were contracted and stiff, and that he was more drowsy than usual; later on they noticed that his feet were drawn in, and that there was abnormal rigidity all over the body. Between noon and 1 p.m. he had a very alarming attack and they thought he was dying; two or three times the breathing was arrested for some time, and was resumed with a noisy crowing inspiration; this attack was followed by extreme pallor and prostration. The writer was sent for during this attack, and saw him first when it had passed off at about 1 p.m. He was then pale and drowsy, and the hands and feet were in the characteristic position of spasmodic contraction as described above. He was ordered *cuprum met.* 6 every hour.

8 p.m.—He slept most of the time from 2 to 5 p.m., and after this seemed much better and was less stiff. He is now taking a bottle and holding it himself, the spasm of the hands having passed off. There has been no return of the laryngeal spasm.

May 13th.—Once or twice during the day there has been a slight drawing in of the thumbs for a short time, but apart from this he seems quite well. Repeat.

May 15th.—There has been no spasm yesterday or to-day, and he seems to be perfectly well.

Remarks.—This was a typical case of tetany with severe laryngismus stridulus. The rapidity with which the symptoms passed off after the *cuprum* was given, suggests that it had a distinctly beneficial effect.



Hospital and Provincial News.

. The Editors request that all correspondents will kindly condense their reports as much as possible, consistent with a smooth and effective rendering of the facts they wish to convey. Items of *merely local* interest should be omitted.

As there seems to be some misunderstanding in regard to this section, we would point out that this section is reserved for :—

News, reports of meetings, &c., which must be compressed into one, or at the most two, paragraphs of not more than ten or twelve printed lines.

Newspaper reports, *unabridged*, need not be sent. Such reports must be condensed as above, otherwise they will not be inserted.

HOMŒOPATHIC HOSPITAL, HOBART, TASMANIA.

THE fifth annual meeting of the Ladies' Aid Association, in connection with the Homœopathic Hospital, was held in the Masonic Hall on Friday, April 26, Lady Edeline Strickland (Patroness) in the chair, and a large number of friends and sympathisers being present.

The Hon. Secretary (Mrs. E. Lord) read the following report : "I have the honour to present to you the fifth annual report of the Ladies' Aid Association, and am pleased to record continued satisfactory progress. The interest of the members has been well maintained, good work has been done, and the welfare of the patients in the Hospital has received constant attention. Eight new members have joined during the year, the number of members being now eighty, and the meetings have been well attended. On the other hand, we have to record the loss of two members, one of whom, Mrs. Smith, has left Tasmania on a visit to England, and it is unlikely that she will return to this State. Miss Halstead also, one of our most active and willing workers, has been obliged to give up the work on account of her increased public duties. Our country members have, as usual, been well to the fore with gifts of fruit, vegetables, &c., the Matron of the Hospital being always grateful for assistance in this line. The new verandah of the Hospital has been found to be of great benefit, and the Ladies' Aid Association may take to themselves credit for having contributed largely to its construction. Patients can now have the advantage of fresh air without the troublesome effort of being carried downstairs or out into the open, the

doors on the verandah, both upstairs and downstairs, opening directly out of the wards. A very pleasing feature of the year has been the endowment of a bed at the Hospital by the Ladies' Aid Association, for the use of any deserving case, either man, woman, or child."

In the course of his speech Alderman Gould remarked that they had recently lost the services of Dr. Gerard Smith, who had been a great help to the Hospital, and especially to the children's ward, and he could not let the occasion pass without saying that the management felt his loss very much.

THE PHILLIPS MEMORIAL HOSPITAL. ANNUAL GENERAL MEETING.

ALTHOUGH held on Midsummer Day the climatic conditions of that day did not admit of the meeting of the subscribers and friends of the Hospital being held in the grounds of the Hospital as was intended. The meeting was held indoors instead, and there was a good attendance.

The President (Alderman Sir G. Wyatt Truscott, J.P.) presided, and was supported by the Mayor of Bromley, Alderman James. Among those present were the Mayoress of Bromley, Lady Truscott, Alderman and Mrs. Lindsay Bell, Mr. J. Churchill (Chairman), Mr. T. Bennett (Treasurer), Mr. Wyborn (Secretary), Dr. and Mrs. Madden, Dr. Wynne Thomas, Mr. and Mrs. Henly, &c.

The eighteenth annual report having been taken as read, the President proposed the adoption of the Report and Statement of Accounts, and congratulated the Committee on the satisfactory report. He pointed out that the casual observer would think the hospital in a very flourishing condition financially, as there appeared a surplus of income over expenditure, the reason being that the hospital had benefited by two large legacies. But the list of subscribers did not grow, he therefore urged all present to try and get one or two new subscribers during the year. He called attention to the considerable addition that had been made consequent upon opening the Children's Ward; that enlargement meant an increased staff of nurses, which necessitated building extra nurses' bedrooms and a nurses' sitting room, but he believed

the public of Bromley would not allow the Committee to have any anxiety with regard to maintaining the Children's Ward or in providing the extra expenditure for the nursing staff. He spoke appreciatively of the formation of the Ladies' Guild and the good work it had already accomplished. In conclusion, he called attention to the last page in the Report setting forth the "Needs for 1907."

(1) £2,250 to be invested for the permanent support of the Children's Ward ; or—

(2) The endowment in perpetuity by three or less donors of three cots at £750 each ; or—

(3) The annual maintenance of these cots at a cost of £26 each.

The Mayor seconded the adoption of the Report.

Mr. P. A. Waites proposed, and Mr. Trevor Francis seconded, the election of the President, Committee and Medical Staff, the resolution being agreed to.

Mr. J. Churchill, on behalf of the Committee, and Dr. Madden on behalf of the Medical Staff, responded.

Mrs. Madden returned thanks for the Ladies' Committee, and Mrs. Hodder Williams on behalf of the Ladies' Guild.

The proceedings having been terminated by a vote of thanks to the President, tea was served in the Board Room at the invitation of Sir George Truscott.

H. W. T.

Correspondence.

ANGIO-NEUROTIC ŒDEMA.

To the Editors of THE BRITISH HOMŒOPATHIC REVIEW.

DEAR SIRS,—If Dr. Newberry will refer to p. 301 of "A Manual of Nervous Diseases and their Homœopathic Treatment," by Dr. G. F. Martin, of San Francisco, he will find a good description of this disease and its treatment. The book is in compend form and published by the Medical Century Company, New York.

I have a case under treatment at the present time, the attacks recurring about fortnightly, but so transitory is it that I have only seen the boy once with it distinctly developed ; it

then affected the right side of his nose and under the eye, where there was a decidedly baggy condition, though not pitting on pressure. His mother says that it mostly appears on the one side, only once having done so on the other. "The symptoms of the disease are so peculiar that it is not easily mistaken for anything else." "The sudden appearance of the œdema at intervals, without evidences of inflammation, is the pathognomonic condition for the diagnosis" (Martin).

I hope to get a snapshot of him some day, but so far I have not been sufficiently fortunate.

Sunderland,
July, 1907.

Yours truly,
J. CALL WEDDELL.

DUODENAL ULCER.

To the Senior Editor of THE BRITISH HOMŒOPATHIC REVIEW.

DEAR SIR,—I have just read your article on Duodenal Ulcer. You do not mention *arg. nit.* as being a likely medicine. I have it from Dr. Wilkinson, who is Dean of the Manchester Royal Infirmary (and he is candid enough to say that the late Sir William Roberts gave it to him as a useful and reliable therapeutic hint), that in all cases where pain is experienced two to three hours after food, whether accompanied by other symptoms of duodenal ulcer or no, he invariably prescribes *pil. arg. nit.* gr. $\frac{1}{8}$ to $\frac{1}{4}$ *ter die post cibos*, and he has never known it to fail in relieving the pain as if by magic. In addition, he gives the usual mixture of *bismuth* and *soda*, *nux vomica*, *acid hydrocyanici dil.*, &c. My brother and I have just cured a case of duodenal ulcer, which had been for many months under treatment by an eminent local practitioner, although, I fear, without having been diagnosed as such, and since I prescribed *arg. nit.* 4 and 3 x. she has rapidly progressed to what appears to be a perfect cure.

In similar cases I have had good results from *anac.*, *nux vom.*, *kali bich.*, and *acid mur.* I should recommend the *arg. nit.*, of course not in the large doses suggested by Dr. Wilkinson, as he warns against the intractable pigmentation which the prolonged use of the drug produces, but, say, in

tablets of gr. i. or ij. of the third decimal attenuation. If given in solution it should be well diluted, as some mouths are sensitive to its caustic effects, even in the 3 x.

I remain,

Yours sincerely,

Ashton-under-Lyne.

CHARLES S. SPENCER.

Foreign Reports.

FRANCE.

DURING the last few days there has taken place at Paris an event that should be the beginning of a new epoch for homœopathy in France.

Dr. Huchard, a physician of the Hopital Necker, and a member of the Academy of Medicine, so well known by his works on heart diseases, was giving a lecture before several other physicians of the hospitals of Paris. . After having spoken of the very small doses of *digitaline* which he often uses with such success, he added that they were truly homœopathic doses. Thence he went on to make a profession of faith, saying that the drugs often act homœopathically, according to the principle of Hippocrates, *similia similibus curantur*, and what produces strangury in the healthy cures strangury that is present in disease; and that frequently physicians prescribe homœopathically without knowing it. We have, he said, no method, and there is one. He admitted, however, some restrictions, for, not knowing their action, he does not yet admit high dilutions; still, he employs with a great success insoluble drugs, which he often prefers to others.

It is well to say that Dr. Huchard is a faithful reader of *L'Art Médical*, and is well acquainted with Drs. Jousset and Tessier; and that recently he had the opportunity of reading the work on homœopathy that Dr. Sieffert is about to publish. This book on general therapeutics is very interesting, and is to be edited under the eye of Dr. Pouchet, Professor of Pharmacology in the Faculty of Medicine, who became

enthusiastic over the doctrines he has read and discovered there, as one may say.

Perhaps one may hope to see in this the dawn of a new day, for the hostility against homœopathy is due almost entirely to the fact that it is not well known. At all events, the lecture of Dr. Huchard was provocative of no hostility from his numerous medical auditory.

At the last meeting of the French Homœopathic Society, Dr. L. Vannier recorded a case of poisoning by infinitesimal doses. The case in question was a young dog that swallowed twenty granules of *arsenicum* 6. It was taken with symptoms resembling chorea and paralysis; while its hair became bright, glittering, plentiful, and it fell into a cachectic state that obliged him to kill it.

This lecture raised many objections. The young animal, Dr. Jousset said, was simply affected with a disease of young dogs; for the drugs at the 6th dilution, that have so strong an action in illness, cannot produce intoxications. We entirely agree, and elsewhere we have been informed that the lady proprietor of the young dog presents herself pathogenetic symptoms every time she takes a drug, even at high dilutions.

It was not a case of poisoning by a 6th dilution; and it shows we must not too rapidly jump to conclusions that, after having been adversely criticised by our adversaries, would become an argument against us.

DR. PAUL TESSIER.

GERMANY.

(Continued from p. 433.)

THE paper of Dr. Dammholz, Berlin, deals with "The Homœopathic Treatment of Gastroenteritis of Infants." The speaker recalls the fact that the dominant school of medicine does not possess any remedy against the first commencement of the disease mentioned, whereas homœopathy has the great advantage of owning powerful medicines, not only against the fully developed diseases, but also against the first commencements. Very often it will not be necessary to change the food

of the child if one administers the proper medicine. In many cases the insufficient assimilation of the food is due to a

SCROFULOUS, TUBERCULOUS, OR LUETIC CONSTITUTION.

Especially in such cases our *constitutional remedies* render splendid services.

Calcarca carbonica : In cases of large fontanelles, perspiration of the head, wet cold feet, aversion to milk, undigested milk in the stools, predilection for eggs ; often rattling cough.

Calc. phosph. : Delicate children, habitus phthisicus and hydrocephalus.

Calc. phosph. acid or *biphosph.* (Windelband) : Hereditary tuberculous condition. *Calc. phosph.* and *calc. biphosph.*, in many cases combined with *tuberculin* 30 to 200, in single doses.

All three *calc.* preparations are excellent remedies to create an appetite.

Merc. sol. : Yellow, earth-coloured face ; large head, glands, heavy perspirations by night.

Baryt. carb. : Emaciation of the body with thick face and swollen abdomen, constant lethargy, hard scrofulous glands.

Phosphorus : Painless diarrhoea of undigested food ; dry cough.

Sulphur : Children are very greedy, put everything in their mouths, pronounced redness of all mucous membranes ; perspiration in the morning and often excoriating stools.

China. : Swelling of liver and spleen, heavy weakening perspiration, often undigested stinking stools and tympanites.

Pulsatilla : Constant change of all symptoms, every motion is different ; at night-time often diarrhoea.

TABES MESENTERICA.

Arsen. : Parchment-like skin, violent thirst, and therefore drinking little and often ; great restlessness at night, painful stinking stools.

Silicia : General emaciation, with large head and tympanitic abdomen, perspiration smells badly, child screams much.

Abrotan. is a splendid remedy in cases of great emaciation, with tuberculous abdominal glands and ascites. Is often combined with *calc. ph.* or *tuberculin*.

DISEASES OF THE MUCOUS MEMBRANE OF THE INFANTILE DIGESTIVE TRACT.

Aphthæ.

Calc. carb. : Especially during the period of teething ; undigested light-coloured stools, good appetite and still emaciates.

Sulph. : Copious aphthæ, salivation, bloody saliva, excoriating, greenish diarrhœa, frequent awaking.

Chamom. : Great restlessness, child wants to be carried constantly, screams in sleep ; teething period.

Borax : Light yellow, slimy stools ; screams on downward motion ; stops often when drinking, as if in pain.

For Severe Cases.

Merc. sol. (or *Merc. eventually corros.*) : Inclination to hæmorrhage of gums, severe aphthæ, much salivation, stinking breath, dysenteric motions with tenesmus.

Acid. nitr. : Similar symptoms, with excoriating salivation, causing new ulcers.

Arsen. : Inflammation, aphthæ, great restlessness, watery greenish stools, great debility and emaciation.

Baptisia : Ulcers existing for a long time ; unable to swallow.

GASTRO-ENTERITIS INFANTILIS.

Aconite : In acute cases with fever, vomiting, great restlessness, thirst.

Chamom. : Vomiting of food and bile, tasting sour or bitter ; diarrhœa during the period of dentition.

Ipecac. : Constant nausea, vomiting, green loose stools, mixed with mucus.

Antim. crud. : Tongue thickly coated (white), violent vomiting of slime and milk, painful watery motions, prolapsus recti.

Æthusa. cynap. : Child vomits milk forcibly soon after drinking ; falls asleep and wants, when awaked, more food. Stools yellow or greenish ; before motion cutting pain in abdomen. Convulsions with agony. Dilated pupils, eyes turned upwards, constant thirst, great emaciation.

Arsen. : Immediately after meals vomiting, great restless-

ness, thick dark green or watery dark stools, pale, death-like face.

Carbo. veget. : Involuntary stinking stools, flatulency, great emaciation, all vital powers depressed.

Bryonia : Vomiting soon after meals. Stools often undigested, thin and brown. Moving of child aggravates ; when sitting up nausea and fainting fits. Thirst, drinks in long draughts.

Veratr. alb. follows often after *arsen.* : Vomiting caused by the smallest quantity of food and aggravated by the smallest movement. Stools green, watery, with flocks. With every passage of flatus a motion ; severe colic before motion. Cold perspiration on forehead. Great thirst for cold water.

Phosph. : Thirst for cold beverages, but as soon as they get warm in stomach vomiting follows. Stools white, watery, with flat particles ; rumbling in abdomen with pain.

Acid. phosph. : White or light yellow stools. Great thirst. Loss of appetite. Children not very much weakened although diarrhoea exists for a long time ; rumbling in abdomen without pain.

China., in contrast with *acid. ph.* : Great weakness, resulting from loss of vital fluids by diarrhoea ; tympanitic abdomen. Colic, better by bending double.

Podophyll. : Green, watery, foetid, profuse stools with flour-like sediment ; rumbling before stools ; often prolapse of rectum. Cramps in lumbar region and calf of the leg ; worse in early morning and in hot weather.

Mercur. ; Frequent stools, green, slimy or bloody, never-get-done-feeling, worse at night, excoriating.

Calc. carb. : As above mentioned, also swollen, tympanitic abdomen ; otherwise emaciation in spite of good appetite. Vomiting of sour substances, especially coagulated milk ; also milk curds in stool.

Rheum. : Sour stools, frequent, brown, with shivering and pressing ; tenesmus, whole child smells sour. Sour diarrhoea also with *calc.*, *magnesia carb.*, *hepar.*, &c.

Discussion.—The President remarked that in sour diarrhoeas *calcareo acetica* is better than *calc. carb.*

Calomel (merc. dulcis) only in catarrh of small intestines. *Merc. corros.* only in catarrh of colon and rectum.

Dr. GISEVIUS mentions *cuprum arseniosum*, *croton tigl.*, *gambogia*, and *iris versicolor* for the different kinds of diarrhœa attended with vomiting. In a case of persistent vomiting and diarrhœa *apomorphine* was successful.

Dr. BURKHARDT advises *kreosote* when vomiting of food occurs several hours after eating.

Dr. KRÖNER would not like to miss *kali chlorat.* in cases of aphthæ with diarrhœa and albuminuria.

Dr. ZWINGENBERG recommends *ipëcacuanha* and *veratrum* in vomiting combined with diarrhœa, if there are no special symptoms.

Dr. KRANZ (*Weimar*).

Therapeutic Digest.

YEAST THERAPY.—Professor Roos, of Freiburg, in an article on yeast therapy, remarks that during the last six or eight years many dermatologists have called attention to the value of yeast in the treatment of furunculosis acne and similar skin diseases, accompanied by suppuration. It was given in the form of beer yeast, in doses of a tablespoonful three times a day. In some cases flatulence and diarrhœa resulted and was attributed to the fermentation caused by the yeast in the starchy food, for this trouble ceased when carbohydrates were excluded from the diet.

It was supposed that the curative properties of yeast were due to its most obvious peculiarity, viz., that of inciting fermentation, but Professor Roos finds that yeast still possesses therapeutic properties after it has been heated for a length of time and its enzymes destroyed. He made a research to discover to what body in the yeast its curative action was due, and succeeded in isolating a fatty substance which is contained to the amount of about 3 per cent. in dried yeast, and which he named *ceridine*. This, without producing any flatulence or fermentative symptoms, is mildly laxative and proves to be a valuable aperient. A prolonged administration of an average of two pills, each containing 0.1 grm. of *ceridine*, twice daily, will bring about regular motion of the bowels in 80 per cent. of

cases of constipation, not too severe or due to organic causes; and no tendency to constipation is left when treatment is discontinued. It also has the same influence as fresh yeast on skin affections. Of twenty-seven cases of furunculosis treated with *ceridine*, twenty were either cured or much improved; and of thirty moderately severe cases of acne only three showed no signs of benefit, and in some the cure was astonishingly rapid.—*Folia Therapeutica*, January, 1907.

THIOSINAMIN.—Dr. Ewald, Professor of Medicine in the University of Berlin, makes some interesting remarks concerning *thiosinamin* and its action on scar tissue. *Thiosinamin* is a derivative of the ethereal oil of mustard, an allylthiourea compound in which an atom of an amido group is represented by the allyl remainder. It has been repeatedly used with good results in post-operative troubles resulting from scar formation, in the strictures following the action of corrosive poisons, in scars of the skin resulting from burns, and in those collections of fibrous tissue which appear in the train of chronic inflammatory processes in the stomach, ovaries, and urinary passages. Hebra has praised its action in lupus. It has no influence on malignant growth. Professor E. Neisser, of Stettin, has narrated a remarkable case as follows: A man, aged 50, as the result of the corrosive action of caustic soda on his throat and œsophagus, had acquired an absolutely impassable stricture of the latter, which for eight years had been variously treated. In 1903 a gastric fistula was established. He began to be treated with *thiosinamin* on July 14th, 1905, receiving into his arm as a first injection a solution of *thiosinamin* 2 parts, *glycerine* 8, and *distilled water* 10. Injections were made every second day, and after twenty-four injections he was discharged cured, and up till now (January, 1907) has continued free from symptoms and able to swallow the largest mouthful with ease. Half a syringe-ful was injected at a time from a Pravaz syringe.

Fribrolysin, which is a water-soluble combination of *thiosinamin* with *sodium salicylate*, produces the same results.

All observers are agreed that in using *thiosinamin* preference should be given to those cases in which the cicatricial process is of long standing, as in scars of recent origin it is

said to cause a recurrence of the original inflammatory process.

—*Folia Therapeutica*, January, 1907.

ACTION OF THE SALTS OF BARIUM ON ARTERIO-SCLEROSIS.

—Dr. Francois Cartier, in an article on the action of the *salts of barium* on arterio-sclerosis, draws attention to its use in cerebral affections due to this condition. He recommends it for headaches more or less severe, but without acute crisis, occurring in old people, and where the symptoms are often heaviness of the head rather than pain. Also for vertigo due to cerebral anæmia caused by sclerosed arteries, and for noises in the ears in similar conditions.

He does not think *baryta* suitable as an immediate remedy for apoplexy, but regards it as most useful for its remoter consequences, such as paralysis following apoplexy, headache and childishness, and difficulties in speech—the result of old hemiplegias.

He confirms the observation of others as to its power to influence favourably aortic sclerosis and aneurism, and recommends in these cases its use in the 3rd, 6th, or 30th alternation in alternate weeks with *iodide of sodium* in allopathic doses.

Finally, he commends its employment in arterio sclerosis of the lung, that is to say in senile asthma, a complaint in which, judging from his own experience, he would say *baryta* developed its greatest energy. He relates the following case : “ My patient is aged seventy-seven and presents all the signs of arterial degeneration ; arteries like pipes and in zigzags wherever one can touch them. He had suffered since he was seventy from an asthma which he could not get rid of. After examining his arteries I gave him *baryta carb.* 6 and 30. I saw him no more till the end of eighteen months. He was then completely transformed, easily mounting stairs, and having passed a winter which had seemed to him like paradise on earth. Much struck, I asked him what he had done, and he replied that he had without interruption taken *baryta carbonica* during the eighteen months. I did not think I had made a prescription available for so long a time. I examined him again and found that his arteries still felt like pipes, and that notwithstanding his praise of the *baryta* this remedy had not rejuvenated them ; but his lung breathed ! Evidently *baryta* modifies arterial tension and

relieves the person suffering from arterio-sclerosis rather than the arterio-sclerosis itself.—*Journal Belge d'Homœopathie*, Jan.-Feb., 1907.

JUSTICIA ADHATODA.—Dr. Sarat Chandra Ghose, in an article sent to the *Journal Belge d'Homœopathie*, gives an account of the *justicia adhatoda* with four provings, and several clinical cases in which it has been successfully used.

It is a small tree or large shrub which grows in India and flowers during the cold season. The fresh leaves are used.

The provings were made on men aged from 27 to 32 with drops of the tincture, and the following were the principal symptoms :—

Mental irritability with distaste for conversation.

Head full and heavy, with oppressive frontal headache ; heat of the head.

Eyes bathed with tears ; burning sensations in the eyes.

Ears, all sounds insupportable.

Nose, profuse fluid coryza, constant sneezings, nose swollen and tender, nostrils obstructed and ulcerated ; loss of smell and taste.

Face hot, burning, red ; pains ameliorated by pressure.

Teeth, shootings in the teeth extending to the face.

Mouth, dryness with thirst ; white coating on tongue.

Throat, dryness ; pain as of ulceration during empty swallowing ; tenacious mucus only detached by repeated hawking.

Appetite entirely lost, taste insipid and putrid.

Nausea and vomiting. Vomiting of mucus on coughing, followed by weakness and pallor.

Abdomen, pains in the hepatic region, lancinating and gnawing ; abundant flatus with borborygmi.

Stools, liquid evacuation mixed with mucus, slight colic relieved by stool.

Respiratory organs: Cough, râles in the chest ; painful sensibility of the larynx to pressure. Frequent attacks of cough with sensation of suffocation, often with vomiting, sneezings, shootings in chest, and redness of the face. Paroxysms of coughing with expectoration of sanguinolent mucus, or of thick yellow mucus, worse at night.

Generalities : Marked susceptibility to exterior impressions.

Fever : Pulse accelerated and hard ; temp. 102° ; shivering from time to time.

These symptoms suggest its use in violent colds and coughs and particularly in whooping cough, and Dr. Ghose gives several cases of whooping cough where the medicine given in 1x to 3x dilution every two or three hours, effected speedy improvement. Cases of bronchitis and one of commencing phthisis were also cured by it, as well as one of broncho-pneumonia. Common colds with much fluid coryza were at once checked.

Dr. Ghose lays stress on the sneezings as an indication for it in coryza ; the cough, he says, is incessant and severe, the chest seems full of phlegm and there are constant mucous râles, but there is little expectoration, and that only after repeated coughs, and is a thick yellowish mucus ; the cough is spasmodic and associated with much dyspnœa and sense of suffocation, and there is often vomiting with it.

Constipation was present in nearly all the cases cured by *justicia*, and was one of the first symptoms to be relieved.—*Journal Belge d'Homœopathie*, Jan.-Feb., 1907.

AN INFALLIBLE SIGN OF DEATH.—Dr. Icard, of Marseilles, the discoverer of the “fluorescine diagnosis” of death, the application of which is obligatory in a great many towns in France, has recently issued a new volume on the changes arising from apparent death, with means to be employed to avoid it.

The diagnosis by *fluorescine* has one disadvantage in that it can only be made by a doctor, and so when a doctor is absent, as is often the case in the country, the danger of premature interment is still to be feared.

To meet this case Dr. Icard has invented a test so simple that it can be used by anyone. It depends upon the fact that putrefaction, the surest sign of death, occurs in the lungs before its signs are visible on the surface of the body, and is attended by the formation there of a great abundance of sulphurous gases, which escape thence by way of the nasal fossæ. It is sufficient therefore to introduce into the nasal fossæ or to place under one of the nostrils a small piece of ordinary writing paper on which is traced in a neutral solution of acetate of lead

any writings or inscriptions. These are invisible and the paper appears white until the sulphurous gases come in contact with it, and immediately reveal the inscription by the formation of the black sulphide of lead. The body can in this manner be made to declare its own death ; it can itself say "I am dead," and in doing so furnishes the proof of the truth which it affirms.—*Revue Homœopathique Française*, Jan., 1907.

A CASE OF DIPHTHERIA.—Dr. J. N. Majumdar relates the following case : A young boy, aged 2, had been ill with diphtheria for six days, and had been under allopathic treatment till the evening of the sixth day, when, in consequence of its being proposed to use antitoxic injections, Dr. Majumdar was called in. The child was extremely prostrated, pulse small and frequent, rattling breathing and partial cyanosis. The throat and back part of the tongue covered with dirty grey membrane. He gave *antim. tart.* 200, four doses, to be repeated every hour. About midnight the gasping for breath became slightly less, otherwise no improvement. Early the next morning the patient was in the same lifeless condition, with slight improvement in respiration, but with a hoarse, whistling sound going on regularly, which reminded him of our great croup remedy—*bromine*.

He gave *bromine* 6 to be administered every three hours during the day. In the evening the patient was decidedly better ; he had opened his eyes and was asking for food, a thing he had not done for three or four days. *Placebo given*.

On the fourth day of his treatment, Dr. Majumdar gave a dose of *lachesis* 200, as slight difficulty of breathing persisted. On the sixth day the patient was discharged cured. The boy is a hale and hearty child to-day.—*The Indian Homœopathic Review*, November, 1906.

VARIOLINUM.—Dr. P. C. Majumdar relates his experience in the small-pox epidemic in Calcutta in the beginning of 1906. In the first stage of the attack where the fever is high, and where there are vomiting, pains in the loins and nervous symptoms, he found *belladonna* the most generally useful medicine ; but after the sphere of *belladonna* had passed, and the suppurative stage of the disease had commenced, he gave two or three doses of *variolinum* 200, and found that enough

to bring the illness to a safe termination. Many of the cases were serious forms of confluent small-pox, and a peculiarity of the epidemic was that many of these cases were marked by convulsions, which were quickly subdued by *cuprum met.*, and in a few cases by a high potency of *hyoscyamus*.

Calcutta, during the last quarter of a century, has been visited by a severe epidemic of small-pox every five years, and Dr. Majumdar has relied on vaccinium as a preventative and hitherto with success, but in this last epidemic it failed in some cases. He narrates cases where *variolinum* was used during the progress of the disease, of which the following is one:—

On February 8th a young girl, aged 7, came under treatment for a very bad attack of small-pox. It was the sixth day of the disease. She was drowsy, fever high, delirium, prostration. *Gelsem.* 30, every four hours.

Better next day. *Placebo*.

February 11th.—Pox became black; drowsiness reappeared; inability to swallow, loose cough. *Antim. tart.* 30.

Next day not at all better, delirium increased, total inability to swallow. *Variolinum* 200, one dose every six hours for three doses.

The case at once took a favourable course, and no more medicine was required. Desiccation was completed in three weeks' time.—*The Indian Homœopathic Review*, November, 1906.

PROVING OF MAGNESIA PHOSPHORICA.¹—Students at the College of Homœopathic Medicine of the State University of Iowa during March, 1906, made a re-proving of *mag. phos.* Eight persons in all were provers, six male and two female. The provings were conducted in accordance with the instructions of the O. O. and L. Society, and extended over one month. In the first week a placet was given, the drug during the next two weeks, and the last week was left clear for the study of symptoms persisting after cessation of the remedy. The 30x was given the first five days, the 3x for the next five, and the 1x in steadily increasing doses during the last four days.

The chief results of the proving were as follows:

There was a general lowering of tone of the nervous system, with mental and physical debility.

¹ Abstract of a paper read before the International Homœopathic Congress, by B. R. Johnson, M.D. Cedar Rapids, Ia.

In nearly all cases there were pains in the head, which were intermittent, darting, and mostly left-sided, aggravated by quick motion, stooping and jarring, relieved by pressure and by walking in the open air.

The symptoms of the respiratory and circulatory systems were like those of phosphorus.

There were colic pains in the abdomen, cramping, coming on before stool and persisting after, with relief from warmth and pressure.

One of the women provers reports with regard to menstruation as follows :—"Menses began at 8.45 with a gush of bright red blood and a relief to head symptoms, but severe cramping pain came on over the entire pelvis, and sharp pains in both ovaries and small of the back. Could feel the womb contract, forcing out the blood. The cramp returned every 15 minutes for an hour; finally, I got the hot water bottle, which gave prompt and decided relief, so that I passed a comfortable six hours even while taking five tablets (of *mag. phos. ix*) every hour."

Constipation was the rule—the stool being dry, hard, dark brown, and passed with difficulty. One prover who had had habitual constipation of this character for over ten years was cured.

Vertigo was present in the majority, on stooping or moving the head, relieved by walking in the open air, and three provers had a sensation as if the contents of the brain were liquid and moving about.

It will be seen that the symptoms of phosphorus predominated in the provings, especially in the head and chest symptoms; the magnesium element was displayed chiefly in the cramping character of the pains and in the stool, in the abdominal and pelvic symptoms.—*North American Journal of Homœopathy*, February, 1907.



Obituary.

THE LATE DR. WM. SUGDEN WRIGLEY.

IT is with the deepest regret that we record the death of Dr. William Sugden Wrigley, second son of Mr. and Mrs. William Wrigley, of Wesley Villa, Rawtenstall, whose death took place at his father's house on Saturday, June 22, after a severe illness, extending over a few weeks. The deceased was only 26 years of age last September, and he leaves a young widow, to whom he was only married twelve months ago. The day of his funeral was the anniversary of his wedding according to the day of the week, his marriage taking place last year on Tuesday, June 26. His death was not unexpected, as it had been known for some days that his life was gradually ebbing away. The news of his decease was received with universal sympathy throughout the district, where he was genuinely respected, deep regret being expressed that one whose future was so full of promise should have been taken away at so early an age. Leaving Newchurch Grammar School, Mr. Wrigley became a student at the Victoria University, Owen's College, Manchester, where he took up studies for the medical profession, and he devoted all his energies to preparing for that great branch of science, taking his medical degrees some three years ago. Having qualified, he showed a preference for homœopathy and became assistant to Dr. Finlay, at Rawtenstall, with whom he remained for two years, practising with much success and winning a warm place in the hearts of all his patients. His attention and kindness during these two years' work amongst his own people are still warmly appreciated. In June of last year he married Miss Mildred Ryan, of Marple Bridge, and then he began practice at Nelson, where he and his wife established their home. In those twelve months he has been very prosperous professionally, and by assiduity and perseverance he has built up a practice that has been a surprise to his friends. At Nelson, as at Rawtenstall, he was highly esteemed. Some weeks ago he was taken ill, and went to Torquay in the hope of recuperation, but this was not to be, and the insidious disease of phthisis, from which he suffered, made rapid progress. A fortnight ago he was brought to his father's home,

where he passed away as stated. He was attended to the last by Dr. Finlay.

ALEXANDER VON VILLERS.

WE regret to announce the death of Dr. Alexander von Villers, at Dresden, on June 28th. We hope to be able to give further particulars next month.

Reviews of Books.

T. B. BROWNE'S DIRECTORY FOR 1907.

WE have received a copy of this book, which is the twenty-first annual issue. It is called "The Advertiser's A B C," and the endeavour of the publishers is to present a faithful record of the Advertisement Press of the British Empire, with its scales, circulations, and other advertising values. The plan of the work is to present first in alphabetical order a directory in brief, or general index of all publications open to receive advertisements, whether daily, weekly, or monthly, and this is followed by detailed information, especially with regard to advertising facilities and scales of charges of the London and suburban newspapers, periodicals, magazines, &c. ; and then similar information concerning publications in the country districts, the Colonies and India. There are also literary articles about advertising, such as "The Need for Art in Advertising," &c. It is a book which those to whom advertising is of importance cannot afford to neglect.

Notices, Reports, &c.

DR. ASHTON has asked us to notify that he has obtained leave of absence from his duties at the London Homœopathic Hospital and the A.V. Hospital, Battersea, for "at least six months." He has also ceased to see patients at 5A, New Burlington Street, W., so that only communications addressed to him at 13, Onslow Crescent, South Kensington, will be attended to.

LONDON MISSIONARY SCHOOL OF MEDICINE.

THE Fourth Annual Meeting and Prize Distribution was held in the Board Room of the London Homœopathic Hospital on the afternoon of Friday, June 21st. Captain James Cundy, J.P., took the chair, and was supported by Sir John Kennaway, Bart., M.P., and Rev. J. A. Vanes. There was a large and enthusiastic audience. The Missionary School is carried on under the auspices of the British Homœopathic Association, at the London Homœopathic Hospital, the Board of Management of which puts every facility at its disposal. The pupils are men and women about to enter the mission field, or those who, having already entered it, desire to be furnished with a certain amount of medical knowledge before going back again to their respective spheres of work. After an opening prayer, Captain Cundy delivered an admirable address to the students. This was followed by the reading of the Annual Report by Dr. T. Miller Neatby, and then Dr. Edwin A. Neatby read a number of interesting letters from former pupils, dated from various foreign mission fields, all of which bore witness to the great value of the medical and surgical training they had received at the courses of instruction they had attended at the London Homœopathic Hospital. Miss Wakeford, Z.B.M.M., followed with a short account of work in India, after which Ernest Shaw, Esq., distributed the prizes to the most successful students. The prizes are the gift of Captain Cundy, and are called "The Cundy Prizes."

The first prize for men was awarded to George F. Shears, of Harley College, Bow, who is going as a missionary to Peru. The prize consisted of an Instrument Case, an Ambulance Case, and a copy of Nash's "Leaders in Therapeutics."

The second prize for men, consisting of an Instrument Case and an Ambulance Case, was awarded to W. T. T. Millham, of Harley College, Bow, and who is also destined for Peru.

The first prize for women was awarded to Annie Bennett, of Mr. Huntington Stone's Institution, Greenwich, and consisted of a Medicine Chest, an Ambulance Case, and a copy of Nash's "Leaders in Therapeutics."

The second prize for women was awarded to two ladies who were equal, and both received prizes consisting in each

case of a Hypodermic Case with Instruments and a copy of Johnson's "Therapeutic Key." The recipients were Louisa Engwall and Helen E. A. Coponet, both of Mr. Huntington Stone's Training Institution, Greenwich.

An additional prize was given by Robert Lovitt, Esq., L.D.S., for dentistry, and was awarded to W. T. T. Millham. It consisted of a Case of Dental Instruments.

Mr. Shaw, after distributing the prizes, gave a short but encouraging address to the students, and Mr. George F. Shears, the senior prize winner, said a few words of thanks and of appreciation of the advantages of the School.

Further speeches were made by Sir John Kennaway, Bart., and by Rev. J. A. Vanes, and a vote of thanks to the Chairman, proposed by Dr. Burford, brought the proceedings to a close.

BRITISH HOMŒOPATHIC ASSOCIATION COMPETING ESSAYS.

IN competition for the prize of Twenty Guineas, offered by the British Homœopathic Association for the best essay in explanation of Homœopathy for popular reading, ten essays had come to hand by July 1st. Distinguished by their mottoes they are as follows:—

Vincit Veritas; One of the Crowd; De lege; Spero; Prævalebit; Magna est Veritas et Prævalebit; Res non Verba Quæso; Not argument, but effort shall decide; Gutta cavat lapidem non vi sed sæpe cadendo; "Officer: 'What doest thou, Corporal, with thy parchment and inkhorn?' Corporal: 'Feeding babes with milk, my lord.'"

No essays received after July 31st will be accepted for competition.

BRITISH HOMŒOPATHIC SOCIETY.

THE first meeting of the Annual Assembly was held on Wednesday, July 3rd, when a very interesting Cinematograph Demonstration was given by Mr. Chas. Urban, F.L.S. After showing a variety of scenes of natural history objects, *e.g.*, fish swimming in tanks, lizards, newts, dytiscus beetle,

and the water spider—also microscopic pond life, infusoria, vorticellæ, daphne and volvox globator, Mr. Urban passed on to a series of surgical operations, in which M. Doyen (of Paris) and his assistants were seen operating.

The possibilities of the cinematograph as a means of illustrating and preserving records of this kind are very great. Not only in surgery, but also to a lesser extent in medicine this method of photography can be employed. The stages of an epileptic fit can be shown, or the movements of chorea, or the peculiar gait of paralysis, &c. The pictures shown were only surgical—various operations on the thyroid gland. All the steps of the operation could be seen more than life size. The incision, the flowing blood, the assistant using his swabs, the surgeon removing the thyroid cyst, tapping it, with the realistic spurting of its contents, dissecting the pedicle off the trachea, and finally, the application of the sutures. Next came a large myxoma of the thigh, which was enucleated and removed in a most realistic manner. The operation for lumbar nephrectomy was next shown in all its stages. M. Doyen employs a peculiar écraseur to crush the pedicle, and into the groove thus made he puts the ligature. The anæsthetist is observed watching the state of the pupil, and the nurse is seen coming up with the dish to receive the organ as soon as it is removed.

After this display, Mr. Dudley Wright read an interesting paper entitled “Some Cases Illustrating Surgical Affections of the Ureter.”

CASE 1.—Showed how a pouch in the ureter caused hydronephrosis.

CASE 2 was that of a boy who had had the kidney removed, and two months later the ureter on the opposite side became blocked with a calculus, causing anuria.

CASES 3 and 4 showed calculi impacted in the upper part of the ureter causing hydronephrosis.

In all cases relief was given by successful operations.

In the fifth case a calculus was impacted in the ureter at the pelvic brim, and a skiagraph was taken which showed this.

On the second day, July 4th, an “Index of Clinical Cases reported in the British Homœopathic Journals, with record of

essays and papers on special subjects," was presented to the Society, and copies were subsequently sold to members. This is a work of extreme value, and is the result of many years painstaking work by the editors, Drs. Epps and Burford.

During the evening Dr. Burford gave an account of his recent experiences when he gave evidence before the Royal Commission appointed to report on Vivisection. This is the first time in the history of England that Homœopathy has been accorded such a hearing, and we may be sure Dr. Burford made good use of his opportunity. The evidence will appear in full in one of the "Blue Books," and forms an epoch in Homœopathy.

The meeting then proceeded to the election of the officers for the next session : President, Dr. H. Spiers Alexander; Vice-Presidents, Drs. McNish and Ord; Treasurer, Dr. Blackley.

ERRATUM.—In our July issue, p. 418, line 21, for "treating," *read* teaching.

B.H.S. GOLF.

In the second round of the Golf Tournament, Byres Moir beat Knox Shaw at the 22nd hole; Frank Shaw scratched to H. Mason; Wynne Thomas beat J. Johnstone; J. Powell scratched to E. Capper.

H. W. T.

NOTICE TO CORRESPONDENTS.

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

All MSS. should be in the hands of the Senior Editor by the 15th of the month at the latest.

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BOOKS AND PERIODICALS RECEIVED.

St. Louis Medical Review, The American Physician, The Calcutta Journal of Medicine, Medical Century, The Medical Times, The Vaccination Inquirer, Le Mois Medico-Chirurgical, The Hahnemannian Monthly, The Chironian, The Homœopathic Envoy, The New England Medical Gazette, Pacific Coast Journal of Homœopathy, The Medical Brief, The Homœopathic Recorder, The North American Journal of Homœopathy, The Homœopathic World, The Indian Homœopathic Review, Universal Homœopathic Observer, L'Art Médical, Revue Homœopathique Française, Revue Homœopathique Belge.

THE BRITISH HOMOEOPATHIC REVIEW.

SEPTEMBER, 1907.

Editorial Notes and News.

Bacteriological Note.

"ON the Differentiation of the Meningococcus from other Gram-negative Diplococci in the Naso-pharynx of Cerebro-spinal Contacts." By Dr. R. M. Buchanan (*Lancet*, 1907, June 8th, p. 1590).—The Meningococcus produces an acid reaction, which the *Micrococcus catarrhalis* does not do. The culture media employed are made up on the principle of Löffler's serum, with 1 per cent. of glucose, galactose, maltose or saccharose, and with 1 : 10,000 neutral red. They are usually prepared in Petri dishes. In eighteen hours an acid reaction is shown on the first three sugars. Besides, fluorescence is observed in the condensed water and a yellow pus-like deposit. No growth takes place at 23° to 25° C. These culture media have proved very useful for diagnostic purposes. On them the meningococcus remains alive at 37° C. for a fortnight.

* * * *

Human and Bovine Tuberculosis.

UNTIL recent years no distinction was drawn between the virus of human and that of bovine tuberculosis; and it was believed that milk and its products were the principal agents of contamination in man. In 1901, however, Robert Koch asserted the *duality* of bovine and human tuberculosis. Since then the subject has been investigated by Calmette (Director of the Pasteur Institute of Lille), with his co-workers and others in the same field. As regards the way the virus gains admission into the human animal, most clinicians, we

believe, lay the chief stress on the inhaled air, contaminated with dust, carrying the bacilli. The present writer, for the past few years, has had reason to doubt this, so far, at any rate, as infants and children are concerned, and would once again raise his voice in protest against the use of home-made raw meat juice, so strongly recommended by Cheadle and others.

* * * *

Bovine Infection chiefly by means of the Alimentary Tract.

As long ago as 1868, from experiments of Chauveau, veterinarians were inclined to lay the chief blame on the digestive organs, and the recent experiments of Calmette and Guerin render ample support to this hypothesis. The animals were made to absorb a small quantity of an emulsion of tubercular bacilli (bovine) introduced through an œsophageal tube to avoid contamination of the air passages. A curious fact was noticed: In *young* animals the primary lesion was found in the mesenteric glands, the pulmonary lesion followed about three months later; in *adult* animals, however, the pulmonary lesions appeared, without any intermediate mesenteric lesion.

* * * *

Vaccination of Tuberculosis.

CALMETTE proposes a new method of *anti-tubercular vaccination* in bovines. He would administer to young animals (*e.g.*, calves) a *single infected meal* at long intervals, long enough to allow the animal to be "cured" (as shown by the tuberculin test) of the effects of the previous "vaccination," say from three to five months. In his experiments, when *several infected meals were given in rapid succession*, they were apt to prove fatal. Animals thus vaccinated bore afterwards with impunity the ingestion of doses of virulent bacilli, undoubtedly deadly.

* * * *

The Imaginative Temper in Science.

THE *Lancet* of July 13 has a leading article on "The Imaginative Temper in Science." Basing its remarks on some words of advice given by Mr. Rider Haggard to the students

of St. Thomas's Hospital, at a recent prize distribution, to the effect that they should cultivate the imagination, the *Lancet* enlarges on the affinity of the imaginative faculty to true constructive science, and, as an illustration, adduces the work of Newton, Darwin, and Pasteur. It says very truly that these great examples "showed themselves to be men of science and not dreamers, in that before they presented their great gifts to the world they had searchingly and patiently applied to them the touchstone of experiment, and oftentimes modified them again and again from their original crude forms; in a word, their imagination was their servant and not their master." It then says that it is possible to imagine a vain thing, and that this is true of the workings of many modern imaginations, the reason being that many people will not take the trouble to control their imaginations by the one safe method of laborious and impartial experiment.

* * * *

WE had read so far with perfect assent.
Hahnemann's But then follows this astounding statement :
Imagination. "Let us consider one outstanding example.

It was found that certain drugs when administered in minute doses, had a controlling action over certain symptoms of disease resembling in each case those produced by the action of the drug on the healthy body. By the exercise of an imagination which was certainly legitimate, the founder of homœopathy conceived that all drugs might have this action; *if he had only tried them he would have found that they had not*, but instead of doing so he let his imagination get the upper hand, and enunciated a general principle which had the unfortunate effect of burdening medicine with a new sect, and of producing a considerable amount of professional bitterness."

* * * *

WE confess that this fairly took our breath
"The Lancet's" away. "If he had only tried them he would
Ignorance. have found that they had not"!!! It is
 calmly assumed that Hahnemann observed a
 few chance coincidences, let his imagination play with them till

he had elaborated his celebrated law of drug action, *similia similibus curantur*, and forthwith, without taking any further trouble, published it to a credulous world. We know how contrary this is to the truth. The idea that there might be a relationship of similarity between the poisonous and the curative actions of a drug first occurred to Hahnemann in 1790 while he was translating Cullen's "Materia Medica." It was not till sixteen years later, in 1806, that he first published his theory in an essay in Hufeland's Journal entitled "The Medicine of Experience," and not till after twenty years, viz., in 1810, that he fully elaborated it in the first edition of the *Organon*. Those twenty years had been occupied by incessant testing and experimenting with drugs, from fifty to sixty in number, on both the healthy and the sick, all directed to the one object of putting his theory to the proof. The rest of his long life beyond this period was spent in testing still more drugs, and in verifying the correctness of his law in the practical work of treating the sick. It is needless to labour the matter in this Journal. The facts are well known to any one who has paid any attention to the history of homœopathy and its founder. But what can be thought of the leader writer in the *Lancet*, who has ventured to attack a great man and a widely spread system of therapeutics, without taking the pains to make himself acquainted with the facts? Why did he not take the trouble to control his imagination by the not very laborious method of reading up what Hahnemann had actually done? Surely he has in his ignorance, like the heathen, imagined a vain thing?

* * * *

At the breakfast given by the Science Committee of the National Temperance League to members of the British Medical Association, Dr. Henry Davy, President of the Association, made the following remarks: "Physiological science had taught that a man or woman did not want to drink more than two or three pints of beer a day. That was enough for anybody, unless they were doing heavy muscular work. That amount of beer would not do any more harm than tea. A study of the evidence of the Physical Deterioration Commission showed him that tea drinking in the neighbourhood of large towns where tea

was soaked on the hob and given to children, was producing deterioration in the very worst form. Therefore he would put in a plea for light beers containing only 2½ per cent. of alcohol. In his opinion, a meal of cheese and bread and light beer was infinitely more scientific than food which the children were now getting of bread, tea, and jam." Dr. Henry Davy may be quite right in his conclusion as to the comparative injuriousness of tea soaked on the hob and light beer as beverages for children. We are inclined to agree with him. But why should children be given either the one or the other? We would recommend plain water, milk and water, or the toast water of our own childhood's days.

* * * *

**Rice and
Beri-beri.¹**

DR. WILLIAM FLETCHER has found from an experiment he has conducted at the Kuala Lumpur Lunatic Asylum, Malay Straits, and has reported in the *Lancet* that the quality of the rice supplied as food has a great influence on the liability to the disease. Dr. Braddon had previously noticed that beri-beri occurs chiefly amongst communities with whom uncured Siamese rice is the staple article of diet, and Dr. Fletcher decided to test by an experiment what part this particular kind of rice played as a factor in its causation. He divided the patients in the Kuala Lumpur asylum in two parts, and for one year and twenty-six days fed half of them on the usual diet of uncured Siamese rice, and the other half on cured Bengal rice. The chief difference between this rice and the uncured variety is that the former is boiled and dried before being milled. Except for the rice, the two parties received the same kind and amount of rations, and no difference was made in the housing and general treatment. The result was that amongst 120 patients on uncured rice there were forty-three cases of beri-beri and eighteen deaths; and amongst 123 on cured rice there were only two cases of beri-beri, and those both had the disease on admission; there were no deaths. Further, ten of the patients on the uncured rice, and who had beri-beri, were transferred to the cured Bengal rice diet, and all recovered; while of four who were transferred from the Bengal rice to the

¹ See our "Editorial Notes and News" for June.

uncured rice diet, and were quite well at the time of transfer, two developed beri-beri, one of whom died. He concludes that uncured rice is either directly or indirectly a cause of beri-beri, the actual cause being either a poison contained in the rice or a deficiency of proteid matter in the uncured rice ; but as the patients, in addition to their rice diet, had 4 ounces of fresh meat four days a week, and 5½ ounces of fresh fish two days a week, besides plenty of vegetables and cocoanut-oil, it is doubtful whether the difference in proteid value of the two kinds of rice can be the cause. It is more likely that curing the rice destroys a poison which is the cause of the disease.

* * * *

**The British
Homœopathic
Congress at
Harrogate.**

As the last meeting of the Congress took place in London, and as it will next year meet again in the metropolis, it is an understood arrangement that in the intermediate year it should be held in an important provincial town. This year Harrogate was chosen as the place of meeting. No better place could have been selected. Harrogate is well known as being, perhaps, the leading watering-place in the kingdom, and certainly the most fashionable one. Its selection, therefore, was certainly in harmony with the fitness of things. The composition of its waters is well known, and also the cases suitable for treatment there. It is, therefore, unnecessary to go into details on these subjects here, since, as will be seen from the circular which has been sent to all homœopathic practitioners, the business part of the Congress programme will be made to end before lunch ; and this is especially arranged in order that the manager of the Baths should "personally conduct" the members of Congress over the baths and the various springs, and at the same time convey all information possible in the time. The only suitable time for this is between 2 and 3 o'clock ; hence the arranged conclusion of Congress work proper before lunch. It will be at once seen that by this arrangement the members will have an excellent opportunity of seeing for themselves, if they have not seen them before, all the springs and the various baths and applications in use at Harrogate for the various cases under treatment. To leave Harrogate without seeing all that renders

it famous would have been, as everyone would perceive, performing the play of "Hamlet" with the chief part excluded. We think the Congress Council have been wise in taking steps to obviate such a *dénouement*. The Congress will take place on Thursday, the 19th of this month, at the Majestic Hotel, at 10 o'clock punctually.

* * * *

**Harrogate as a
Place of Health
and Beauty.**

BESIDES the therapeutic value of the baths and waters, Harrogate is one of the healthiest places in the kingdom. It stands high above sea-level, over 400 feet, is in Yorkshire, itself a recommendation for health, and is surrounded by moorlands. It is exceptionally dry, has an abundance of sunshine, the water supply is perfect, and the drainage also is perfect. All these features render Harrogate one of the healthiest and most delightful places in the kingdom, while its bracing air is quite a characteristic of its virtues. On this account no "after-cure" is required, as is so often necessary after a course at a Continental spa, the patient requiring to go to a bracing air to recuperate his strength. At Harrogate the recuperative process proceeds simultaneously with the Spa treatment, owing to the bracing "tonic" air of the place. Harrogate is surrounded by scenery and places of interest such as few spas can boast of. Some of these charms and beauties are going to be seen by the members of Congress after the visit to the Baths is concluded, and if the weather is propitious. The arrangements for this drive are being kindly made by the Vice-President, Dr. Ramsbotham, who will select the route that he deems best for the members of Congress. This will fully occupy the intervening time between the Baths visit and the dinner hour.

* * * *

**The Congress
Papers.**

THE wish of the Council was that the Presidential Address, with the other two papers by Drs. Percy Wilde and Madden, should be on similar lines. Although the titles of the papers would, perhaps, hardly convey this idea, yet it will be so, we understand. The idea running through the whole three papers will be the value of the forces of

Nature in the treatment of disease, and the bearing of such on homœopathy. We shall anticipate much interest and pleasure in hearing what the authors of the papers say on these important points.

* * * *

The Value of the Congress. THE time of meeting of the Congress has been fixed for Thursday, September 19th, knowing, as the members have repeatedly stated, that this day, week, and month of the year are the best for such meetings, when they are not held in London. We are aware that many homœopathic practitioners are unavoidably unable to be present. But we would urge all those who can possibly come to do so, even at some personal inconvenience. No meeting takes the place of the Congress. It combines the professional work, which is always enjoyable and stimulating, with social functions, which are, if possible, more stimulating and healthful to the mind and body than the professional features of it. It is a truly delightful thing to meet personally those who might not otherwise see their colleagues from one year's end to the other. The good fellowship, and the exchange of ideas and of courtesies, have a wonderful power in drawing our body together, in making friendships which may be lasting, and in rubbing down angles and edges which may have previously existed. In fact, the annual Congress is a unique power for good in the way of uniting the members together in one body, and in supporting the efforts of a minority in the profession—a minority which lives to propagate and put into practice the most wonderful and beneficent law of cure that has ever been brought to the notice of the world. The more the open opposition to it exists, and the more the majority are evidently coming round quietly to its truth, the more united should be the front displayed by the minority towards its opponents. Time is on our side, but, to be successful in obtaining victory, steady perseverance and a united front must be visible to all who watch events, and still more to the rank and file of the fighting contingent. It behoves, therefore, all homœopathic practitioners to do their utmost to show, each individual by himself, by coming to the Congress, that he approves of what we have

urged, and, by ensuring a large attendance, show to outsiders what a Homœopathic Congress means, and what it represents. A small attendance gives a false idea to the public of the power and position of homœopathy, and our colleagues should fully consider the points we have urged before deciding on the question of "to come or not to come."

* * * *

A New Sphygmometer. TAKING the pulse and temperature, and examining the tongue, are matters of routine with all of us in daily practice.

But the opinion is gaining ground that the estimation of blood pressure is of at least equal importance, and should also be regularly observed and recorded in the majority of our cases. We are interested to find that Dr. Leonard Hill, F.R.S., Lecturer on Physiology at the London Hospital, has modified the rather cumbersome Hill-Barnard sphygmometer, and produced an instrument which can be carried as easily, and used as conveniently, as a clinical thermometer. This he described in the *British Medical Journal* for May 25th. The instrument is made by Mr. J. Hicks, of 8, Hatton Garden, E.C. It consists of a flaccid rubber ball, and a gauge of the shape and size of a clinical thermometer. The ball is distended with air, and being attached to the gauge is pressed upon the radial artery of a patient until the pulse ceases to be felt peripherally. The maximum systolic pressure is then ascertained by reading the gauge, which is graduated empirically in millimetres of mercury. By a simple modification the diastolic pressure, and also the venous pressure, can be obtained with the same instrument. Its accuracy is shown by the fact that the readings coincide with those obtained by the armlet method.

* * * *

The Sphygmometer and Homœopathy.

OBSERVATIONS made by this instrument can far more readily be utilised, to the advantage of their patients, by homœopaths than by those who ignore the great law of cure. We possess a number of remedies which act homœopathically on the blood-vessels, and increase or diminish blood pressure according to the doses used, and the circumstances under

which they are administered. An accurate knowledge of the fluctuations of arterial tension would sometimes be a valuable guide to the selection of the proper remedy, the dose in which to administer it, and the duration of its action. This would prevent a too early repetition of the dose, a fault to which many of us are habitually prone. In drug provings it has now become necessary to take the blood pressure at regular intervals. We hope any of our colleagues who are interested in provings will not neglect this valuable addition to our means of ascertaining the homœopathic sphere of drug-action. A series of observations on the fluctuations of blood-pressure in a proving of *aconite* or *veratrum* would be of extreme value to homœopathy. Who will undertake this labour *con amore* ?

* * * *

Homœopathy
versus
Allopathy.

THE benighted high-priestism of the English medical authorities, that is such a hindrance to advancement and freedom of thought in this country, is almost unknown in America.

Hence we find one of the foremost medical journals in the States admitting articles and discussions on homœopathy into its pages. This is the *Medical Brief*; in the June number of which we notice the concluding article of a series of twelve on "Homœopathy *v.* Allopathy." These have been admirably written, and are from the pen of Dr. N. Sisca, M.D., of Queensland, Australia, who does not himself appear to be an avowed homœopath, but writes from the allopathic standpoint, stating his reason for so doing in these words: "The controversy between homœopathy and allopathy is of great importance to us, and that homœopathy is worth studying because there is much in it that is worth knowing." These points are forcibly illustrated in the papers referred to. Dr. Sisca's description of homœopathy is excellent, and we have pleasure in reproducing it in the following paragraph. Here is his answer to the question:—

* * * *

What is
Homœopathy ?

"NEITHER a theory, nor an hypothesis, likely to be exploded or set aside from one day to another, but a workable, and, to all appearances, successful, system of

therapeutics ; founded on a great principle, which, though not quite universal in its applications to the treatment of disease, yet covers such a vast area of the field of medicine as to make its limitations, whatever they may be, hardly worth mentioning. A principle which enables the physician to discover a meaning, and find a clue to the selection of his remedies in every symptom of disease, no matter how trivial and unimportant it may seem to be ; a principle which, as the homœopaths maintain, robs medical practice of doubt, and of fear, and gives the practitioner the assurance that, if a case is at all curable, homœopathy has a remedy for it ; a principle, which, resting as it does on the firm basis of a natural law, has made it possible for homœopathy, and the handful of its practitioners, not only not to be crushed out of existence, but to hold their own and keep on progressing through a long, wearisome century of unremitting opposition. That principle is *similia similibus curantur.*”

* * * *

New Methods of Anæsthesia. WHILST in Great Britain a largely increasing body of operators are experimenting with various solutions of *adrenalin* and *cocaine*, injected into the spinal cord to produce surgical anæsthesia, in America a much safer and simpler method is said to be rapidly supplanting the use of *chloroform*. In a recent article in the *Chironian* entitled “The New Anæsthetic, Analgesic, Hypnotic,” we are told that “no therapeutic innovation that has appeared for many years has aroused the interest shown in the *hyoscine*, *morphine* and *cactin* method.” A combination of these alkaloids, in quantities which are not revealed, administered either hypodermically or by mouth, is found to produce—not profound anæsthesia—but complete mental and physical indifference to pain, such that severe operations can be readily performed without distressing the patient. The after-effects are *nil*, and shock is entirely obviated. If desired, a few drops of *chloroform* may be utilised to produce actual insensibility, but this appears to be seldom needful, and is chiefly used to produce insensibility to the skin incision only. The preparation is now known as the “H.M.C.” compound, and is used chiefly in tablet form.

The usual method adopted is to give one tablet two or three hours before operation, one half an hour before, and a third a few moments before cutting. It is said that after the first tablet all dread of the approaching ordeal leaves the patient.

* * * *

**Other Uses of
the H.M.C.
Compound.**

WHILE this combination of *hyoscine*, *morphine* and *cactin* was devised for the induction of surgical anæsthesia, it is proving successful as a substitute for *chloroform* in obstetrics, and also as an analgesic in all conditions in which *morphia* is used by the ordinary practitioner. It is said to far exceed this drug in successful results, and also in leaving no unpleasant after-effects whatever. It has been used in eclampsia with astonishing efficacy, and no other remedy for this terrible calamity, it is said, can compare with it in results. In such conditions as gall-stone and renal colic, neuralgia and neuritis, and in the pangs of inoperable cancer, wonderful relief is said to be given, with none of the disastrous results often following the use of *morphine*, either with or without *atropine*.

* * * *

**Homœopathy
and Drug
Compounds.**

THESE statements are difficult to accept unreservedly, and were they not culled from the pages of a usually most reliable contemporary, and taken from a special article written by Dr. W. C. Abbott, M.D., of Chicago, for its pages, we should be inclined to accept them only *cum grano salis*. If any combination, or substitute for *morphia*, can be devised to act as "H.M.C." is said to do, it will prove an immense boon to thousands of sufferers, from whom the benefits of homœopathic treatment are withheld by their medical attendants. In cases also of extreme agony, when it is impossible to give instant relief by the homœopathic method, such a substitute for *morphia* may occasionally prove of value to us. We believe these occasions, however, to be extremely rare in the experience of skilful homœopaths ; many of whom we know to conduct large practices without ever resorting to *morphia* from one year's end to another. Such are

certainly not less successful in relieving and retaining their patients, than the few who may more readily resort to baser forms of drugging. But if experience proves that what has been said for this compound in surgical anæsthesia is correct, we shall welcome it as a boon to patients and surgeons alike. To banish the dangers, inconveniences, and terrors of general anæsthesia, by the use of a comparatively harmless drug-compound, would be almost as great an advance in medicine as was Simpson's discovery of *chloroform* in the last century.

* * * *

WE British are said to have our peculiarities, "**Peculiarities.**" and our American cousins confess to having the same. In an article in the *Pacific Coast Journal of Homœopathy* we have examples of "peculiarities" in homœopathic practice as they appear to Dr. E. N. Chaney, M.D. Amongst some rather amusing examples, we note the following: Objection is taken to the use of the vaginal douche as tending to "force back into one's glandular system" the "molecular forces" of malaria, sycosis, psora or tuberculosis, which Dr. Chaney considers to be escaping by vaginal discharges. Persons injured by such injections and troubled subsequently by constipation, he cures by *medorrhinum acut.*, c.m. We are relieved to read that "it is not always necessary for a patient to contract gonorrhœa in order to present symptoms for *medorrhinum.*" An American druggist cured a quinsy by a weak *formaline* spray. This was followed by urethral smarting and inability to retain his urine. He passed a year of unrelieved misery until Dr. Chaney cured him by *formaline 30x*, and *orificial dilatation*. This confirms our belief that cures aided by orificial dilatation are an American peculiarity.

* * * *

More
"Peculiarities." IN the same pages we read of two lady patients who had occasionally resorted to rubbing on *turpentine* for sore throats, back-aches, &c., symptoms of *turpentine* poisoning ensued, which were promptly cured by *terebinthina 500x*.

From excessive eating of oranges, several cases of eczema and some festering pustules resulted. These are said to have been cured by *citrus aurum* 30x. The value of oranges in eczema of childhood is well known, in our experience their use is most beneficial, and sometimes curative. Possibly the action is homœopathic—if this effect of over-indulgence can be confirmed. Amongst a number of “don'ts” which follow these “peculiarities” we note the following: “Don't fail to have patients go from three days to two weeks without eating or drinking anything but water in cases of active ulceration, peritoneal inflammations or cancerous growths in ordinary cases. In *more serious patients* let the fast extend even longer, until wounds have healed.” This is, doubtless, good advice taken in moderation, but it reveals another “peculiarity” of our colleague's practice: that his patients are sufficiently “serious” to submit to such deprivations, unfortunately, in this country patients very seldom are.

* * * *

**Erythema
Nodosum.**

THIS complaint is usually looked upon as being associated with the rheumatic diathesis, and, in itself, as being of little importance. Langford Symes, however, in the *British Journal of Children's Diseases*, July, 1907, points out that it may not be quite so harmless as it seems, and lays stress on the facts (which are illustrated by clinical cases): (1) That it may become a serious and dangerous disorder; (2) that it is sometimes epidemic; (3) that it appears to be of an infective nature; (4) that endocarditis may arise during its course; (5) that it may be quickly followed by meningitis.



Original Articles.

CARBOLIC ACID AND IODINE.

By Dr. T. G. STONHAM.

THESE two drugs are not often associated in our thoughts. *Carbolic acid* calls to mind the symptoms of flatulence, convulsions and coma, while *iodine* makes us think of enlarged glands, goitre, palpitation and its peculiar hunger and wasting. They are, indeed, in many respects very different from one another, but a close comparison will show an unsuspected number of symptoms in which they are alike. Take, for instance, the action of both on the lungs and respiratory passages. Both cause an irritable and inflamed condition of the larynx; both cause bronchitis, and both cause a congested condition of the lungs going on to pneumonia, and, in the case of *carbolic acid*, to definite hepatisation. In the *Cyclopædia of Drug Pathology*, there is recorded the case of a man, aged 30, who drank off a glassful of carbolic acid in mistake for whiskey, and who, besides the other symptoms of *carbolic acid* poisoning, had large mucous râles in the chest and bloody expectoration, pain in the right side of the chest, and dulness and bronchial breathing on the right side of the back below the angle of the scapula. He died, and at the *post mortem* red hepatisation of the middle and lower lobes of the right lung was found. Dr. Proctor made a therapeutical application of this pathological action of *carbolic acid* and cured a case of double basic pneumonia which had resisted the action of the more commonly used remedies. With regard to *iodine*, Hughes writes in his pharmacodynamics: "We may have hoarseness, aphonia and chronic inflammation even simulating laryngeal phthisis; and while the bronchi are but moderately affected, the lungs show the influence of the drug by congestive oppression, hæmoptysis, and even pneumonia." Kafka would have us give *iodine* in the earlier period of all cases of croupous pneumonia; he considers that it arrests the disease at once. This practice has been much adopted in America with excellent results. So we see that both pathologically

and therapeutically there is a close similarity in their action on the lungs between *carbolic acid* and *iodine*.

The similarity of the two drugs is not confined to the lungs or to points of gross pathology, but extends to many of the finer symptoms. This may be best seen by placing in parallel columns the symptoms of each drug, as set out in the Schema, which have a close resemblance :—

Carbolic Acid.

Irritability.

Dull frontal headache, as if an india-rubber band were stretched tightly over forehead from temple to temple.

Very severe orbital neuralgia over right eye.

Pupils dilated.

Ozæna with great fœtor and ulceration.

Face pale, or flushed and burning.

Throat and tongue black and tender, ulcerated patches on inside of lips and cheeks.

Prickling and burning in throat and œsophagus.

Spasmodic constriction of the œsophagus. Inability to swallow.

Wants a drink of water every few minutes.

Constant belching up of wind.

Excessive nausea and inclination to vomit.

Pain in hypochondrium; also in the region of the spleen.

Diarrhœa and dysentery; mucous stools like scrapings; stools like rice-water.

Urine dark greenish-brown.

Painful swelling of left ovary.

Menses irregular and profuse.

Short hacking cough with tickling in the throat.

Tracheal and bronchial râles; bronchitis.

Tight feeling, especially in centre of chest.

Iodine.

Irritability.

Headache as if a tape or band were tightly drawn round the head.

Constant tearing pain around the right eye.

Pupils dilated.

Chronic fœtid discharge from nose; nose painful and swollen.

Complexion pale; frequent and sudden redness of the face.

Aphthæ and ulcers in the mouth.

Thick brown croup-like exudation in mouth and fauces.

Inflammation of the throat with burning pain.

Permanent constriction of the gullet.

Impeded deglutition.

Much thirst.

Empty excretions from morning till evening.

Qualmishness, nausea, with spasmodic pain in the stomach.

Region of liver sore to pressure.

Hard, painful swelling of spleen.

Stools of watery, whitish mucus, dysenteric, mucus without fæces; whey-like.

Urine dark yellowish-green.

Induration and swelling of the uterus and ovaries.

Menses irregular and profuse.

Dry cough with tickling in the larynx.

Bubbling râles in the bronchial tubes.

Tightness across the chest.

<i>Carbolic Acid.</i>	<i>Iodine.</i>
Pneumonia of right lung, especially base.	Hepatisation of right lung, < upper part.
Fearful palpitation < night.	Violent palpitation < the least exertion.
Vesicular skin eruptions with tendency to suppuration.	Papular skin eruptions with tendency to pustulation.

It will be seen that there are a good many points of contact between the two medicines, though doubtless there are many more in which they are far apart. It seems that they are sufficiently similar to antidote one another, or, at any rate, for *iodine* to be an antidote in *carbolic acid* poisoning, for Dr. John Maberly, in the *Lancet* of August 3rd, has communicated an interesting article on this point. He was at one time dresser at the Middlesex Hospital to the late Mr. George Lawson, who used to demonstrate to him and his fellow dressers how they might counteract the peculiar numbness and bleaching of the skin of the hands which was a common result of the carbolic solutions and sprays used in those early days of antiseptic surgery. The method to be employed was to rinse the hands in a basin of warm water to which *tincture of iodine* had been added. Almost immediately the numbed feeling and the bleached, crinkled condition of the skin were removed. The remembrance of this fact led Dr. Maberly to think that *iodine* might also antidote *carbolic acid* when taken internally, and when one day in Bulawayo a transport rider came in and requested him to attend a coloured "boy," who had swallowed crude *carbolic acid* in mistake for his master's whiskey, he set out armed with a bottle of *tincture of iodine*. He found the patient in great distress, frothing at the mouth, the lips, tongue and fauces whitened by the *carbolic acid*; speech almost inaudible and breathing difficult, and inability to swallow the milk which had been given him. A teaspoonful of *tincture of iodine* was poured into a cup of water and the patient told to drink it slowly. This he easily did, and rapidly began to feel better. Shortly afterwards he drank the milk. Voice and respiration improved. Some more solution of *iodine* was given him to drink during the night, and the next day the patient was well and able to continue the journey with his master.

A chemical action takes place when *iodine* is brought into contact with *carbolic acid*, a phenol iodide being formed which is apparently a harmless body. But this chemical action can hardly be all that takes place when *iodine* acts as an antidote. In the case of the coloured boy, some hours must have elapsed between the poisoning and the administration of the *iodine*. All the harm that the *carbolic acid* was capable of doing as a corrosive must have been done at once, or in a very short time, and could not be affected by anything taken later. Some *carbolic acid* must have been absorbed, and by its pathological action (? on the medulla) was affecting the respiration and the power of deglutition. It was this physiological action which the *iodine* so immediately counteracted. It would seem, too, that the drugs antidote one another in their action on the sensory nerves of the skin and mucous membranes. That the *iodine* does not antidote the *carbolic acid* by following it through the body and neutralising it chemically, is further shown by Dr. Maberly's third case, that of a child, aged 2, who had swallowed some Jeyes' fluid and whom he did not see till thirty hours afterwards, and who had in the meantime been treated with egg albumin, oil, and alkaline mixture. The patient was extremely ill, with respiration 80, pulse 140, and temperature 104°F., unable to make a sound above a whisper, abdomen distended and tympanitic, and urine suppressed. Five minims of *tincture of iodine* were given in a teaspoonful of water every four hours. She at once began to improve, and in three days was well, except that the throat was a little sore and the voice hoarse from the local caustic effects of the *carbolic acid*.

I think we are justified in concluding that it is by virtue of a similarity of physiological action that *iodine* is an antidote to *carbolic acid*.

URINARY DEPOSITS IN GOUT.¹

BY W. THEOPHILUS ORD, M.R.C.S. ENG., L.R.C.P. LOND.

*Physician to the Hahnemann Convalescent Home and Dispensaries, Bournemouth ;
Fellow of the British Homœopathic Society.*

THE importance of noting the condition of the urine in gouty conditions is well known, and indeed cannot be overlooked by any practitioner who desires to treat gouty patients successfully. In looking through some recent text-books on medicine, I have been astonished at the paucity of information given on the subject of the urine in gout. Most authorities content themselves by stating that the urine during attacks of gout resembles febrile urine ; a few say that urates cloud the water passed before and during gout, and one or two state that uric acid is eliminated in increased quantity during such an illness. Most of us have learnt a good deal more than this, probably not from books, but from practical observations on patients. To state briefly what I have myself observed in the light of modern clinical investigations is the object of this paper.

The urinary deposits most often met with in gouty states are four in number, namely : Urates, uric acid, phosphates, and oxalates. I propose to consider, first, the causes of their appearance in the urine ; secondly, their clinical significance ; and thirdly, their value as a guide in diet, and in the choice of suitable homœopathic remedies.

Uritic Deposits in Gouty Urine.

The deposit of urates so frequently seen in gouty and rheumatic patients is not necessarily a sign of these disorders ; it commonly occurs in healthy persons. Increased physical exertion, an attack of indigestion, or a change to cold weather, with diminution of fluids taken, will cause urates to deposit out of urine. When metabolism is for any reason increased, a larger output of urea ensues ; and unless more fluid has been drunk to keep it in solution, a cloud of urates will appear in the urine on cooling. These soluble urates consist chiefly of those of sodium and potassium, with a small proportion of urates of calcium and magnesium. According to modern theories, it is believed that urates are produced by decomposi-

¹ A paper read before the Bournemouth meeting of the Western Counties Therapeutic Society.

tion of nuclein in the liver, and perhaps in the spleen. The uric acid combines with salts of sodium and other bases derived from the food to form urates ; any left over remaining free in the circulation, and causing, when in excess, gouty symptoms. Nuclein is formed in the spleen, as the results of proteid digestion are brought to it from the alimentary canal. Thus urea and urates are the degradation products of proteid digestion ; strange to say, in birds and reptiles the process is arrested a stage earlier, the uric acid being excreted as urine, without combining to form urates of sodium and other bases.

When, therefore, metabolism is increased, as by great exertion, or in fevers, or through an excessive nitrogenous diet, a greater excess of urates and uric acid has to be excreted by the kidneys, more, in fact, than can be held in solution by the urine when cold. It therefore shows as an amorphous cloud of urates, or it may appear in some cases as gravel and sand, and in others as uric acid crystals. Further, the cloudy urates may differ greatly in appearance, varying in colour from deep red to pale brown or pea-soup colour ; whilst the sediment may be crystalline or amorphous. Beyond telling us that the colour is due to the presence of certain colouring matters, to which imposing names have been given, modern clinical research reveals nothing as to the causes and significancies of the great variety observed in the appearances of these urates. Why should some persons show excess of urates having the appearance of pea-soup in the urine, and others as if of blood ? Why do some pass uric acid crystals and others gravel ? Thanks to the law of similars, homœopaths take advantage of these facts in selecting their remedies, but I am convinced that our knowledge of gouty conditions can never be pathologically accurate until these urinary deposits are better understood. Two suggestive facts may usually be observed in such cases : Firstly, that each gouty patient passing urates in excess has his particular variety of kind, colour, &c., which is seldom deviated from. For example, a patient whose gouty attacks are preceded or accompanied by deposits of gravel or brick-red urates will never pass pea-soup coloured urates. One who passes oxalates in gout will seldom pass uric acid crystals, and so on. Secondly, that under successful treatment these deposits first increase in amount and then tend to disappear with more or less permanency.

The relation of urate deposits to diet is similar to their relation to gout. What is bad for gout tends to increase the urates. But, clinically, their presence is of value in diet, for any food which is found to increase excretion of urates should be stopped at once, without waiting until it has brought on arthritic or other trouble. We all know that excess of proteids, in the form of butcher's meat, and especially beef, will increase the urates, so also will any food that is digested with difficulty, or which produces intestinal fermentation and flatulence. It is here that the great value of our well-proved remedy *lycopodium* comes in. When with red urates in the water, abdominal flatulence is present, and indigestion—especially fulness coming on during a meal—we have a picture matched by, and always relieved by *lycopodium*. I may give here other remedies credited with producing red sandy sediments, namely, *cactus*, *phosphorus*, *sepia*, and *silica*. Brickdust-like sediment occurs under *china*, *natrum mur.*, *phosphorus*, *pulsatilla*, and *berberis*. A remedy of great value in gouty symptoms of all kinds, and but little used, is *solidago virgaurea*, the golden rod of old-fashioned gardens. Its great characteristic is urine loaded with urates of a pea-soup colour. In cases of chronic gout having this symptom, I have found it of greater service than any other single remedy. This recommendation is from the late Dr. Compton Burnett. *Solidago* is an old herbal kidney medicine.

Uric Acid Crystals and Deposits.

The typical form of this deposit is, of course, the passage of the well-known cayenne pepper crystals of uric acid, so common in chronic gout. This may be the only deposit, or may be mingled with amorphous urates. There is another form assumed by uric acid—that of golden crystalline points, often collecting at the bottom of the urine glass. Their colours are due to the urinary pigments, natural uric acid crystals being colourless. Uric acid is deposited from any concentrated urine after standing long enough for ammoniacal fermentation to take place, as it is insoluble in *alkaline media*, it is then a normal constituent of urine, but probably only appears immediately when in pathological excess. The passage of crystals with the urine occurs commonly under three conditions: (1) In children, when it is said to be of little

clinical importance ; (2) in later life as a sign of calculus ; and (3) in gout. In childhood it is certainly seen more often in children of gouty parents, and in those who afterwards exhibit gouty conditions or form calculi. It is well to remember that the appearance of uric acid in the urine depends upon its acidity, as it is soluble only in *acid media* : when acidity is low, whether in the tissues, blood, or urine, uric acid tends to be deposited.

The relation of uric acid to gout is far too great and difficult a subject for present consideration, but I may in a few words endeavour to give some modern ideas on this relationship. *Firstly*, as to the liver. In this organ uric acid is oxidised into urea, and thus is prevented from accumulating in the blood, from whatever source it may be derived. The formation of uric acid does not take place in the kidneys, as used to be supposed, they being only concerned in its excretion. Hence a small or inactive liver performing its work badly, fails to oxidise entirely the uric acid brought to it, and small quantities of uric acid are retained in the system. These are eliminated with difficulty, and may gradually accumulate, until gouty symptoms are produced. *Secondly*, it is now doubted by some authorities whether uric acid is the main factor in the production of general gout, although urates of soda form its well-known local manifestations. But a series of semi-poisonous bodies known as alloxurs, or purins, of which uric acid is one, and xanthin and hypoxanthin others, seem to be variously concerned in the production of protean forms of ill-health we attribute to gout and uric acid. *Thirdly*, an increasing number of observers now agree that many forms of ill-health (ranging from migraine and sick headaches in youth to actual gout, chalk stones, chronic rheumatism, calculi, eczema, degeneration of arteries, apoplexy, &c., in after-life, with many others too numerous to mention) are really due to the presence of various gouty matters in the system, of which uric acid is one, working in various constitutions in different ways, by their varied chemical and vital affinities, and altering their effects as age advances.

The deposition of uric acid crystals in urine is, of course, only one form of these disorders, and appears to be due to low acidity or alkalinity failing to retain it in solution. Though

usually significant of a plus formation of uric acid in the system it is not always so. Its occasional presence is doubtless significant in gouty persons of coming trouble. From the homœopathic standpoint its presence is of value, because so few drugs have been shown to be capable of producing uric acid crystals in the urine, apart from the usual cloud of urates of gravel. However, in persons who usually pass crystals, any drug affecting the excretion of uric acid will cause it to pass in this way ; only, however, in such persons. Others who get rid of gout without exhibiting uric acid in deposits may be equally benefited by the same remedy. We cannot, then, name any drug which will cause uric acid crystals to appear in the urine of every gouty person. The two drugs which in my experience come nearest to doing this are *urtica urens* and *lycopodium*. The former was brought into notice by the late Dr. Compton Burnett. I have found that in some cases discharges of uric acid crystals follow its use. Of its value in acute gout there can be no doubt ; symptoms disappear with great rapidity under its use. Besides these two remedies, there are a number of drugs useful in various gouty conditions, most of which are credited with causing muddy urine, or red sand or gravel, to pass. This might be expected when we remember that in patients accustomed to these symptoms, any circumstance or drug that disturbs metabolism will thicken the urine. Until modern methods of pathological research are applied to urinary deposits in drug provings, we cannot expect to progress in this department of homœopathy. I am glad to know that under the auspices of the British Homœopathic Association some such investigations are now being undertaken.

A brief reference to phosphates and oxalates is all that I can attempt in this short paper. The phosphatic deposit occurring in gout consists of triple phosphates, which may occur as crystals or an amorphous deposit. They dissolve on addition of acetic acid to the urine, which is either feebly acid or alkaline. These are not commonly recognised as indicative of gout. But I have known gouty patients who always passed urine clouded by phosphates after muscular exertion or after a good dinner with acid wines. Often morning headache accompanies this, and there seems to me a connection between this symptom and gouty headaches or cerebral gout. The urine

often appears to be covered by an iridescent fibre or pellicle, which disappears when the vessel is shaken. Persons having this symptom rarely pass uric acid crystals or deposits of urates.

Oxalates are frequently found as a cloud in gouty urine. Their peculiar hummicky appearance is recognised by us easily. Its occasional appearance is quite distinct from so-called oxaluria, which is characterised by headache, emaciation, and great mental depression. The injestion of food containing oxalic acid will precipitate an attack of acute gout in some patients. A very gouty patient of mine, an old Indian general, induced a severe attack by once eating sorrel salad. Sorrel leaves are seldom eaten in this country, but gooseberries and rhubarb contain oxalic acid, and certainly are bad for such patients. An attack of indigestion, especially with intestinal flatulence, will often be followed by excess of oxalates in the urine. Haig believes that this is due to absorption of sulphuretted hydrogen from the bowel, which combines with excess of urates in the urine to form salts of oxalic acid.

There is one interesting point I may mention in conclusion. The occasional presence of hippuric acid may occur in the urine of gouty patients. This is not a deposit, but is known by the strong odour, resembling that of horse's urine. This can be produced in healthy persons by administering *benzoic acid*, which gives us the valuable clinical guide of strong-smelling urine as an indication for its use homœopathically. In almost all cases of gout when hippuric acid can be recognised by its odour in the urine, *benzoic acid* will do good. There is no remedy in gout that I prescribe with more satisfactory results when this indication is present.

OUR STATISTICAL PRESTIGE.

By Dr. ARTHUR A. BEALE.

Anæsthetist, London Homœopathic Hospital.

A SHORT time ago I had to make a superficial enquiry into the mortality from surgical interference in the London Homœopathic Hospital, and was so surprised at the results, that I now bring some of the facts before the readers of this Journal. The special enquiry that was occupying my attention at the time was the growth of modern surgery,

and I was led to examine into the relative value of homœopathic and old school methods as applied to surgery, the criticism often having been offered gratis that at least surgery must be the same whether performed by allopath or homœopath.

Now without at first extending our enquiries outside the Homœopathic Hospital, let us see what progress has been made in this Hospital itself.

Year	Class of operation	Total cases	Recovery	Died	Deaths per cent.	Remarks
1896	General surgery	220	209	11	5	{ 1 died bronchitis. 1 died broncho-pneumonia. 1 died retroperitoneal abscess. 1 died meningitis. 3 hysterectomies.
	Gynæcology ...	73	63	10	13·6	
1897	General surgery	304	291	13	4·2	—
	Gynæcology ...	86	80	6	6·9	
1898	General surgery	205	197	8	3·8	—
	Gynæcology ...	95	91	4	4·2	
1899	General surgery	268	261	7	2·6	{ 1 operation <i>in extremis</i> . 1 from anaesthetics.
	Gynæcology ...	79	76	3	3·8	
1900	General surgery	307	303	4	1·3	{ 1 died of uræmia. 1 died from general tuberculosis.
	Gynæcology ...	122	119	3	2·4	
1901	General surgery	331	328	3	'9	—
	Gynæcology ...	129	125	4	3·1	
1902	General surgery	325	319	6	1·8	{ 1 malignant. 1 empyema.
	Gynæcology ...	105	101	4	3·8	
1903	General surgery	379	368	11	2·9	—
	Gynæcology ...	122	119	3	2·4	
1904	General surgery	333	324	9	2·7	—
	Gynæcology ...	121	118	3	2·4	
1905	General surgery	358	352	6	1·3	—
	Gynæcology ...	141	138	3	2·1	
1906	General surgery	369	361	8	2·1	—
	Gynæcology ...	137	136	1	'7	

The above table shows the results on the *surgical side* of the London Homœopathic Hospital from the year 1896 (the first year's report after the opening of the new building by Her Royal Highness the Princess Mary Adelaide, Duchess of Teck) to the year 1906, inclusive. It is a report on all cases entering the surgical wards, and does not represent the true results on the surgical side, since many operations are performed in the *Out-department* with a mortality of *nil*. Last year the number was 300. It is only right to mention

that these are not included. These results include cases of the most serious nature, associated in the past with a very high mortality, including gastro-enterostomy, amputation of the breast, cerebral operations, and, on the gynæcological side, removal of ovarian appendages, ovariectomy, hysterectomy, carcinoma, &c.

The interesting point about this table is the progressive decrement in the mortality from operations from the year 1896 to 1901, the reading being: General surgery 5 per cent.; 4·2 per cent.; 3·8 per cent.; 2·6 per cent.; 1·3 per cent.; 0·9 per cent.; then a slight increase, 1·8 per cent.; 2·9 per cent.; 2·7 per cent.; 1·3 per cent.; 2·1 per cent.

The gynæcological are just as remarkable, being 13·6 per cent.; 6·9 per cent.; 4·2 per cent.; 3·8 per cent.; 2·4 per cent.; 3·1 per cent.; 3·8 per cent.; 2·4 per cent.; 2·4 per cent.; 2·1 per cent.; 0·7 per cent.

Both these lists are highly complimentary to the Hospital and its staff.

The arrangement of the cases in the reports does not lend itself to the tabulation of medical cases in a similar way, but I have worked out the general percentage of all cases treated from 1896 to 1905 inclusive, and this is shown in the following table:—

THE LONDON HOMŒOPATHIC HOSPITAL.

Year	No. treated	No. cured	No. died	Percentage cured	Percentage died
1896 ...	951	521	68	54·7	7·1
1897 ...	982	571	69	58·1	7
1898 ...	1,021	595	72	58·2	7
1899 ...	1,044	617	61	59·1	5·8
1900 ...	1,049	612	55	58·3	5·2
1901 ...	1,028	600	55	58·3	5·3
1902 ...	949	534	50	56·2	5·2
1903 ...	1,064	565	59	53·1	5·5
1904 ...	935	463	36	49·5	3·8
1905 ...	1,050	535	54	50·9	5·1
Average	1,007	561·3	57·9	55·84	5·7

Now as far as possible let us compare these results with other hospitals. I have been unable to get the serial reports for these hospitals for any time back, but I give the results as calculated from the last year's reports of the various representative London hospitals. They are all from 1906 reports:—

Name of hospital	Character of case	No. treated	No. died	Percentage deaths
London Hospital ...	Total cases ...	14,139	1,465	10·94
	Medical ...	6,236	928	15·81
	Surgical ...	7,903	537	7·14
Charing Cross Hospital...	Total cases ...	2,691	207	7·6
	[Year, 1904 ...	2,614	229	8·7
	„ 1905 ...	2,619	207	7·6]
Middlesex Hospital ...	Medical ...	1,524	180	11·8
	Surgical ...	2,026	109	5·3
	Gynæcological ...	309	4	1·2
	Cancer ...	159	78	49·
Great Northern Hospital	Medical ...	702	92	14
	Surgical ...	1,599	116	7·7
	Total cases ...	2,301	208	9·6
Temperance Hospital ...	„ „ ...	1,354	115	8·4
London Homœopathic Hospital	Surgical ...	506	9	1·9
	Total cases ...	1,095	65	5·9
Hampstead Hospital ...	„ „ ...	662	43	7·8
St. George's Hospital ...	Medical ...	2,266	244	10·7
	Surgical ...	2,890	134	4·6
	Total cases ...	5,156	378	7·3
St. Mary's Hospital ...	„ „ ...	4,533	359	7·9
National Hospital for Paralysis*	„ „ ...	1,108	42	3·7*
University College Hospital	„ „ ...	3,265	338	10·3

* This hospital, of course, deals with special chronic cases not subject to a high mortality.

Treating these on their totality cases, the order of mortality is as follows for 1906, counting the lowest as top :—

(1) London Homœopathic Hospital	5·9 per cent.
(2) St. George's Hospital	7·3 „
(3) Charing Cross Hospital	7·6 „
(4) Hampstead Hospital	7·8 „
(5) St. Mary's Hospital	7·9 „
(6) Temperance Hospital	8·4 „
(8) Middlesex Hospital	9·2 „
(9) Great Northern Hospital	9·6 „
(10) University College Hospital	10·3 „
(11) London Hospital	10·94 „
(12) Children's Hospital	17·2 „

I have, for evident reasons, not included the National, the Samaritan and Women's Hospital, as these are devoted to special cases, but even here we are able to make a good appearance, for comparing the Samaritan and Women's with the gynæcological departments of the Homœopathic Hospital; the figures are as follows :—

Samaritan Hospital	3 per cent.
Women's Hospital	1·5 „
Homœopathic Hospital	7 „

These are facts which we ourselves ought to know, and which it would be healthy to publish to our friends of the old school, who so often say that homœopathy can do nothing that allopathy cannot do, and do a great deal better. Let them get results like this. But combined with this must come a note of warning on the surgical side. We gradually reduced the mortality from 5 per cent. to '9 per cent., but from 1901 to the present time there has been a tendency to go up. It is well that we occasionally look to these figures as we should to a clock and see what time it is.

DIET AND HOMŒOPATHY.

By "FERRUM."

I VENTURE to call attention to the subject of diet (food and drink) in relation to homœopathic treatment. We know that the older homœopaths paid so much attention to the subject, that their cures were attributed by their opponents solely to their skill in dieting their patients. Though according the highest possible place to medicine, I often feel inclined to think that the homœopathic doctors of the present day pay too little attention to diet.

Importance of Diet.—It used to be thought that various kinds of diet interfered with the action of homœopathic medicines. Dr. J. Rutherford Russell, in one of his treatises, says he used carefully to caution out-patients against various articles of diet, which directions were generally ignored from force of circumstances; yet the medicines acted curatively. Doubtless; yet everyone knows the importance of diet in such affections as diabetes, eczema, and rheumatism. The question being of such vast importance in some diseases, the probability is that it is of more or less importance in the majority of ailments. This seems clear from the fact that some medical men treat all diseases by dieting, &c., without prescribing any medicine.

Diet causes Disease.—Improper diet (food and drink) being the cause of so many ailments, it follows from the homœopathic law that diet is capable of curing or relieving such ailments. Too much salt is said to make a person

scorbutic; too much sugar to cause biliousness; lettuce is said to induce sleep; green tea used to be taken to prevent sleepiness. Dr. J. Compton Burnett generally noticed that cataracterous patients were very fond of sugar, salt, or eggs—an interesting fact from a homœopathic point of view.

Disease indicates Diet.—Almost every medical man prohibits sugar and starchy foods in diabetes, and orders milk in eczema. There are many other such standing rules; but my belief is they may be greatly extended, to the advantage of patients generally.

Diet indicates Medicine.—This is seen from Bœnninghausen's lists of aggravations and ameliorations from food and drink. And doubtless these might be usefully supplemented by lists of food and drink which various persons are *fond of* or *averse to*. There would be considerable difficulty in compiling such lists; but if their value were admitted, it might be done by degrees.

Diet helps Medicine.—Just as certain diseases indicate or contraindicate various articles of diet, so probably do the different remedies. To make a complete list, chemical analyses of drugs and foods would be required; but much might be done by observation and experience.

Dr. B. Ridge, who was fond of generalising, classed together *acon.*, *arn.*, *bar.*, *bry.*, *cham.*, *china*, *con.*, *dulc.*, *jal.*, *kina*, *nux v.*, *puls.*, *sep.*, *sil.*, *spong.*, and *thuja*, calling them all alkaloids, and implying that any cure they effected was by neutralising the superfluous acid in the system. If there were any truth in his theory, it would be too general to be of any use.

Dr. H. Lahmann, in his treatise on *Natural Hygiene*, insists on the importance of the small percentage of the potash, soda, lime, and other salts in the various kinds of foods; and, from that point of view, recommends various articles of diet, and prohibits others, in different diseases. He does this apparently on a scientific basis.

But, from a homœopathic point of view, such a system would be more useful if certain kinds of food were recommended to be taken, or abstained from, when certain medicines are required. This would probably necessitate a chemical analysis of the various medicines—a colossal under-

taking. But I beg to suggest that such a list might be compiled, dealing with those medicines of which the chemical composition is already known; and that such a list might be added to from experience, and with the advancement of chemical analysis.

INDIVIDUALISATION.

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

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

IT is unnecessary in a homœopathic journal to enlarge on the essential and absolute importance of individualisation in the practice of medicine, considering each patient, not as one of a general class, but as an individual by himself alone, for whom we have to prescribe. We have to treat him, not by the name of the disease which we diagnose, but ascertain by careful examination, while diagnosing the complaint from which he is suffering, in what manner, and by what symptoms, he is differentiated from another individual who is the victim of a similar disease, and here comes in the advantage of such a careful examination; we, in selecting the medicine, find one which covers all the symptoms present and at the same time we find details of previous history, hereditary or acquired, and so modify or accentuate our therapeutical selection. This is all taken as a matter of course by homœopaths, and it is one of the features of the old-school practice of the present day that the best and most careful prescribers have seen the importance of Hahnemann's statement, that in order to treat successfully any patient the individual and not the name of the disease has to be recognised fully. We see nowadays with pleasure this tardy adoption by the old school of one of the essential features of homœopathic practice, and one of the illustrations of what, in the pages of the Review we have often noticed, namely the gradual and steady adoption, one by one, by the old school of many of the essential *dicta* of practice enunciated by Hahnemann, although unacknowledged by them in name or in the source of such teaching.

But this particular form of individualisation we do not

intend further to dwell upon in this paper. The point we wish to emphasise is the necessity of enquiring into and keeping in view, in the matter of treatment, the same principle of individualising each patient in all other ways than the prescribing an indicated medicine.

Every individual differs from another and that in a remarkable manner. Not only are there never seen two faces alike, two figures alike in build or in lines of contour, even in the back—a very characteristic feature of the body—but no two voices are alike, no two characters are alike, no two people have the same tastes, likes and dislikes, and most interesting of all things, no two people have the same mental gifts, alone or associated, or the same way of viewing things in general—social, political, or religious.

It is, then, essential that all points should be observed, noted and acted upon in the treatment of illness of any kind. In this position the observant and thoughtful physician appears, and he has, consequently, a power which the non-observant one fails to attain to. To put every patient under square and rule because he happens to be a human being, and ought, theoretically, to be the same as everyone else, is fatal to success, to say nothing of its being ridiculous when one takes the trouble to think out the absurdity of it. There may be general rules which are correct enough in the majority, while if they are enforced, from habit or ignorance, on the minority, disaster will be sure to follow in the matter of success in practice, since the cure of illness is the special *raison d'être* of the medical profession.

In this paper, to obviate undue length, I shall only take up the question of diet, leaving other points for a future occasion. Nor do I mean to dogmatise on theories of diet, or express opinions on the correctness or otherwise of general dietary rules, but simply to take what I may call a common-sense view of things.

One may divide the general kinds of dieting into two main types, the vegetarian and the mixed diet, the latter, of course, containing flesh meat to a greater or less amount. Now, as a question of principle, I consider vegetarian diet wrong and unscientific, when strictly carried out. The teeth and the digestive organs of the carnivora and the herbivora are distinct

in character, corresponding to the food they are constructed to digest. But the teeth and the digestive organs of the human race partake of both types. This of itself shows that man is created for, and constructed for, the eating and digesting of both animal and vegetable food, and not that one kind or the other of feeding is to be looked upon as what is right and correct. No doubt, meat is too largely eaten by many, causing disturbance of digestion from partaking of what is in itself right, but is taken in larger quantity than is assimilable. But this does not alter the main question at issue. Over-indulgence in any good thing is bad, and must ultimately produce disease. Besides, we find that human beings have been and are in perfect health while taking a partially meat diet, as everyone knows. The anatomical construction of man simply, then, shows that the human race has the capacity and power of living (1) on animal food, (2) on vegetarian food, and (3) on a mixture of both. We also find in the Levitical law, which may be looked upon as invariably correct, because God-given, that meat was not only allowed, but certain animals are specified as fit for food, while others are particularly excepted as being unfit. It should also be stated and distinctly remembered, that all except extreme vegetarians do eat animal food, or animal products, in the shape of milk, eggs, butter and cheese, without involving themselves in what is so often linked with vegetarianism as a part of it, but is an essentially, totally different, and purely sentimental idea of horror at killing any living thing for food. These two questions should be kept entirely separate and distinct, otherwise unnecessary confusion arises.

Having, then, accepted the general statements I have ventured to make, and which, I think, are correct, there comes in, at this point, the individualising of each person. While there is the human *capacity* to digest a mixed diet, there remains the fact that a great variation in this *capacity* exists in individuals. This has to be noted in treating cases that come under one's professional care. How often do we observe that certain patients require meat in their diet, and if put on vegetarian *régime* at once go down, feel weak, and show signs of innutrition. All this clearly shows that as individuals they have to be dietetically managed in accordance with their indi-

viduality, and not in accordance with any theory of dieting. In such cases it will be invariably found, on enquiry, that they have an innate liking for animal food. Again, we know that certain cases do best when what would be reckoned as, by rule, excess of meat is prescribed. It seems to be well digested, strength ensues, with general health and vigour. A patient who recently consulted me told me that having read vegetarian books, and put himself on that diet, he found that it would not do for him, as he showed signs of deficient nutrition, and felt correspondingly under-nourished. And I found that he was correct, and that he was one of those whose individuality precluded his abstaining from meat, and so I advised it to be eaten. Another patient, a lady, suffering from a form of dyspepsia, had been put by former physicians on a vegetarian diet, but instead of getting better, the reverse was the case, and all her symptoms were aggravated. On my prescribing meat three times a day, she at once began to improve in all points, and soon got quite well. Here the individuality of the patient had been entirely overlooked, and treatment in diet by hard-and-fast rules had been adopted.

On the other hand, how often do we find the reverse state of individuality exist. A patient comes to one, where meat has been regularly eaten from an idea on the patient's own part that it is necessary to "keep up the strength," or oftener from the well-meaning solicitude of parents or friends, who insist that it is quite essential. One finds on enquiry that meat is either positively disliked, or at least not cared for, and that he or she would be glad not to have to eat it. In such a case the individuality of the state is manifest. The consumption of the meat is very probably more than half the cause of the illness; the dislike to it is a sure indication that it is actually not required, but that the patient would be much better if it were either reduced to a minimum, or, still better, omitted altogether. In such cases it is interesting and instructive to see how manifestly delighted the patient is when told to give up meat, and live on vegetarian diet, including eggs, milk, &c. And still more instructive it is to see and watch the results of this advice. The patient at once improves, eats with relish, and becomes a different being. One has only to observe the individuality of such

a case, and see that he or she is one of those who can live well and healthily without meat at all, and regain a normal state of well-being. Whereas, if the individuality was not reckoned with, the state of the health would continue, in spite of medicines. A lady, a patient of mine, naturally delicate, and easily knocked down, had been in an almost constant state of ill-health, or a frequently recurring state of illness. She and her friends thought that a mixed diet, with animal food once or twice a day, was absolutely necessary to "keep up her strength." On account of these ideas I had to go cautiously and by degrees, till she at last saw how much better she was, and finally, on her own idea and observation of her state of health, she gave up animal food altogether, and lived a vegetarian life. Since then she has been a different person, enjoys her food, has no indigestion from it, and feels as different in general well-being as can be imagined. Nothing will induce her now to alter her diet, as instead of being weaker or thinner, she is well to her own feelings, as well as to the observation of friends, who remark how well she now looks.

I might multiply similar cases, but it is unnecessary; a single example illustrating what I mean, in noting individuality as an essential feature in healthy nutrition, is sufficient. The point to be observed specially is the fact that in treatment of patients, theory and general rules are most fallacious and injurious, and that each case must be individualised by itself, in order to obtain the best results.

There is another point in which the public continually go wrong, and in which, I regret to say, doctors go wrong also, following "authority" and theory to the detriment of their patients. They conceive that a certain amount of nutriment must be taken to be compatible with health. Theories are expounded by so-called "authorities," who maintain that a certain number of ounces of this and that form of nourishment are essential to healthy existence, and all are put under this theoretical rule of thumb. The idea seems to be that the more, up to a certain point, we can cram into the stomach the better and stronger we are. This may be all correct for certain people, and certain people may do well on this *régime*, but with these hard-and-fast laws or rules, the individuality of

each person is ignored, and infallible results of illness must follow. How often do we find, if we recognise this fact, that after a meal, or a "good dinner" as it is termed, the patient is aware that he has a stomach, and often very much so, and for this he comes to the doctor for treatment. This condition shows, in the first place, that the patient, with the best intentions, is taking more than his stomach can digest. His views as to strength, and the necessity of "feeding up" to maintain it, are quite erroneous. He or she has not the individual power to digest what is deemed necessary for him to swallow. His individuality must be observed and acted upon. If he takes less food, and perhaps less frequently, he will find that he ceases to be aware that he has a stomach, he gives this organ the proper amount of rest, the overtaxing of it and its consequences subside, and with a much smaller quantity of what he has been told is necessary, he becomes well. In fact, that while some patients require to eat well, and to be "fed up," the majority of those who come to us for treatment require to keep before them as a rule, not to "stoke," or see how much they can put into the stomach, but to see how little is compatible with health and comfort—how little, in other words, they can "do with." Everyone ought to rise from a meal feeling that they could have eaten more if they wished. In other words, the individuality of capacity must be kept in view for success.

We often notice that small eaters are far healthier than large eaters. We are told that so-and-so "eats nothing," and so-and-so tells us that he or she eats as much as they can, but stop when it is felt that "they can take no more." Here the result is the test. If enough nourishment is not taken, the patient gets weak, languid, tired and ill. If, on the other hand, he or she is well, active, bright, and comfortable as far as their digestive organs are concerned, proof is clear that as much nutriment is taken as is necessary for the individual's health. The small eater who "eats nothing" is well in health—in fact, in far better health than the large eater—if she is allowed to have her own way. She has the individuality which must be observed and respected if she is to remain well, whereas, if she submits, in accordance with theory, to be stuffed to please her relations and friends,

she becomes ill of necessity. If she is well, and enjoys what she takes, her individuality is clear, and it must be taken into account by the physician.

Then besides these general observations as to the individuality of each patient, it is most necessary to note what are so often called idiosyncrasies on particular articles of food. It is no use to treat these individualities as "fads" which have to be conquered, but which are never conquered. If opposed or laughed at, the patient will only suffer for it. Thus some people can never touch eggs in any form without being ill, others can take an egg occasionally, but cannot look on them if at all out of sorts. Some find an egg will cause constipation, while others find that if constipated an egg will act as a laxative. Many cannot touch milk without suffering for it, and there are many such individualities which must be recognised as such, and not as mere fads.

To summarise, each individual must be studied, when being treated, as an individual, and not as one of a flock of sheep, in order to ensure success. General rules of diet are all very well for certain people, but are useless and even detrimental if put in force for everyone simply because they happen to be of the human race. Certain types of diet are right for certain persons, while entirely different types are necessary for others, in order to avoid ill-health. Certain quantities of food are necessary for health to some persons, while to others what looks like "eating nothing" is the true source of health. There are many who have no appetite for breakfast, and would rather escape the ordeal of this meal, while at midday they are really hungry. These persons should go by such indications of Nature, and take no breakfast, but reserve their powers for midday. It is their individuality and it must be respected, and observed, and acted upon. Some people are only hungry at late dinner, and can then not only make a good meal, but thoroughly enjoy it, digest it thoroughly and sleep comfortably after it, while if the idea is allowed to take hold of one's mind that a full meal in the evening is bad, while at breakfast or lunch food may be swallowed against the appetite, illness is sure to result. I have frequently been consulted for sleepless restlessness at night in children, who, their mothers told me, were very hungry in the evening,

though not caring for middle-day dinner, and who were kept on very light food in the evening for fear of indigestion. To these I have prescribed a full "dinner" in the evening, with the result of happiness, comfortable digestion, and a good night's sleep. This was the individuality of such patients.

I shall probably be told by my readers that there is nothing new in all this, and that they knew it before. But it is well sometimes to have one's notice drawn to special facts, which may have been known before, but which are too often allowed to remain in abeyance in observation, or in action thereupon, and it is as essential for successful practice that the whole attention should not be concentrated on the indicated homœopathic remedy only, but on the very important point of individualising one's patient in the matter of dietary. If this is done carefully and accurately, the indicated homœopathic remedy will have much more potent influence than if it is allowed to pass unnoticed, and therefore not acted upon.

In other words, general rules are all very well, and may be theoretically correct for many, but to individualise such patients in the method of food is essential for professional success, and for the comfort and benefit of those who come for advice to us.

Clinical Cases.

By E. W. BERRIDGE, M.D.

(Continued from p. 419.)

CASE 14.—*Cicuta virosa*.—March 16th, 1879, a child, aged 22 months, had been for a week or two in the habit of eating coals; he would put them in his mouth, crunch, and swallow them "like sweets," as his nurse said. The only medicine then known to possess this symptom was *cicuta virosa*, and I gave him a dose of im . (Jenichen). Since then, though he will occasionally play with a coal, it never enters his mouth.

Comments.—(1) A writer has recently said: "Doubt is cast upon its genuineness by Dr. Richard Hughes, whose note upon it at foot of p. 286 in vol. iii. of "Allen" is, "not found."

But this "not found" is by no means the same as "not genuine." Boëninghausen quotes it in his *Pocket Book*; Allen marks it with an asterisk; and this case again verifies it. Kent's *Repertory*, the most perfect ever published, adds to this symptom *alumina* and *calcareæ*.¹

CASE 15.—*Lycopodium*.—January 22nd, 1874, Miss S. H. yesterday heard her brother sing a comic song: the chorus ran in her head continually afterwards, keeping her awake all last night; even the pendulum of the clock seemed to be ticking the words as it swung from side to side. To-day she has been involuntarily repeating the chorus every few minutes.

Diagnosis of the Remedy.—Only two remedies produce a similar symptom: *Crocus sativus* (2, 5, 6) and *lycopodium* (132, 598). Both seemed nearly equally indicated. *Crocus* (2) and *lycop.* (132) are almost identical, both describing the vivid recollection of music heard in the distant past. *Lycop.* (598) better describes the patient's state, as the chorus which troubled her so persistently had only been heard by her the previous day. *Crocus* (5) was sufficiently similar to be studied, but it was not exactly of the same order; in the prover it was the single musical note which excited her musical faculty, compelling her to sing; whereas in the patient it was the monotonous repetition of the chorus which was so impressed upon her mind that she was compelled to repeatedly utter the same words. Also *crocus* (6) did not correspond fully, as the repetition was not "quiet," but, on the contrary, a source of great annoyance to the patient. *Lycopodium* was clearly the *simillimum*; as it has also "talking on the same subject," and "cannot free herself from the one subject."

I gave her one dose of *lycopodium* mm. (Boërickè) at 3 p.m. She improved in a few minutes, but had a slight relapse after hearing the song again; but it soon ceased, and did not return under similar circumstances.

Comments.—(1) This case verifies the power of high potencies to produce pathogenetic symptoms on the healthy, and illustrates the long duration of the action of *lycopodium*. Symptom 132 was experienced by myself from a proving of 5m. (Jenichen), and it occurred forty-three days after the last dose. The long action of high potencies on the healthy

¹ See "Editorial Notes and News" for July, p. 389.

organism has been verified repeatedly; and these later symptoms should be observed with special care, for, as Bœnninghausen taught, they are often highly characteristic.

(2) For medicines producing analogous musical symptoms, yet not a *simillimum* to this case, see *cannabis indica* (many provings), *ether* (12), *plumbum* (57), *pulsat.* ("not found"), *salicylic acid* (36), and *sarracenia purpurea* (408).

RECURRING ATTACKS OF (ACUTE LOCALISED) ANGIONEUROTIC ŒDEMA.

BY DR. W. F. H. NEWBERY.

(Continued from p. 420.)

MY best thanks are tendered to Dr. Weddell for reference to Dr. Martin's Manual. I have been hoping to get a snapshot of my case, but since he has been under treatment the attacks have not been sufficiently severe for him to knock off work, and consequently I have not seen him when the œdema was well developed since April 16th, as reported in the June number.

May 21st.—Slight attack over left eye. Remarkable for beginning about 8 a.m., instead of between 9 and 12 p.m. Has had some small boils on left forearm which are now passing off. Repeat *apis* 30.

May 28th.—"A little swelling on penis." Has not had any swelling there for six months. Repeat *apis* 30, n. & m., *nux.* ix. *ṁij.*, *t.i.d.a.c.*

June 4th.—Slight attack yesterday in left cheek. "Stomach" has been "bad" last three or four days, "burning pain" behind sternum, higher than usual. Repeat *apis* 30, *arg. nit.* 3x. *ṁij.*, *t.i.d.*

June 11th.—No swelling and digestion better. Repeat *ambo.*

June 18th.—Slight attack of swelling which I saw, right side of face and both eyelids. Has been "bad in and out in stomach," "burning pain" in epigastrium and upwards, with "sinking sensation." Tongue very coated, "dry harsh taste," food tasteless, bowels inclined to be relaxed, generally move two or three times daily. Headache and giddiness, "wind." *Sulph.* 30, *t.i.d.*

June 25th.—A little swelling of left side of face. Last night had some swelling in front part of dorsum of right foot. This is the first manifestation of the œdema in the *lower limbs*. Pain in "stomach" less. *Natr. mur. 6, t.i.d.*

As I was going away I left orders with the dispenser to repeat next week if patient were doing well, if not, *liq. ars. mij., t.d.p.c.*

July 2nd.—Repeat *natr. mur. 6.*

July 16th.—*Liq. ars. mij., t.d.p.c.*

July 23rd.—Has been pretty well during my absence. On the 8th had some swelling commencing about 1 a.m., on the left side of face, which was peculiarly slow in developing, "as if something were keeping it back," so that it was not all gone down until morning of 10th. Since then has had a few small risings on arms and back of neck not larger than a sixpenny piece, and which did not last more than two or three hours. Patient smokes about 1 oz. or 1½ ozs. of tobacco a week, and would sooner drop anything than this. Continue *liq. ars.*

July 30th.—"A bit of swelling" on Saturday (27th) morning, about 5.30 a.m. Patient considers this attack remarkable, for coming on on a Saturday instead of as nearly always in the beginning of the week; for coming on early in the day instead of between 9 and 12 p.m., and for the rapidity with which it passed. "Stomach certainly better." Continue *liq. ars.*

August 6th.—Has had no swelling, and until about 2 p.m. no pain. Since then after eating a very little pork for dinner has been "nearly dead," "burning pain" in epigastrium with a lot of "wind." Tongue coated as usual. *Bry. ix. 3 h.* and frequent sips of hot water till relieved, then repeat *liq. ars.*

August 13th.—"Bad week of it." "Swollen up three times"; on 8th over right eye, "not much"; on 9th, ditto left eye; yesterday (12th) an attack which commenced on left side of mouth "seemed to jump right over to the right side." Digestion has been bad—"urging" on getting out of bed, pain in epigastrium almost constant; only time he has any ease is about two hours after getting into bed. *Num. ix. mij., t.d.a.c.* Advised him not to smoke at all.

Remarks.—Up to a week ago when patient ate the pork there seemed to be some progress towards improvement. I

shall hope to report again when there is anything definite to report. In the meantime I shall be glad of any further suggestions. I have not yet seen Martin's book..

Cases from Hospital Practice.

This section is reserved for reports of interesting cases occurring in Hospital or Dispensary practice, new methods of treatment, and all purely professional matters. These should be carefully, or, if needful, elaborately recorded and described. Each contributor will, if necessary, be allowed two pages of the REVIEW every month for this purpose.

Reports should be sent on as early in the month as possible.

LONDON HOMŒOPATHIC HOSPITAL.

HEART DISEASE COMPLICATED BY PREGNANCY.

Reported by Ed. Cronin-Lowe, M.B., B.S.

(Under Dr. Epps, Quin Ward.)

E. K., aged 20, was admitted on May 27th, 1907, suffering with very severe mitral stenosis and its many concomitants, *e.g.*, orthopnoea, cyanosis, pulmonary congestion, and œdema of legs, feet, and arms.

Two years ago she had rheumatic fever, this being her eighth attack since the age of 12, when the first occurred. She married in December, 1905, about eight months after her last illness, and remained fairly well until four months ago, at which time she thought she was one month pregnant.

It was about this time that she first became seriously troubled with her heart, palpitations and attacks of breathlessness on the slightest exertion were frequent, and she gradually became worse, with inability to lie down at night, and incessant cough.

On admission, she was found to be about five and a half months pregnant, and to have a very serious cardiac condition, with marked cyanosis and distress; her breathing was laboured and painful, cough frequent and ineffectual, expectoration difficult, but no hæmoptysis. She complained of a tight feeling in the chest, and a sensation of weight and oppression in the head, worse at night.

The heart, whose rapid action was quite obvious through her nightdress, was on percussion found to be greatly enlarged, especially on the right side, with a diffuse apical impulse 2 inches outside the nipple line ; and accompanying this was a pre-systolic thrill and murmurs of mitral stenosis and regurgitation. The aortic valves were competent, the pulse feeble, and several of the heart's beats failed to come through to the radial artery.

In the lungs were numerous rhonchi and râles with hypostatic consolidation at the bases.

The liver was enormously enlarged and tender, the legs, arms, breasts, abdominal wall and labia were very œdematous and pitted on pressure.

The uterus contained a fœtus of about five and a half months, its parts could be made out, but the foetal heart was not heard. Difficulty was experienced in vaginal examination on account of the œdema of the labia, but the foetal head was lying directly over the patulous and closed os uteri.

Cactus, *hyoscyamus*, and *digitalis infusion* were used as indicated, but the patient gradually lost ground until, on June 2nd, she suddenly became so very distressed that the end appeared imminent. All the conditions before mentioned were increased, and the daily urinary excretion had fallen to 12 ozs.

This crisis was met by active measures. Injections of *digitalin* $\frac{1}{100}$ grain, and *strychnine* $\frac{1}{80}$ grain were given hypodermically, *tr. digit.* ℥x. two-hourly, and strong coffee ordered.

The same evening improvement was marked and at the end of twenty-four hours 51 ozs. of urine had been excreted and the pulse had fallen from 160 to 110 beats per minute. The *digitalis* was continued four-hourly, and during the next twenty-four hours another 77 ozs. of urine were passed, and again 120 ozs. on the day following. Her condition was now wonderfully relieved and she slept in comfort. The œdema lessened quickly and the cough was easier ; *merc. dulc.* ℥x and *hyoscy.* 30 played their part, and the *digitalis* was again reduced to ℥v., four-hourly. But now a new difficulty arose ; the general œdema of legs was greatly relieved but that of the labia remained, and in fact increased, causing much discomfort to the patient, and making any attempt at vaginal

examination impossible. Hot fomentations eased the pain, but only temporarily removed the swelling. This condition, which was obviously increasing, was caused by the foetal head lying in the pelvis, and obstructing the pelvic veins, for although only now the size of a six months' foetus, yet this sized foetal head was too large for the pelvis under the existing engorged condition of the vessels and tissues, produced by such marked backward pressure of mitral stenosis.

Dr. Burford and Dr. Epps then met in consultation, and it was decided that labour should be induced at once, on account of the serious prognosis attending any further advance of pregnancy, for day by day it was seen that the vulval congestion was being continuously increased, and the heart's action was being reflexly affected by the uterine enlargement. In a short time natural delivery would be impossible.

Southey's tubes were inserted into each labium and fairly quickly reduced the oedema of the parts. She was then removed to the private room, and as soon as the vulval swelling would permit of manipulations, a bougie was passed well into the uterus, after the usual antiseptic preparations of the vagina had been made. No anæsthetic was found necessary.

In about four hours labour pains began, and in twelve hours from the insertion of the bougie all was safely over, and the patient quietly sleeping.

The effect of delivery upon the heart was immediate. The pulse-beats, which had been about 110 per minute, fell to 80 on the second day, the heart's action became regular, the breathing quieter, and the patient slept comfortably with two pillows only.

The obstetrical convalescence was perfect and uneventful, the uterus involuted well, the pelvic and vulval tissues became almost normal, and with *cratægus* ϕ three times a day this happy state of affairs continued for a fortnight. Then it was that the progress began to flag and the heart's action became once more rapid, oedema of the feet increased, and the general distress, which for some time had been checked, again returned. The daily excretion of urine, which during the past three weeks had been quite sufficient, now again began to diminish.

Remedies this time failed to act, or rather, the patient

failed to react to the remedies. *Digitalis* in infusion and *tincture* were tried, alone and alternated with *apocynum*, but without avail; *merc. dulc.* ix and *strychnine* were added, but with increasing pulmonary œdema and suppression of urine, the patient died.

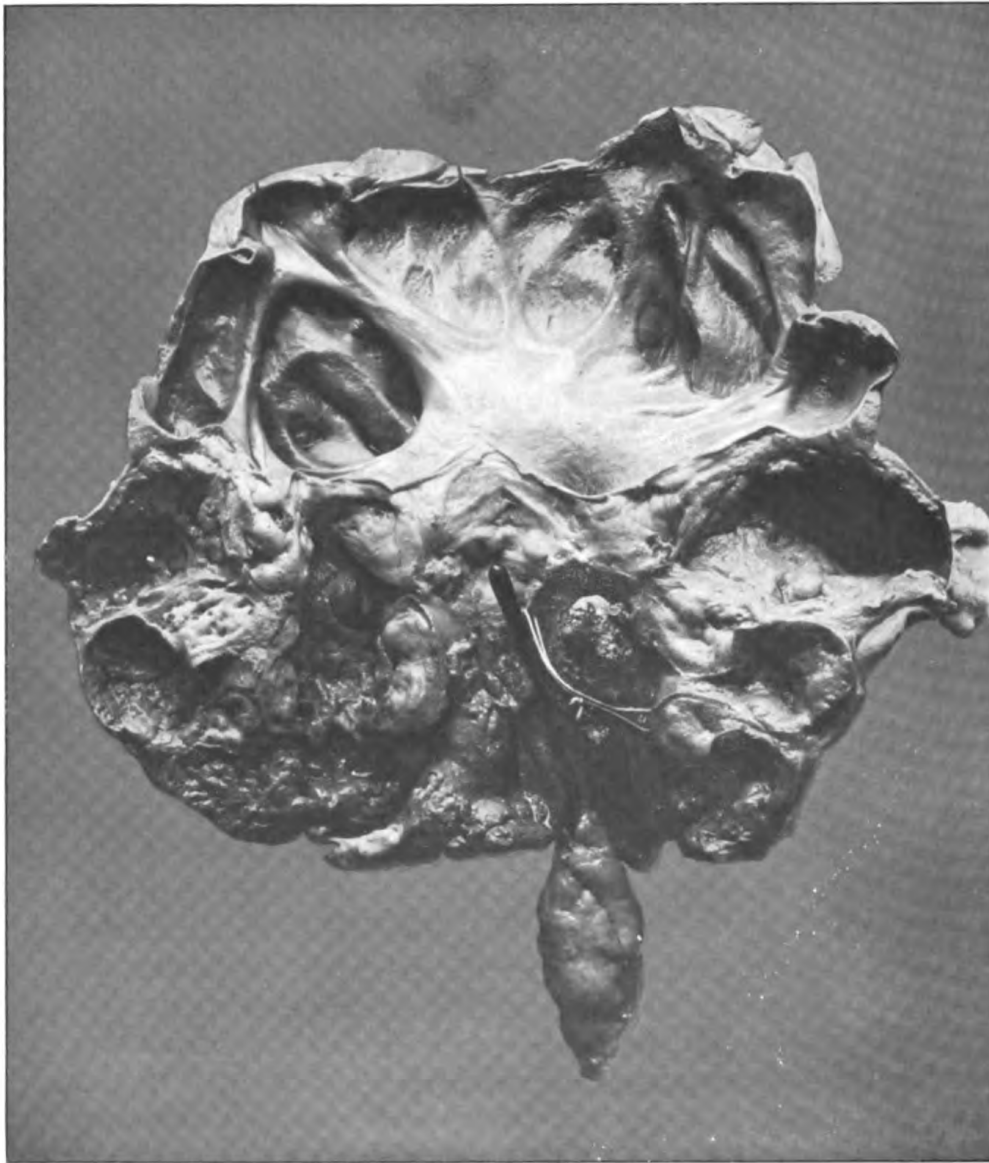
The interest of the case lies in the connection of the heart disease with pregnancy, for mitral stenosis is one of the most serious of obstetrical complications, and this case was about as bad as one could be. Yet she came through her labour wonderfully easily. Throughout the second stage, which lasted some three hours, the pains were fairly frequent and strong, and yet under this exertion her heart remained unaffected, and in fact improved after all was over.

As in cases complicated by advanced phthisis, so in such bad heart cases, the exigencies of the moment are wonderfully met, but sooner or later the cost has to be paid. Such cases call into service every reserve of tone and strength of which the patient is capable; but the tax proves too great in the end, the demands of even the improved condition are too much for the damaged organism, the over-stimulated heart cannot meet the needs of the future, and after a brave attempt only too often it fails.

Another point of interest is, the quick effect of the physiological action of *digitalis* in these heart emergencies. If it is going to act, it does so at once, and, as in this case, the relief is almost immediate, the urinary excretion is increased enormously, the distressing œdema and congestion are relieved and the heart's action becomes slower, more regular and forcible; but, and this seems a very big "but," the physiological effect soon wears off, and the patient no longer reacts as before to the doses given.

The heart may be in such a condition that, being relieved of the stress of the moment, it will regain a fairly healthy tone, and this will be largely aided by the homœopathically indicated remedy; the *digitalis* can then quite soon be replaced, and a permanent convalescence obtained. But again, as in the case reported here, the heart may be so far diseased that although *digitalis* does wonderfully relieve for the moment, yet the heart cannot be kept on; there is a limit especially in cardiac muscle beyond which efficient repair

TO ILLUSTRATE DR. CAPPER'S REPORT OF CASE OF
LARGE CYSTIC KIDNEY.



The kidney is split open to show the loculi. A calculus is shown *in situ* in the pelvis of the kidney, to the right of the pointer.

is impossible, for, obviously, this organ cannot be given complete rest; and so it is when the condition of distress recurs, that *digitalis* and *strophanthus*, &c., are so often found to have lost their charm, and the patient will not again respond as before. The dose may even be pushed considerably, but without much permanent effect; such cases have passed beyond repair, and the inevitable end ensues.

LEICESTER COTTAGE HOSPITAL.

REMOVAL OF LARGE CYSTIC KIDNEY.

Reported by Dr. Edmond Capper.

MRS F., aged 30, came into the Hospital a few months ago for the operation of perineorrhaphy. It was found, however, that the urine was loaded with albumen, and abdominal examination revealed a greatly enlarged right kidney. The operation was therefore deferred. Mrs. F. was confined on May 10th last year. She is a slightly built woman, and the labour was the first, and very tedious, instrumental assistance being necessary and extensive laceration of the perinæum resulting. She made a very slow recovery, the temperature keeping slightly above normal for many days, but at the time no kidney trouble was suspected. This was only discovered when she came into hospital for restoration of the perinæum. The diagnosis arrived at after observing the case for some days was tubercular kidney, but owing to her state of health at the time the operation was postponed. On admission on June 25th this year the right kidney was found to be enormously enlarged. The total quantity of urine passed was from 34 to 40 ozs. *per diem*; there was a large quantity of albumen, innumerable pus cells, but no tube casts were detected. The amount of urea passed averaged 190 grs. in the twenty-four hours. The temperature showed no rise either morning or evening. The heart-sounds were normal. Vocal resonance was somewhat increased over the right apex, but there was no dulness on percussion. On June 30th the kidney was removed by Dr. Mason. A free incision was made from the loin, forwards and downwards, sufficiently extensive to allow the hand to pass across for examination of the left kidney,

which appeared to be normal. The kidney was then removed entire with about 4 inches of the ureter, the upper part of which was much thickened and hypertrophied. The patient bore the operation well and made an excellent recovery, the temperature not exceeding 99.2°F. until July 8th, when the catamenia came on with febrile disturbance for five days. Even then the temperature did not rise above 101.2°F. The albumen persisted for a fortnight after the operation but in diminishing quantity, and on July 23rd it could be no longer detected, and 40 to 50 ozs. of urine were passed daily with a normal output of urea.

The kidney, upon examination, was found to be completely destroyed, only a shred of healthy tissue remaining. It formed, in fact, a multilocular abscess, about 10 ozs. of thick, creamy, odourless pus escaping on incision. Two calculi were found; one is shown in the photograph *in situ*, in the pelvis of the kidney; the other was smaller. The kidney was not tubercular, but the case was one of simple suppurative pyelonephritis. The patient is in excellent health.

PHILLIPS MEMORIAL HOSPITAL, BROMLEY.

DEPRESSION OF SKULL IN INFANT. OPERATION SIX HOURS AFTER BIRTH. RECOVERY.

Reported by Dr. H. Wynne Thomas.

MRS. H. was confined at 9 a.m. on June 13th of a female child, after being in labour thirty hours. The child was delivered by forceps with great difficulty and a depression of the right frontal bone the size of a crown piece was noticed. As the bones were well ossified, the fontanelle small, and manipulation made no effect on the depression, there seemed little chance of the skull righting itself. I decided, therefore, without waiting for symptoms to develop, to elevate the depressed bone before it became firmly fixed in its abnormal position. I had the child taken to the Phillips Hospital and at 3 p.m. (six hours after birth) made an incision $1\frac{1}{2}$ inches long $\frac{1}{2}$ inch to the outside of the depression. After deflecting the scalp and pericranium, with a Hey's saw I removed a narrow V-shaped piece of bone, inserted

an elevator under the depressed bone and lifted it into its normal position; on pressing firmly the bone rebounded suddenly like a celluloid ball regaining its shape. The edges of the wound were stitched with horsehair and "new skin" painted over; no other dressings were applied.

The operation was performed without an anæsthetic, but the child did not seem to feel any pain—it neither cried or struggled in the least, though it was perfectly conscious all the time; no doubt the prolonged pressure during labour had numbed the feeling of the scalp.

For about an hour after the operation the infant suffered slightly from shock, but with hot-water bottles this passed off, the child passed a good night, and was sent home to its mother next morning. The stitches were removed on the tenth day, the wound being soundly healed.

The child was well developed, and the bones of the skull abnormally hard for a child at birth. According to the mother's reckoning (*i.e.*, two hundred and eighty days from the end of the last period), the child's birthday should have been May 20th, not June 13th, so this may have accounted for the difficulty at birth and the bony condition of the skull. I feel sure the depression would not have recovered itself from the amount of force required to raise the bone, and I believe the longer the operation was delayed the more risk, as later on an anæsthetic would be required, and in a young child this would add very greatly to the danger of the operation.

BRISTOL AND CLIFTON.

A CASE OF INTERSTITIAL KERATITIS.

Reported by Dr. J. Hervey Bodman.

W. B., aged 8, admitted as out-patient at the Hahnemann Hospital, January 4th, 1906. Has always been very thin and delicate, and has suffered severely from constipation. Has been getting thinner for some months. When six months old the right elbow became painful and contracted; got well after two months. Did not have snuffles or rash during first few months of life. Has always been rather deaf but less so since the eyes have been bad; at times there is discharge from

the ears. A sister died, aged 1 year and 7 months, from "water on the brain." The first child of the family was still-born. For six weeks has had severe photophobia, but no severe pain in the eyes and very little discharge. During the whole of this time has been attending the Eye Hospital as an out-patient, but the eyes have not improved.

On examination it is found that there is general haziness of both corneæ, and there is well-marked ciliary injection, but there are no ulcers or phlyctenules, and scarcely any vascularity of the cornea.

Ordered *merc. bin.* 3x every four hours, and *atropine ointment* to be put into the eye twice a day.

January 11th.—Much less ciliary injection; pupils moderately dilated; less pain. Very constipated. Repeat *ambo.*

January 18th.—Corneæ clearer; less injection. Photophobia continues. Repeat *ambo.*

January 25th.—Corneæ have again improved a little; but the photophobia is still very marked. *Conium* 3x *t.d.*, and *calc. c.* 6 m. *et n.*

February 8th.—Less photophobia and injection. Repeat *ambo.*

February 15th.—Can open both eyes much more freely; corneæ still opaque, but there is now very little ciliary injection.

February 22nd.—Condition better on the whole, but there is a small phlyctenule on the right cornea. *Ars. alb.* 3x *t.d.*

March 1st.—Phlyctenule has disappeared; corneæ clearer. Repeat.

March 15th.—Improving. Repeat.

March 20th.—Corneæ practically clear; no injection. Distant sight good. Repeat.

Remarks.—The first point that calls for discussion is the etiology of this case. The great majority of cases of interstitial keratitis are due to congenital syphilis, other evidences of this condition may be found in 70 or 80 per cent. of the cases. In the remainder the most important predisposing causes are scrofula and rickets. In the case now reported none of the characteristic indications of congenital syphilis were present, nor was there a history of any symptoms attributable to this cause. The tendency to wasting and the fact that a little sister had died of "water on the brain"—probably

tuberculous meningitis—point to the patient's constitution being more of the scrofulous type. The affection of the elbow when he was 6 months old was probably a rachitic epiphysitis.

As regards treatment, it must be admitted that the first prescription, viz., *merc. biniod.*, was more empirical than rational, and was prompted by the assumption of a possible syphilitic element in the causation, which on reconsideration appears improbable.

The *atropine* ointment is an important adjuvant in the early stages of these cases on account of the tendency for iritis to occur as a complication.

The *conium* was indicated by the marked photophobia, which it certainly seemed to benefit.

The *calcareæ* was, of course, suggested by the presumably scrofulous constitution, and it may be well to add here that there was a distinct improvement in the patient's general health during the last two months of the treatment.

Arsenicum was chosen on the ground of previous experience of its value in cases of keratitis and especially in cachetic scrofulous patients.

The ultimate result was very good considering that on coming under treatment the whole of both corneæ were opaque, and the duration of the treatment was under the average for cases of its kind.

DEVON AND CORNWALL HOMŒOPATHIC
HOSPITAL, PLYMOUTH.

Reported by Dr. Newbery.

K. L., aged 22, single; first attended Homœopathic Hospital, Plymouth, on July 15th, 1902, for stabbing pain in rectum. Family history of phthisis on paternal side. She stated that last month she had an abscess near anus which burst, and since has been troubled with this pain.

On Examination.—The external opening of a fistula was seen about 1 inch to the left of anus and the end of a probe inserted into it could be felt beneath the mucous membrane 1½ inches up the rectum. A discharge exuded from external

opening. Patient was given *silica*₃₀ three times a day, for four weeks, then on August 8th, *acid. nit.*₆ four times a day, returning to *silica* at the end of a fortnight and using an application of *calendula* lotion. From this date (September 11th) to September 23rd, *calc. phos.*₃ gr. iij. *t.d.* On the 23rd *calc. fluor.*₃ was substituted and continued to December 2nd. During the whole period of treatment patient had been occasionally better and worse, but always showing a tendency to improve. On December 2nd patient was better and *silica*₃₀ tablets ij., three times a day, given. On the 9th discharge ceased, but returned on the 16th, when *calc. phos.*₃ gr. iij., three times a day, was ordered. December 23rd discharge increased.

On January 10th, 1903, patient was admitted into the hospital and a thorough examination made on January 13th. The external opening was entirely closed, a scar marking its recent position. On rectal examination the site of an internal opening could be felt healed up.

Remarks.—The above case may be of interest as one unsuitable for operation on account of phthisical tendency, recovering under medical treatment. Patient was well and there was no recurrence two years later. The increase of the discharge immediately before the final and permanent healing of the fistula is rather remarkable.

A PECULIAR SULPHUR CASE.—Dr. P. C. Majumdar relates the case of a young lady who was brought to him by her father and who for a long time had been suffering from a burning sensation over the whole surface of the body. This was constant, but there were fits of great aggravation numbering from ten to fifteen daily, which were quite unbearable, causing her to roll upon the floor in agony. These attacks lasted about a quarter of an hour. The menstruation was regular and she had no other symptoms. It was ascertained that many years previously she had been cured of rheumatic pains in her joints by some external applications, and also some itching skin eruptions had been cured in a similar manner. A single dose of sulphur 200 was given. In a week it was reported that there had been no more of the aggravated fits of burning, but that there was still some sensation of burning left. No more medicine was given and she was soon quite well.—*The Indian Homœopathic Review*, April, 1907.

Hospital and Provincial News.

* * The Editors request that all correspondents will kindly condense their reports as much as possible, consistent with a smooth and effective rendering of the facts they wish to convey. Items of *merely local* interest should be omitted.

As there seems to be some misunderstanding in regard to this section, we would point out that this section is reserved for :—

News, reports of meetings, &c., which must be compressed into one, or at the most two, paragraphs of not more than ten or twelve printed lines.

Newspaper reports, *unabridged*, need not be sent. Such reports must be condensed as above, otherwise they will not be inserted.

BRITISH HOMŒOPATHIC CONGRESS, 1907.

President.

WALTER T. P. WOLSTON, M.D.Edin.

Vice-President.

S. H. RAMSBOTHAM, M.D.Edin.

Hon. Secretary.

D. DYCE BROWN, M.D.

Hon. Treasurer.

E. M. MADDEN, M.B.

Hon. Local Secretary.

F. W. HAYES, M.B.

Council.

The PRESIDENT.

The VICE-PRESIDENT.

The HON. TREASURER.

The HON. SECRETARY.

The HON. LOCAL SECRETARY.

GEORGE BURFORD, M.B.

GILES GOLDSBROUGH, M.D.

C. KNOX SHAW, M.R.C.S.

J. GALLEY BLACKLEY, M.B.

29, SEYMOUR STREET,

PORTMAN SQUARE, W.,

July, 1907.

DEAR SIR,—The Annual Congress will be held this year in Harrogate, at the Majestic Hotel, on Thursday, September 19th.

The Presidential Address will be delivered at 10 o'clock a.m. punctually, by Walter T. P. Wolston, M.D.Edin. The title of the Address is, "Spas I have Seen." Any strangers, ladies as well as gentlemen, who may desire to hear the President's Address will be welcome.

A short interval, after the conclusion of the Address, will be occupied by the Hon. Treasurer in receiving the members' subscriptions; and at the same time, in order to leave the afternoon free for the objects stated hereafter, the Congress

will elect the President for 1908, and the other Officers of Congress, with any other business which may be necessary.

It is understood that the Congress of 1908 will meet in London.

A paper will then be read by Percy Wilde, M.B.Aberd., entitled, "Stimuli and their Organism," to be followed by a paper by Edward M. Madden, M.B.Edin., entitled, "Some Remarks on the Pathogenesis and Therapeutics of X-rays, illustrating their Obedience to the Law of Similars."

Although it has not been usual to discuss the Presidential Address, the Council has arranged, with the concurrence of the President, that, as the subject of the two papers by Dr. Percy Wilde and Dr. Madden are on the same lines as the Presidential Address, the discussion should be on all the three papers at the same time. The discussion, therefore, on the subject of the Presidential Address, and on that of the two papers following it, will then take place.

At 1.15 o'clock, the Congress will adjourn for luncheon to the ante-room in the Majestic Hotel.

It was resolved by the Council, advised thereto by the Vice-President, that the entire afternoon should be devoted to (1) seeing the baths, &c., of Harrogate, and (2) (weather permitting) to driving to places of interest and beauty near Harrogate. The Baths, &c., can only be conveniently shown between 2 and 3 o'clock, that is, immediately after lunch. The members of Congress will be accompanied in this round by the General Manager of the Baths, who will give full information. At 3 o'clock the Congress will proceed, as kindly arranged by the Vice-President and the Local Secretary, to drive to places of interest, which will be selected by the above-named officers.

Should the weather prevent this drive, the members of Congress will visit the Kursaal, where an excellent concert is held from 3.30 to 5 o'clock, and where afternoon tea can be had.

At 7.30 o'clock the members and their guests, ladies as well as gentlemen, will dine together at the Majestic Hotel.

On Wednesday evening, the 18th, the evening before the Congress Meeting, Dr. and Mrs. Ramsbotham have kindly asked the members of Congress, with their ladies, to a Recep-

tion at their house, Fairstead, Ripon Road, from 9 to 11 o'clock. Special cards of invitation will be sent to all who signify their intention of coming to the Congress.¹

A meeting of the Hahnemann Publishing Society will be held on the morning of the 19th (Thursday), at 9.30 a.m., at the Majestic Hotel, for the purpose of receiving the Report of the Hon. Secretary and Treasurer, and for the official closing of the Society. Dr. J. W. Hayward is the Hon. Secretary and Treasurer.

The subscription to the Congress is usually 10s. 6d., but this year it must be 13s., to include luncheon (which costs 2s. 6d.) as well as dinner. A dinner ticket alone, for guests only, is 7s. 6d. These charges are exclusive of wine.

The Council have unanimously resolved that all who reply on the enclosed Post Card that they intend to be present at the Congress, and who do not by letter or telegram, received not later than the morning of the Congress (Thursday, September 19th), state that they are unexpectedly prevented from being present, will be held responsible for the amount of the subscription (13s.) This is deemed to be necessary to complete the arrangements, and to prevent difficulties which have arisen at former Congresses owing to want of care and foresight.

Should you know of any colleague who has not received a circular, will you kindly let me know.

The enclosed Post Card is to be filled up and returned to me as early as possible, but not later than September 1st. Of course, if any colleague cannot make his arrangements so early, the Post Card will be received up to the day of the Meeting, but it is earnestly hoped that all will return the Post Card as early as possible, as arrangements for the Lunch and Dinner are much facilitated thereby.

I remain, yours very truly,
D. DYCE BROWN,
Hon. Sec.

P.S.—Any member of Congress who wishes to arrange beforehand for a bedroom will please communicate with the Vice-President, Dr. Ramsbotham, Fairstead, Ripon Road,

¹ This has been abandoned owing to the illness of Mrs. Ramsbotham. See special notice on p. 569.

Harrogate, or with the Local Secretary, Dr. F. W. Hayes, 3, Reginald Terrace, Leeds, who will be pleased to give full information regarding hotels and lodgings.

HOMŒOPATHY IN TRAVANCORE.

Mr. A. J. VARKHI, of the C.M.S. College, Kottayam, is an enthusiastic student of homœopathy. For some years he has been endeavouring to spread homœopathy amongst the natives by popular lectures, magazine and newspaper articles. We understand that he has also had considerable success in the treatment of disease. He is the author of the first work on homœopathy in Malayalam entitled "Compendium of homœopathy." At the present time he is opening a store, for the sale of homœopathic remedies in Kottayam and is trying to start agencies in other towns along the Malabar coast.

LONDON HOMŒOPATHIC HOSPITAL.

THE EARL CAWDOR, Treasurer of the London Homœopathic Hospital, Great Ormond Street, W.C., has received a cheque (per Dr. George Burford) for £1,000 from Amy Lady Tate to endow the first bed for male patients in the new extension of the Hospital to be named the "Sir Henry Tate Bed." The Hospital is appealing for £30,000 to extend the Hospital on its own freehold site and some £13,000 is still required to complete the fund.

THE LEICESTER HOMŒOPATHIC COTTAGE HOSPITAL.

ON July 18th a Sale of Work contributed by friends and patients who had benefited by treatment received, was inaugurated and carried out by the Sister and Nurse in charge, and yielded the sum of £23 towards the much needed funds of the institution.

Correspondence.

To the Editors of the BRITISH HOMŒOPATHIC REVIEW.

DEAR SIRs,—Referring to the cases reported by Dr. Cash Reed in the July number, of “pelvic pain” relieved by 5-grain doses of salicylate of soda, Dr. Procter claims the action to be homœopathic. I think the case of subacute rheumatism reported by myself in the same number as cured by the 3x. of the same drug bears this out. I admit having given the medicine empirically and rather in desperation. Perhaps a better acquaintance with our *materia medica* would have led to earlier success ; but the fact remains that the case got well on doses one one-hundredth of those given by Dr. Cash Reed. The experience of others would be interesting.

Yours faithfully,

Plymouth,

W. FREDK. H. NEWBERY.

August 14th, 1907.

Foreign Reports.

FRANCE.

ON A USE OF SECALE CORNUTUM.

WE had opportunity to employ with success *secale cornutum* in two cases, where, at first, this drug did not seem to be indicated.

Last year we saw a man of about 67 years, whom we knew long ago, and who complained of cold fits. He suffers from emphysema and asthma. To relieve the asthmatic paroxysms he burns, several times a day, a powder well known in France. But he has also cardiac complications : although anomalous sounds cannot be found by auscultation, this organ is hypertrophied and weakened with irregular and frequent beating. Walking and ascending stairs is difficult, and from time to time he is obliged to have recourse to *digitalis*.

For two or three years he has been subject to a sort of cold fits, that came irregularly, remained some time, and disappeared, but leaving a great weariness for two days. *Chin.*

sulf. had given relief, but without recovery : it had been the same for *aconite*, *arsenicum*, *cedron*, and several other drugs. On investigation we learned that the fits always came on the same way. There was a coldness of feet and hands ; they became pale, cold, with a intense feeling of uneasiness ; afterwards head seemed to be warm, beating, which suggested the thought of fever ; after some hours the limbs became warm again and all ceased, leaving only weariness. As this fever seemed not to be usual, we observed the temperature of the body, and we saw that during the fits it was not elevated, ascending sometimes only some tenths of a degree, without ever being in relation with the sensations of the patient.

We then thought that this man, rather old, with arterio-sclerosis, was afflicted with vascular or rather arterial troubles, and as *secale* just produces this tightening of arteries, this sort of an anæmia of extremities that characterised the beginning of the fit, and whose head congestion was but the reaction, we gave *secale corn.* in the third decimal trituration. Under the action of this drug the fits rapidly diminished and disappeared, without coming again for several months, a thing that had not happened for a long time. They came again, however, this last spring, but the same treatment cured them again.

A few weeks ago we also had the opportunity of seeing a lady who complained of almost the same thing. Sixty-nine years old, large and tall, with an irregular and easily weakened heart, arteries somewhat sclerosed. She suffered from fever with fits, with coldness of extremities, and head congestion. *China sulf.*, *glonoin*, *aconite*, *bellad.*, had not succeeded. Otherwise, as in the first case, temperature was not higher than normal. The story of my other patient came to my mind. I gave *secale*, third decimal trituration, and the improvement was rapid.

It then appears that these false cold fits, without any increase of temperature, are often the consequence of a tightening of already sclerosed vessels, on account of cold or an emotion, and that *secale* is quite homœopathic to this state, as shown by the above cases. *Naturam morborum curationes ostendunt.*

Dr. PAUL TESSIER.

Therapeutic Digest.

PHTHISIS FLORIDA CURED.—A striking case of cure of tuberculosis of the lung in a young lady, following typhoid fever, is narrated by Dr. Blessing in the *Homœopathic Envoy*. After typhoid in August, 1906, a long and severe illness, she failed to recover strength and appetite, although supposed to have been cured. There was a family history of her father and several brothers having died of consumption. On November 15th, 1906, she was much emaciated, weak, poor appetite, cough with expectoration, high fever beginning at 3 p.m. and lasting well into the night. Signs of a tubercular deposit were detected posteriorly in the right lung. She was ordered *ferrum phos.* and *calcareea phos.*, and one dose of *bacillinum* a week. On January 1st, 1907, she had gained 17 lbs. in weight, ate heartily, cough and expectoration were almost gone, no fever, and the lung nearly well. On January 17th she had gained more weight, and declared herself to be "as solid as a rock." Dr. Blessing adds that he has treated hundreds of consumptives, and has no doubt that this was a genuine case of *phthisis florida*, or "galloping" consumption, which yielded in two months to homœopathic remedies. We trust the cure may prove to have been a permanent one.

INTER-AURICULAR INSUFFICIENCY.— This is the name given by M. Roger to a rare accident observed in certain cardiopathies, and which depends upon an incomplete closure of the foramen ovale. The deficiency, however, is not sufficient to allow of any symptom occurring during health, but only when the pressure of blood in the right auricle is much increased. In these circumstances the increased pressure forces aside the valvular obstacle which closes the foramen ovale (trou de Botal), the two auricles communicate and the patient becomes intensely cyanosed. These patients can be cured and then the communication between the auricles ceases and the cyanosis disappears. The cause of the increased pressure in, and accompanying distension of, the right auricle, is commonly an attack of bronchitis super-

vening on an emphysematous condition of the lungs. This condition is a well-known cause of venous congestion and accompanying cyanosis, but in inter-auricular insufficiency the cyanosis is extreme and out of all proportion to the venous congestion, which may be slight and without any symptoms of backward pressure in the liver or kidneys, and the pulse remains full and strong. Prof. Roger relates two cases of this rare complaint, one in a man aged 44, in whom the first attack came on four years previously and recurred each winter with attacks of bronchitis, till the fourth attack carried him off. The other case was cured.—S. P. JOUSSET, in *L'Art Médicale*, April, 1907.

ASEPTIC PURIFORM EFFUSIONS OF THE MENINGES.—Dr. P. Joussett gives a notice of a communication made to the Academy of Medicine by MM. F. Widal and A. Philibert, in which they establish the existence of cerebro-spinal meningitis of an absolutely benign character, by narrating the following case: G., a butcher, aged 27, was taken ill on December 28th, with general malaise, marked lassitude, and very severe headache. Next day he got up, but symptoms increased, he could not stand and was obliged to go to bed again. He remained at home suffering especially from his head and complained also of sore throat. He entered the hospital on the sixth day of his illness, complaining principally of headache and persistent insomnia. He replied well to questions put to him, eyes were brilliant, conjunctivæ much injected; the pain in the head was diffuse without especial location. No pain on pressing the eyeballs, but a good deal of pain in the muscles of the neck, worse by inclining the head backwards or forwards. No vomiting or constipation; abdomen soft, not retracted, but the tache cerebrale was easily elicited. Temperature 38.9°C., pulse regular, 76. Kernig's sign present, patellar reflexes slightly exaggerated; no Babinski sign; plantar reflex normal. Tongue dry, white in the centre, red at the edges. No other symptom was present. The serum reaction when tested was found to be negative with regard to Eberth's bacillus and the paratyphoid bacilli. Blood testing by cultures showed the presence of a diplococcus non-pathogenic to mice. The

day after admission lumbar puncture was performed and about 30 cc. of liquid was withdrawn at high pressure which was cloudy and puriform. Cultures of the liquid on all sorts of media gave negative results, all the media remained sterile. Centrifuged, the deposit was found to consist principally of polynuclear leucocytes, a count giving the proportions, polynuclear leucocytes 68 per cent., large mononuclears 14 per cent., and lymphocytes 18 per cent. From the date of the lumbar puncture the headache immediately disappeared and did not return; temperature fell. Kernig's sign went, and in a few days he was quite well. Another lumbar puncture three days after the first revealed a great difference in the proportion of the various leucocytes, the count showed large mononuclears 88 per cent., lymphocytes 6 per cent., polynuclears 6 per cent. This observation establishes the existence of a benign form of cerebro-spinal meningitis, and shows at the same time how an absolutely certain prognosis can be made from the cell examination of the liquid obtained by lumbar puncture. In "purulent" septic liquids the polynuclears are deformed in consequence of the struggle maintained against the microbes and their toxins; in aseptic puriform liquids, on the contrary, having had no combat to sustain, they preserve all the purity of their outlines and the integrity of their nuclei. The difference between these two states permits, therefore, of a differential diagnosis between septic and aseptic pus.—*L'Art Médicale*, July, 1907.

PIPER METHYSTICUM IN WHITE LEPROSY.—Dr. P. C. Majumdar relates the case of a married young girl, aged 14, who otherwise healthy, came under treatment for two white spots, one on the right side of the neck just above the shoulder and the other on the outer side of the right leg 2 inches below the knee-joint. No family history of leprosy, syphilis, or any constitutional ailment. The spots were each of the size of a rupee. They commenced as minute pimples on the sites affected, these dried up and scales came off leaving white spots which gradually increased in size. In Allen's "Encyclopædia," vol. vii., under *piper methysticum* we find the following symptoms: "Skin covered as in leprosy with large scales which fall off and leave white spots; and these often become

ulcers." *Piper methysticum* 6x was given, one dose a day. The spots became black at first, and then the natural colour of the skin quickly returned.—*The Indian Homœopathic Review*, April, 1907.

Obituary.

DR. ALEXANDER VON VILLERS.

DR. VILLERS passed away on June 28th, after a long illness borne with the greatest patience and resignation. He will be greatly missed, for he was a man we can ill spare. His connection with homœopathy began at a very early age, and his name will always be associated with *mercurius cyanatus*. When he was an infant he had diphtheria. "Known remedies had failed to arrest the disease, and his father, Dr. Dominic von Villers, was in despair. Taking counsel with his friend, Dr. Beck (of Monthey in Switzerland), the latter was struck with the likeness of the case to the effects of *merc. cy.* in some poisoning cases, reports of which he had just been reading. He suggested the remedy. A small quantity of the salt was procured and an attenuation rapidly made and administered. Improvement soon set in, and recovery happily followed" (Dr. Clarke in *Dictionary of Materia Medica*). It was meet that a life thus saved should be devoted to the beneficent system that rescued him from death.

He was the leading representative of homœopathy for many years at Dresden. He was formerly editor of the *Allgemeine Homœopathische Zeitung*, but in 1891 he retired from this position and started a new homœopathic journal, the *Archiv. für Homœopathie*. Owing to Dr. Villers' large circle of acquaintance with foreign homœopaths, he was able to obtain many valuable original articles by English and American authors for its pages. Dr. Villers attended the International Homœopathic Congress held in London in August, 1896, where he made many friends, and took part in discussions on the papers, and was elected Honorary Vice-President of the Congress.

Reviews of Books.

Royal Leamington Spa : its Springs, Baths, and General Attractions. By John Murray Moore, M.D., &c. Leamington : Burgis and Colbourn, Ltd., 1907.

Fashion exists in everything, and medicines (in the old school at least) with spas are no exception to the rule. At one time, Leamington Spa was a very fashionable resort for invalids of a certain type, and most successful results were obtained from its baths and waters. Of recent years, however, it has been very much forgotten, and other places, especially foreign ones, have ousted it from its valuable position as one of the most certain curative spas in the world. It is well, then, to have it once again brought under the notice of the medical profession, and of the general public. We therefore welcome the pamphlet of Dr. Murray Moore who is now practising at Leamington. In it we get a very complete account of the place, its history, and its value as a curative agent. Leamington is well known, and the cases in which it is serviceable are, or ought to be, also well known to the profession. It is, therefore, unnecessary to go into detail on this point. But if any one of our colleagues should have forgotten its charm and virtues, we think they cannot do better than get a copy of Dr. Murray Moore's pamphlet. It is easily read, and will amply repay the trouble of reading it. It will give all information regarding Leamington and its baths and waters, with the cases that indicate their employment. And to everyone who wishes his memory to be refreshed on such an important subject, we heartily give similar advice. The pamphlet is excellently written, in a bright and readable style. We are much pleased to hear that henceforth a Homœopathic Dispensary, under the medical care of Dr. Murray Moore, will be reckoned among the valuable institutions of Leamington. We wish it and Dr. Moore all success in the work, and we also trust that his pamphlet will be the means of reviving the interest in Leamington and its curative value, which belonged to it years ago.

Notices, Reports, &c.

BRITISH HOMŒOPATHIC ASSOCIATION.

SUBSCRIPTIONS and Donations received from June 21st to August 20th, 1907 :—

GENERAL FUND.

							Donations.
							£ s. d.
A Friend	...	...	...	...	...	...	600 0 0
Allen, Dr. H. C.	...	...	...	...	...	...	5 5 0
Anon.	...	...	...	...	...	...	2 2 0
Austin, Dr. A. E.	...	...	...	...	...	...	5 5 0
Bellows, Dr. Howard P.	...	...	...	...	...	...	5 5 0
Biggar, Dr. H. F.	...	...	...	...	...	...	5 5 0
Blackwood, Dr. A. L.	...	...	...	...	...	...	5 5 0
Boult, Cedric R., Esq., J.P.	...	...	...	...	...	...	100 0 0
Brown, Col. James Clifton	...	...	...	...	...	...	25 0 0
Carleton, Dr. B. G.	...	...	...	...	...	...	5 5 0
Clark, Dr. B. G.	...	...	...	...	...	...	5 5 0
Custis, Dr. J. Gregg	...	...	...	...	...	...	5 5 0
Dewey, Dr. W. A.	...	...	...	...	...	...	5 5 0
Harvey, Miss	...	...	...	...	...	...	1 0 0
Hawkes, Dr. W. J.	...	...	...	...	...	...	5 5 0
Horner, Dr. J. Richey	...	...	...	...	...	...	5 5 0
McClelland, Dr. J. H.	...	...	...	...	...	...	5 5 0
McClelland, Dr. J. B.	...	...	...	...	...	...	5 5 0
Packard, Dr. Horace	...	...	...	...	...	...	5 5 0
Roche, Dr. E. B.	...	...	...	...	...	...	1 1 0
Royal, Dr. George	...	...	...	...	...	...	5 5 0
Stephenson, Dr. Stuart	...	...	...	...	...	...	1 1 0
Sutherland, Dr. J. P.	...	...	...	...	...	...	5 5 0
Van Lennep, Dr. W. B.	...	...	...	...	...	...	5 5 0
Wesselhoeft, Dr. Walter	...	...	...	...	...	...	5 5 0

£824 14 0

LADIES' NORTHERN BRANCH.

Subscriptions received since June 20th, 1907 :—

							Subscriptions.
							£ s. d.
Benecke, Mrs.	...	...	...	...	...	...	0 10 6
Cohen, Mrs. M. L.	...	...	...	...	...	...	1 1 0
Crosfield, Harold, Esq.	...	...	...	...	...	...	1 0 0
Fisk, W. H., Esq.	...	...	...	...	...	...	1 1 0
Pain, Mrs. M. Charlotte	...	...	...	...	...	...	1 1 0

£4 13 6

LONDON MISSIONARY SCHOOL OF MEDICINE.

							£ s. d.
Borthwick, Miss (donation)	...	...	...	...	...	...	1 1 0
Brewster, Miss C. D. (Summer Term Fees)	...	...	...	...	...	...	5 5 0
Cundy, Capt. James (Prizes)	...	...	...	...	...	...	13 17 0
Tate, Miss G. (Library and Museum Fund)	2 2 0

£22 5 0

TATE LIBRARY FUND.

Tate, The Lady (to furnish and equip)	£100 0 0
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RESEARCH FUND.

Calthorpe, Lord	20 0 0
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WE have received an appeal on behalf of a children's sanatorium for the treatment of phthisis, funds for which are asked for by a Committee of which Earl Cawdor is one of the members. A start has already been made at Holt in Norfolk, where amongst pine-woods and near the sea provision has been made for the treatment of fifteen children during the last twelve months in temporary accommodation. To establish a permanent building is the object of the appeal, which has so far resulted in the amount of £3,000 being subscribed.

B.H.S. GOLF.

IN the semi-final round of the Tournament for the Dudgeon Cup, H. Mason beat Byres Moir at Leicester at the 18th green ; H. Wynne Thomas beat E. Capper at Sundridge Park by 5 up and 3 to play.

BRITISH HOMŒOPATHIC ASSOCIATION
TWENTY-GUINEA PRIZE.

IN competition for this prize three more essays, giving a popular explanation of Homœopathy, have been received in addition to those already acknowledged. They are designated as follows : Non Sibi ; Ohne Hast, Ohne Rast ; and Espero.

No essay will be accepted after this notice.

DR. RAMSBOTHAM'S CONGRESS RECEPTION.

WE deeply regret to announce that Mrs. Ramsbotham has been prostrated by an attack of optic neuritis so severe as to make her receiving guests at her house on the evening of Wednesday, the 18th, quite impossible. Dr. and Mrs. Ramsbotham much regret that such a decision is imperative, but they trust to the kindness of the members of Congress in permitting them to withdraw from what would have been a great pleasure to them. We are sure that all our colleagues deeply sympathise with Dr. and Mrs. Ramsbotham in this affliction, and much regret that it is the means of depriving them of an anticipated pleasure. They trust that the curative measures adopted will be successful.

NOTICE TO CORRESPONDENTS.

. *We cannot undertake to return rejected manuscripts.*

All MSS. should be in the hands of the Senior Editor by the 15th of the month at the latest.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same **as early as possible** to Dr. MCLACHLAN, 3, Keble Road, Oxford.

The Editors of Journals which exchange with us are requested to send their exchanges to Messrs. BALE, SONS AND DANIELSSON, LTD., 83-91, Great Titchfield Street, Oxford Street, London, W.

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

Contributors of papers who wish to have reprints are requested to communicate with the Publishers, Messrs. BALE, SONS AND DANIELSSON, LTD., who will make the necessary arrangements. Should the Publishers receive no such request by the date of the publication of the REVIEW, the type will be broken up.

All books for Review should be sent to the Publishers.

Papers and Dispensary Reports should be sent to Dr. MCLACHLAN, 3, Keble Road, Oxford.

Advertisement and Business Communications to be sent direct to the Publishers.

Communications received from "FERRUM," Dr. A. A. BEALE (London), Dr. J. H. BODMAN, Dr. DYCE BROWN (London), Dr. CAPPER (Leicester), Dr. GEORGE CLIFTON (Leicester), Dr. W. F. H. NEWBERY (Plymouth), Dr. SIMPSON (Birkdale), Dr. H. WYNNE THOMAS, Messrs. KEENE and ASHWELL ("Homœopathy in Travancore.")

BOOKS AND PERIODICALS RECEIVED.

St. Louis Medical Review, The American Physician, The Calcutta Journal of Medicine, Medical Century, The Medical Times, The Vaccination Inquirer, Le Mois Medico-Chirurgical, The Hahnemannian Monthly, The Chironian, The Homœopathic Envoy, The New England Medical Gazette, Pacific Coast Journal of Homœopathy, The Medical Brief, The Homœopathic Recorder, The North American Journal of Homœopathy, The Homœopathic World, The Indian Homœopathic Review, Universal Homœopathic Observer, L'Art Médicale, Revue Homœopathique Française, Revue Homœopathique Belge, The Brotherhood of the New Life, No. 13.

THE BRITISH HOMŒOPATHIC REVIEW.

OCTOBER, 1907.

Editorial Notes and News.

**“Hands Across
the Sea.”**

A SPLENDID example of International Homœopathic comity, and withal of the spontaneous generosity of our American brethren, occurred during last month. Our readers will recall that, accruing from the visit of the delegates of the British Homœopathic Association to America last year, several of the leading personalities in American Professional Homœopathy signified their acceptance of the office of Honorary Vice-President of the Association.

This year, during the Annual Meeting of the American Institute of Homœopathy, the American Vice-Presidents of the Association, taking their honorary duties seriously, conceived the happy idea of marking their interest in the Association's work by each sending a donation of five guineas to the exchequer of the British Homœopathic Association. Dr. James H. McClelland, of Pittsburg—the President of the last International Congress—ingeminated the happy conception, and under his brilliant tutelage the plan at once sprang into shape and form. The names of the Honorary Vice-Presidents thus subscribing are as follows :—

Dr. J. H. McClelland, of Pittsburg.
Dr. J. B. McClelland, of Pittsburg.
Dr. J. B. Gregg Custis, of Washington.
Dr. Howard P. Bellows, of Boston.
Dr. J. Richey Horner, of Cleveland.
Dr. W. B. Van Lennep, of Philadelphia.
Dr. Bukk Carleton, of New York.
Dr. Eugene Austin, of New York.

Dr. John P. Sutherland, of Boston.
 Dr. Horace Packard, of Boston.
 Dr. H. F. Biggar, of Cleveland.
 Dr. B. G. Clark, of New York.
 Dr. Walter Wesselhoeft, of Cambridge.
 Dr. H. C. Allen, of Chicago.
 Dr. George Royal, of Des Moines.
 Dr. W. A. Dewey, of Ann Arbor.
 Dr. A. L. Blackwood, of Chicago.
 Dr. W. J. Hawkes, of Los Angeles.
 Dr. J. W. Ward, of San Francisco.

From each of these gentlemen the Secretary has received a donation of five guineas.

The most cordial and wholehearted thanks are due to these American notabilities, not only from the Association, but from British Homœopathy in general, for their large-minded sympathy with the cause across the water ; and we in this country heartily reciprocate their good will, and both for the Vice-Presidents individually and the cause they represent cry, "*Floreat semper !*"

* * * *

The Congress at Harrogate. THE Annual Congress, held at Harrogate this year, will be remembered as one of the most successful of our gatherings together.

Harrogate is well known for its fine tonic air and delightful surroundings, and these advantages were enhanced by perfect weather. Dr. Ramsbotham, the Vice-President, had arranged that our meetings should take place at "The Majestic," a hotel worthy of its name, and situated in beautiful grounds, within easy reach of the baths and the centre of the town. The Congress was not so well attended as many have been, but the North of England homœopaths, especially the Yorkshiremen, showed up in good force, and there was a fair contingent from London, but from South of the Thames and the West of England the attendance was very scanty. This was, no doubt, due to the distance. Dr. Wolston, of Edinburgh, was President of the Congress this year, and punctually at half-past nine took the chair at the meeting of the Hahnemann Publishing Society.

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**The Hahnemann
Publishing
Society.**

IN the Victorian era, British Homœopathy was in its nascent stage, and naturally a lively and evolving organism. This period saw the formation and activities of the Hahnemann Publishing Society, a body to whose credit is due the publication of the chief Homœopathic classics in the English language. The translation and issue of the "Materia Medica Pura" would alone merit our ever grateful thanks. Add to this the compilation of that masterpiece of original work, "Materia Medica, Physiological and Applied," and finally that well of symptomatology undefiled, the "Cypher Repertory," and the obligations of Homœopaths for these works will endure for all time. No confraternity conceivable, however, could continue the production of such *chefs d'œuvre* for an indefinite period, and accordingly the Society for some years has ceased publication.

* * * *

Its Termination.

THE formal winding-up of the affairs of the Society was effected during the meeting of the Congress at Harrogate. Dr. J. W. Hayward, the Treasurer and Secretary, presented his final statement, and a cordial and unanimous vote of thanks was accorded him for his long and unwearied labours in these offices. He alone is left of the original co-workers—Drs. Dudgeon, Drysdale, Black and others; and a very considerable portion of the original work published by the Society was done by Dr. Hayward. His monograph on "Crotalus" is, and always will be, a Homœopathic classic, and will probably enjoy a wider reputation a century to come than at present. But the reconstruction of the Society or the devolution of its work was inevitable, and the latter course was decided on by the meeting. But we consider that Dr. Hayward's long association with the work of the Hahnemann Publishing Society deserves some more objective acknowledgment than a mere subjective vote of thanks. All Homœopaths are interested in the life-work of this Nestor of their Profession. What do our Liverpool brethren say?

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Its Successor.

BY a unanimous vote it was decided to ask the British Homœopathic Association to take up as far as was practicable the work of the Hahnemann Publishing Society; and

it was further decided to transfer the residual property of the Society to the Association, with this specific object in view, should the latter body convey its assent. The British Homœopathic Association, charged with the general welfare of Homœopathy in the United Kingdom, has many duties to perform, but not the least in interest or importance will be the carrying on of technical research—and publication—work.

Coming as a legacy from the Hahnemann Publishing Society, so much interest is felt among the Homœopathic profession in this department of standard literature, that it is hoped that the "Cypher Repertory" may be again taken in hand, and brought up to current date with new remedies. Our honoured colleague, Dr. Hawkes, of Liverpool, has already expressed his desire to substantially support such a scheme, creating a large sphere of action for that chief of all repertories, the "Cypher Repertory."

* * * * *

The Congress Papers. THE President's address was on "Spas I Have Seen." The address was a very interesting one, and embodied Dr. Wolston's unrivalled personal knowledge of the principal British and Continental watering-places. There was an audience of between fifty and sixty, amongst whom we noticed several ladies. After the address the business of the Congress was transacted, and Dr. Burford showed some specimens of rare cases of extra-uterine gestation. According to what has now become the custom the next Congress will take place in London, London alternating with some place in the provinces as the meeting place.

After this business had been transacted Dr. Percy Wilde and Dr. E. M. Madden read their papers, the former a theoretical paper, on "Stimuli and the Organism," the latter a practical one, on "The Pathogenesis and Therapeutics of X-rays." A short discussion followed, in which Drs. J. Murray Moore, Proctor, Burford, Cash Reed, and Dyce Brown took part, and the Congress then adjourned to partake of the luncheon given to members by the Yorkshire Homœopaths.

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The Harrogate Baths. FROM two to three the time was spent in looking over the Baths, special arrangements for which had been made by the manager, who kindly conducted us and explained the

various baths and their uses. Harrogate has, of late years, gone ahead in this direction, and can now hold its own with any Spa, British or Foreign. It possesses all kinds of electric light and heat baths and appliances for the treatment, by electricity, in all its forms, of every organ of the body, peat and plombière baths, Turkish baths, vapour baths, in fact, baths of every description, as well as mechanical appliances for the treatment of stiffened joints, vibratory and ordinary massage, &c. Going round the baths took a full hour, after which members of the Congress set out in various directions by coach and motor to explore the beautiful surroundings of Harrogate. It was an ideal day for the country, the air being warm without being too hot and the sky cloudless.

* * * *

AT 7.30 we all re-assembled at the Hotel Majestic for dinner. In Dr. Wolston's absence Dr. Ramsbotham took the chair. The usual toasts were proposed, but the great event of the evening was the presentation to Dr. Dyce Brown of a handsome piece of silver plate, which had been subscribed for by between eighty and ninety of his professional brethren. The presentation was the outcome of a desire amongst the homœopathic practitioners of Great Britain to do something which should show their appreciation of the many years of devoted work which our colleague has given to the cause of homœopathy. This purpose was explained in suitable speeches by Dr. Madden and Dr. Burford, and Dr. Ramsbotham then made the presentation and read the inscription on the vase, which runs as follows: "Presented to D. Dyce Brown, Esq., M.A., M.D., at the Annual Meeting of the British Homœopathic Congress, September 19th, 1907, by his professional colleagues, as a mark of their admiration and esteem for his manifold labours in the furtherance of the cause of Homœopathy."

* * * *

UNDOUBTEDLY the *pièce de résistance* of the Congress in the evening was the presentation of the testimonial to Dr. Dyce Brown. It was a fine sight—that of the veteran, after forty years' public service in various Homœopathic fields, receiving the unstinted expression of thanks from those for

whom and together with whom he has striven. And not the least humanly interesting element was the unassuming yet self-respecting way in which our valued colleague acknowledged the good wishes of more than eighty of his professional brethren. It is no slight ordeal to pass through, and when the whole assembly rose to their feet and cheered the hero of the evening, it was a fine acknowledgment, issuing from the nature of the man, to set forth the idea of duty as the moving spirit of the life. No cause can be derelict in which the ideal it inspires can last so long and bring about so much.

* * * *

**Patres
Conscripti.**

THE happy inspiration which made Dr. Hawkes call for the public remembrance of the absent leaders, Dr. Pope and Dr. A. C. Clifton, was warmly taken up by the audience. Certainly our two colleagues, away through the detaining hand of Anno Domini, may have felt in their distant homes some telepathic communication of the good wishes and remembrances then unanimously expressed. Dr. Proctor, now as ever, neatly hitting the occasion off in murmuring, "The tumult and the shouting dies—The captains and the kings depart," had in his mind's eye doubtless not only the break-up of the gathering, but that detachment from the strenuous life and that retirement into well-earned quietude which is the portion of those two distinguished men whose health was so enthusiastically drunk by the assembly. It is fitting that Homœopathy should thus remember, by deed and by word, those of its captains who, once "rowing hard against the stream," still remain to scan with interest the carrying on of the work whose fortunes they have ceased to steer.

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THE following Pathological Specimens were exhibited by Dr. Burford during the Congress's sitting, and excited much interest :—

(1) *A very Rare Specimen of Double Simultaneous Gestation in the Fallopian Tubes.*

This specimen is the *Sixth Recorded Case* of its kind in the medical literature of the world.

Laparotomy: Transfusion during operation. Recovery.

(2) A Rare Specimen of *Extra-Uterine Gestation* diagnosed as such, and *Removed before Rupture*.

Patient had been married a year; had one doubtful miscarriage, otherwise in good pelvic health.

Abdominal section. Recovery.

(3) Specimen of *Extra-Uterine Gestation* in a very early stage. Rupture had occurred into the abdominal cavity, and a large quantity of fluid blood and clot was removed from thence.

Abdominal Section: Transfusion during operation. Recovery.

(4) Specimen of *Extra-Uterine Gestation* which had *Ruptured into the Abdominal Cavity*.

The embryo is 22 weeks old: it had died some months before removal, and had commenced to suppurate.

Abdominal Section. Recovery.

* * * *

Legacy.

WE are glad to learn that the Earl Cawdor, as Treasurer of the London Homœopathic Hospital, Great Ormond Street, W.C., has received a legacy of £1,000 from the estate of the late Mr. James Leath.

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The Golf Tournament.

THE final round of the Tournament was played on the Chislehurst links on August 15, between H. Mason and H. Wynne Thomas. The latter won by 4 up and 2 to play, so becoming holder of the "Dudgeon Cup" for the first year. We regret that owing to extreme pressure of Congress Reports, details of this match, and much other matter of interest, is unavoidably left over until November.

* * * *

Local Antiseptics in Skin Diseases.

It is both interesting and instructive to find Sir A. E. Wright, in his lecture before the Harvey Society of New York, quoting with approval the following dictum of Sabouraud, the great skin dermatologist: "Curious, indeed, is the failure of antiseptics in connection with the treatment of bacterial diseases of the skin. Quite colossal were the expectations

which were entertained with regard to what would be effected. What has actually been accomplished by antiseptics amounts in point of fact to almost nothing." Professor Wright adds to this by saying that the antiseptic will directly antagonise the protective forces which the living organism has at command. "It will paralyse the phagocytes, and will abolish the antibacterial power of the blood fluids. . . . It will also injure the histological elements, and, in particular, the capillaries of the tissue to which it is applied. It will thus lead to an outpouring of lymph from the disinfected surface, which will not only wash away the antiseptic, but will, where a skin surface is in question, convert the natural dry keratin armour of the normal epidermis into a sopping, lymph-sodden blanket in which bacteria will easily establish themselves." Thus is the negative side of homœopathic treatment of skin diseases, the abstention from using strong local applications, justified by our modern pathologists. The positive side, viz., the internal treatment by specific medication on homœopathic lines, seems also in course of being demonstrated to be the right procedure by Sir A. E. Wright.

Original Articles.

British Homœopathic Congress— Presidential Address.

SPAS I HAVE SEEN.

BY DR. W. T. P. WOLSTON.

GENTLEMEN,—To cordially thank you for the honour which you conferred on me at your last Congress, in appointing me your President for this one, is my duty; I can scarcely say truthfully my pleasant duty, for the sense of responsibility that is connected with the honour has reduced the pleasure almost to a minimum. So much is looked for in the presidential address of the British Homœopathic Congress, that none but my predecessors in office can sympathise with me in the difficulties of the exalted position which to-day is mine.

The charming health resort in which, however, we find

ourselves gathered, has come to my aid, and while extending to you a very cordial welcome to Harrogate, the baths and beauties of which you will have an opportunity of surveying later in the day, under the able guidance of our genial Vice-president, I confess that our being here has helped me in the subject-matter of my address, always a very difficult selection to make. The reason of this is not far to seek, since your President is expected to have the wisdom of a Mentor and the skill of a philosopher in so marshalling theories and facts that the greatest gainsayer may be persuaded. Qualities of this kind, I well know, I do not possess, and therefore it was a great relief to learn that, making quite a new departure, the Congress Committee this year had decided that the Presidential Address, hitherto listened to with silent respect and forbidden to be discussed, was, on this occasion, to be taken out of its habitual academic atmosphere of dignified isolation, and, along with papers which follow it, should be subject to discussion.

This resolution was very probably the outcome of a hint which I gave to our most able Honorary Secretary a year ago, that, as we were to meet at a great bathing centre, the thought had crossed my mind that an address on the relative value of hydro-therapeutic and hygienic treatment in other health resorts, which I have personally visited, might be useful, especially to the younger members of Congress.

Since our last Congress death has been unusually busy in thinning our ranks. Dr. Thomas Skinner, of London, died at the advanced age of 81. At one time private assistant to the late Sir James Y. Simpson, his energies were turned in the direction of gynæcology, and, like his master, he was bitterly opposed to homœopathy. A chronic invalid for three years, he at length put to practical test the system he had so vigorously denounced, by taking a few doses of a very high potency of sulphur, administered by Dr. E. W. Berridge. His cure was rapid and permanent, and he very soon avowed himself a thorough-going homœopath, having always a tendency to high dilutions, though he freely admitted the use of the lower dilutions, or even of the mother tinctures. His work on "Homœopathy in Relation to the Diseases of Females" is well worth perusal.

Dr. William Barclay Browne Scriven, who practised in Dublin from 1850 to 1901, and then retired to his property at Balbriggan, died there lately, at the age of 89. Greatly beloved and trusted by all who knew him, he most worthily sustained the cause of homœopathy in Dublin for over fifty years.

Another octogenarian whose loss we mourn was Mr. Thomas Miles, M.R.C.S., of Ramsgate, who died there in his 83rd year.

Mr. W. H. Netherclift, M.R.C.S., who had practised homœopathy in Canterbury for over twenty years, died unexpectedly of heart disease, at the age of 60. In addition to carrying on a large practice in Canterbury and the surrounding country, he took an active part in the political and social life of Canterbury, and when ill-health compelled his retirement two years ago, great regret was expressed by every one who knew his all-round capabilities and professional accomplishments.

The removal of James Rudolf Paul Lambert, M.D., by an accident on the London electrified underground railway, was a great shock to the many who knew and valued him, and has robbed us of one of the best workers in our junior ranks. I knew him intimately during the whole of his very diligent student career in Edinburgh. After taking various hospital appointments he at length settled at South Kensington, where he was rapidly building up an exceedingly good practice. His death is a great loss to the London Homœopathic Hospital, to which he was assistant physician, as well as anæsthetist. Many contributions from his pen have appeared in the *Monthly Homœopathic Review* and the *Homœopathic World*. Painstaking to a degree and a keen homœopath, he is greatly missed, not only by his patients and friends, but by his hospital colleagues.

Another junior, whose premature decease we deplore, is Dr. William Sugden Wrigley, who, for a time, assisted Dr. Finlay at Rawtenstall. After his marriage, a little over a year ago, he practised at Nelson, but fell a victim to phthisis in June last, at the early age of 26.

Among our foreign fellow-labourers I regret to have to notice the death, in October last, of Dr. B. Fincke, of

Brooklyn, the well-known advocate of the highest potencies, at the ripe old age of 85. In the same month, at the age of 70, Dr. H. Goullon, a celebrated German physician and writer, died at Weimar; and in June Dr. Alexander von Villers died at Dresden.

For more than thirty years, when taking my annual autumn holiday, I have been wont to visit a few of the health-resorts of Great Britain and the Continent, with the view of making myself acquainted with the climatic, hygienic, and, when existing, the balneological, conditions which obtain in them, and thus learning better how to utilise the resources of these places in the many chronic maladies which pass through one's hands. The knowledge thus acquired has not only been of service to my *clientèle*, but not infrequently to some of my professional brethren, who, not having had the opportunity of learning first hand the most desirable places to which their patients might be sent, have made enquiry of me regarding their respective merits.

This leads me to say to my younger brethren that I would very strongly urge them to do as I have done. A day or two spent in examining a health-resort affords the opportunity of learning the general *entourage*, getting to know local doctors and hotels, &c., and gives one an insight into the desirability and usefulness, or otherwise, of the spot. This is specially true as regards the Continental spas, to which patients are often sent, without much judgment, by English doctors, as the result of having only read that such-and-such a place is *the* spa for a particular malady. The importance of this will be very manifest to every thoroughly cultivated and practical physician. He who would be such has need of three qualifications. First, he must be a man of good common sense, eager to know all that will help his patients and wise in the application of his knowledge; secondly, be well educated in every branch of the healing art; and, thirdly—most important of all—be a thorough believer in homœopathy, that grand law of cure which it is the delight of the initiated physician to ever remember.

At first sight it might not seem that hydro-therapeutic treatment, either at the spas in Great Britain or on the Continent, had much, if anything, to say to homœopathy.

To this I most emphatically demur, because I am of opinion that in the highly varied and luxurious healing founts, which Nature has prepared in the bowels of the earth and caused to flow gently forth from some of the fairest spots on the face of the globe, the alchemy which is connected with the dogma *Similia similibus curantur* is distinctly in evidence.

The permanently curative effects of many of these waters, believe, lies not so much in the massive doses of the more ordinary salts which they contain, but in the almost infinitesimal quantities of deeply-acting drugs like bromine, iodine, silica and arsenic, *e.g.*, which also exist in some of them, and very small doses of which, we know perfectly well, have a potent and lasting action on the constitution, when administered by us in the dilutions prepared by our chemists.

I confess, however, to having great confidence in the unerring wisdom and Divine beneficence of Him who has provided these healing streams, and the knowing how to rightly utilise them is a very valuable addition to our armamentarium, in dealing with the multitudinous maladies to which the human frame is subject and which we, as physicians, have to treat. I shall be glad, therefore, if the holiday rambles and observations thereon of a valetudinarian may help others, with life before them, to cure their patients *tuto, cito, et jucunde*.

Since they are within easy reach of us all I will first glance very briefly at the spas I have visited in England and Scotland, among which, of course,

HARROGATE

(Yorkshire, altitude 300 feet)

first has our attention. If she claim—as she does—to be “The Queen of English (inland) Watering places” far be it for me to say a word to the contrary. Her elevated situation, her magnificent new bathing establishment and multiplicity of different mineral springs, numbering eighty, her sunshine records and absence of humidity, coupled with a very stimulating climate, give her undoubted right to the claim. Of all this, and more, you yourselves will be witnesses to-day.

The eighty springs to which I have referred may be divided into two chief groups, the sulphur and the chalybeate waters; the sulphur being either alkaline or saline waters, and the chalybeate either pure or saline. For further information, in detail, as to the waters I would refer you to a pamphlet by our Vice-President, Dr. Ramsbotham, on "The Mineral Waters of Harrogate," which gives a brief compendium of the composition of the various springs as well as the mode of their administration and their therapeutic value in a very large number of diseases. First among these he would place gout, in all its varied manifestations, diseases of the chylopoietic system and of the skin, specially eczema and psoriasis, which have a gouty basis, rheumatism, catarrhal conditions of all mucous membranes, strumous and suppurative processes, neurasthenia and anæmia. I may also refer you to another brochure by our local colleague, Dr. Arthur Roberts, on "The Use and Abuse of the Harrogate Mineral Waters," which, in addition to new analyses—standing side by side with the old—gives a large amount of information, going specially into detail as to the multitudinous kinds of baths, aqueous, thermal, light, electric, &c., which are administered at Harrogate for a variety of diseases. One important form of treatment, however, Harrogate still lacks, and that is a Zander Institute, or mechano-therapeutic machinery installation for the administration of Swedish medical gymnastics, so eminently useful in all stiffened joints, as well as the diseases of the digestive system. Such an institution obtains in every large Continental spa, and I am glad to learn that an effort is now on foot to establish one here.

The waters of Homburg and Kissingen, in Germany, are very analogous in their effects on the class of cases that benefit so much at Harrogate, especially those of faulty digestion and assimilation, in men suffering from failure of nervous force, consequent on overwork.

The chief rival of Harrogate in the British Isles is

STRATHPEFFER

(Ross-shire, altitude 200 feet),

which has sometimes been termed "The Harrogate of the Highlands." The waters of Harrogate are in some respects

stronger, especially in the saline constituents, consisting chiefly of chloride of sodium, a salt that gives them their bitter taste, and not found in the Strathpeffer waters.

This spa, some 25 miles north-west of Inverness, and reached in about eight hours from Edinburgh, by a lovely ride over the Grampians, is situated among the rugged and broken mountains of Ross-shire, every wind that reaches it coming over heather and pine. Its cold sulphur waters, containing a very large amount of sulphuretted hydrogen—which gives it by no means a pleasant taste—are both drunk at the Pump Room and used in baths for scrofulous, skin, stomach, kidney and gouty affections.

The sulphur bath is special to Strathpeffer, as, though given at Harrogate, the absence of briny salts in the Strathpeffer water renders it less irritating and exciting to the skin, the soothing sulphur elements being predominant. Rheumatism, lumbago, gout and diseases of the joints derive much benefit from the sulphur waters of Strathpeffer, as well as cases of anæmia, from the use of its chalybeate springs.

The only other important spa in Scotland is

MOFFAT

(Dumfriesshire, altitude 350 feet),

which is charmingly situated near the highest hills in the south of Scotland. It possesses cold sulphur and chalybeate springs, which are not so strong as those of Harrogate, and more resemble the waters of Aix-la-Chapelle, having the same quantity of common salt, and perhaps more hydrosulphuric acid. It is a favourite resort for sufferers from cutaneous affections and chronic constipation.

Among the so-called indifferent waters are those of

BUXTON

(Derbyshire, altitude 1,000 feet),

a very picturesque health resort. Its dry, thin, mountain air has a bracing and stimulating effect, of great use in most invalided conditions, while its tepid, nitrogenous waters are very valuable in all diseases of the fibrous tissues, promoting the absorption of morbid products, crippled joints thus becoming relieved of disability, and stiffened limbs relaxed.

The effect on the constitutional condition is more marked in cases of gout than in rheumatism. One advantage of Buxton is its possession of "The Devonshire Hospital and Buxton Bath Charity," an institution where there is comfortable accommodation for nearly 200 patients, at the cost to each of only a few shillings a week, an immense boon to the artisan and poorer classes, I need scarcely say. The temperature of the water of the warm springs of Buxton is only 82° F., which necessitates great caution in their use.

In striking contrast with the Buxton waters are those of the well-known West of England Spa

BATH

(Somersetshire, altitude 100 feet),

which alone in Great Britain has springs of high temperature, the hottest being 120° F. Gout was the disease for which the earthy waters of Bath, in days gone by, were most resorted to ; but latterly it has been a good deal supplanted by Buxton. The waters of Bath are not much drunk, but its various bathing appliances, brought now to greatly resemble those found at Aix-les-Bains, in France, have been most useful in paralysis, neuralgia, rheumatism, and thickened joints. Possessing, as it does, a fairly mild winter climate, Bath is one of the few places where a cure can be carried on in winter.

CHELTENHAM

(Gloucestershire, altitude 216 feet)

was at one time much resorted to for its strong purgative waters from which "Cheltenham Salts" yet continue to be manufactured, but it has dropped into comparative neglect. Its strong saline has been found useful in dyspepsia and affections of the liver. In this it resembles

LEAMINGTON.

(Warwickshire, altitude 195 feet.)

A very good brochure on the hydro-therapeutic and balneological virtues of its saline-sulphurated and chalybeate waters, from the pen of our colleague Dr. John Murray Moore, who resides there, entitled "Royal Leamington Spa : its Springs, Baths, and General Attractions" has just appeared, to which

I refer you for fuller details. Its strong, cold, saline-sulphurated water is comparable to the Rakoczy spring at Kissingen, and sciatica, chronic eczema, general rheumatism, dyspepsia, constipation with hæmorrhoids, anæmia, and chlorosis, as well as hepatic troubles and obesity, are effectively aided by a visit to this restful spa.

MATLOCK

(Derbyshire, altitude 400 feet),

the springs of which have only a temperature of 68° F., is analogous to Buxton, but is more resorted to now for its lovely natural scenery, and hydropathic establishment, rather than for its natural baths.

SCARBOROUGH

(Yorkshire, altitude 100 feet)

is not now much resorted to for its strong sulphate of magnesium wells, and is better known as a very bracing seaside resort than as a spa, though its waters, which contain a little iron, are thought to be tonic.

WOODHALL SPA.

(Lincolnshire.)

The last English bathing resort to which I shall refer is Woodhall Spa, situated among Sylvan country, in the hilly part of Lincolnshire, on the Horncastle branch of the Great Northern Railway. It lies about midway between Boston and Lincoln, and can be reached in four hours from King's Cross Station. This spa may be termed the English Kreuznach, its bromo-iodine water being the most powerful known, and these elements present in more than double the proportion found in the waters of Kreuznach, Germany. Its waters appear to have distinctively curative value in a catarrhal state of all mucous membranes, in uterine fibroids, and constitutional skin diseases, syphilis in all its stages and manifestations, and in scrofulous disease of the lymphatic glands, bones, and joints, and those varieties of lupus which have a tubercular origin.

The spas which I have named (augmented, as they are, by some I have not seen, viz., the brine baths of Droitwich, world-renowned for the cure of rheumatism, gout, lumbago,

&c., and the seven saline-sulphurated and chalybeate springs of Llandrindod, in Wales, reported to be so useful for diabetes mellitus and other maladies of the chylopoietic system) afford opportunity for treating a great variety of maladies without repairing to foreign baths. The climatic conditions of Great Britain are, however, so uncertain, and the sun-bath—such an important element in balneological treatment—so often conspicuous here by its absence, that in many cases I have directed my patients to the Continent in order to ensure plenty of sun-warmth while undergoing the ordinary hydrotherapeutic cure.

It is of the last importance, in my judgment, to give your patient not only the benefit of complete change of scene and surroundings, food and air, while undergoing the cure, but also to secure, if possible, that he shall be in a sun-bath when he emerges from his, most probably, daily water bath. I will now ask you, therefore, to accompany me on three short tours of continental Spa-inspection.

FRANCE.

Let us cross the Channel in imagination, without the miseries of *mal-de-mer*, and, landing at Calais, proceed to visit some of the chief spas of France, which formed my pleasant occupation on one of my holidays a few years ago. Giving Paris, with all its attractions, the go-by, and taking the P.L.M. express, we will wend our way to that interesting part called the Auvergne, with its magnificent scenery, and mountains 6,000 feet high. On the way we will drop off at

VICHY

(Allier, altitude 786 feet),

five hours from Paris. This, the greatest alkaline thermal establishment in France, and visited by over 50,000 patients annually, is pleasantly situated on the river Allier, at the foot of the Auvergne Mountains, in a charming valley. Of its warm springs, varying from 86° to 106° F., the most important are the Grande Grille and the Celestins. The former is used largely for maladies of the digestive organs, liver, spleen and biliary calculi; the latter for affections of the kidneys and

bladder, gravel, urinary calculi, gout, rheumatism and diabetes. The chief constituent of all the waters is similar, carbonic acid and carbonate of soda being in great excess, with smaller quantities of carbonate of magnesia and lime, and sulphate and chloride of sodium.

Many practitioners on the spot regard the varied operation of the waters to be much affected by the presence or absence of minute quantities of *phosphate of soda*, *arseniate of soda*, and *carbonate of strontium* and *iron*. With this view I entirely agree, and I expect, also, so do most of my listeners to-day.

Leaving Vichy we make for Clermont-Ferrand, a great railway centre, about eight hours from Paris. Another quarter of an hour brings us to

ROYAT

(Puy-de-Dôme, altitude 1,500 feet),

the mineral springs whereof lie in the bed of an attractive valley, leading from Clermont-Ferrand to the Puy-de-Dôme. The visitor will soon notice that he is in the land of extinct volcanoes, from the unfathomed depths of which the mineral waters gush forth.

Of all the departments of France the Puy-de-Dôme contains the most varied collection of volcanic remains, a fact which the Romans were neither slow to notice, nor to utilise, as evidenced by the traces they have left behind them, in the shape of baths and piscines, or swimming baths lined with pure white marble. Royat, known as the Ems of France, possesses four mineral springs, all chloro-alkaline, but differing in their temperature, 82-95° F., and in their mineralisation. The *salts of soda*, *potash*, *lime*, and *lithia*—alkaline elements which are notoriously depressing—have these effects counteracted by the tonic properties of the *salts of iron* and *arsenic* which co-exist with them, along with a considerable amount of carbonic acid gas, which renders the waters decidedly stimulating.

They are used both for drinking and bathing. What distinguishes them from all other springs is their peculiar power in diseases of a gouty origin, while every kind of anæmia, chlorosis, and debility of the system in general, finds its remedy in the ferro-arsenical spring. Professor Bazin, a

celebrated French dermatologist, gave the name of *arphrotism* to the condition of the system in which excessive quantities of uric acid, and salts of that acid, are present in the tissues. The manifestations of arphrotism, such as gravel and rheumatism, affecting not only limbs and joints, but gouty invasions of the viscera, are greatly helped by the waters of Royat. The same remark holds good with regard to the many skin affections, called *arthritides* (eczema, pityriasis, psoriasis, &c.), which have been so named because of their origin. Intractable cases of eczema, psoriasis-palmaris, and acne, all of gouty origin, very readily give way to these arsenico-lithiated waters.

The whole Auvergne region is extremely rich in *lithia*, in some places as much as three or four pounds of the *alkali* being found in a cubic yard of earth (Brandt), and to the presence of *lithia* in the Royat waters is largely due its power of cure in gouty affections, though the existence of *arsenious acid* and *arsenate of soda*, in very minute quantities, must not be forgotten, hence gouty bronchial catarrh, asthma, and myxœdema all benefit here.

LA BOURBOULE.

(Puy-de-Dôme, altitude 2,800 feet).

Leaving Royat let us now make for La Bourboule, by a train journey of between two and three hours, with a constant ascent in this picturesque mountainous district, and a change of carriage at La Queuille. The waters of La Bourboule very much resemble those of Royat and Mont Dore, but contain a very much larger proportion of *arsenic*, one litre (1.76 pint) containing the equivalent of twenty-one drops of Fowler's solution. So far as I am aware, this is the largest quantity of *arsenic* hitherto recorded in any waters, allied with the best adjuncts for its assimilation.

My visit to La Bourboule was the direct outcome of an interesting case which I treated more than a quarter of a century ago in Edinburgh. A lady in advanced years, always rather inclined to summer diarrhœa, was early in the spring felled by an attack of this malady, which proved very intractable. Day by day it ran on; every remedy failed; she got very weak, the tongue became foul and loaded, and appetite utterly departed. Though there was no rise in temperature,

the pulse began to rise steadily, her eyes became sunken and dejected, nausea and vomiting existed, and matters began to look very serious.

Her husband, a shrewd advocate, and now a Professor at the University of Edinburgh, naturally became alarmed. Aware that they had recently moved into a new house, I made the most careful enquiry as to the drainage, only to find that everything was perfect. After discussing her condition with her husband one day, he said, "The remarkable thing is, doctor, that I am so well, and my wife so ill. I have not been so well for many years as I now am, and my legs (exposing them as he spoke) were never so well as they now are." He had suffered for years from a mixture of psoriasis and eczema on the lower extremities that gave him great discomfort. I had frequently seen them—a pitiable sight to behold—and now all signs of disease had departed.

"They are very much like what they were when I left La Bourboule" said he at length, "the arsenical waters of which once completely cured me."

"Have you had some new papers put on your walls" I enquired? "Oh, yes, I have a beautiful green paper in my study," was the reply. "Come and see it." His study communicated with the bedroom in which his wife lay, and the door between them, he informed me, usually stood open day and night. In a moment the riddle was solved. This lovely new paper, absolutely glistening with Scheele's green, delighted his eye, and, as he prepared his briefs, gradually and insensibly cured his cutaneous eruption, while his wife, constantly filling her lungs with air, impregnated with the fine particles of dust coming from this terribly lethal paper, was gradually dying, with all the symptoms of *arsenic* accumulating in the system.

I am glad to say that the instantaneous removal of the patient to the country had the desired effect, and the poisonous paper was stripped from the walls. In course of time the lady returned to her home quite well, and the cutaneous malady on her husband's lower limbs somewhat later returned also; while I made up my mind that I would like to see La Bourboule, which had given me a clue to an otherwise certainly fatal case.

Other maladies than those already referred to in connection with Royat are treated here. I would particularly mention granular sore throat, laryngitis, chronic bronchitis, emphysema, asthma, pulmonary consumption in its early stages, and various forms of chronic Bright's disease, which undoubtedly benefit largely by a month spent in this sub-Alpine health resort.

MONT DORE

(Puy-de-Dôme, altitude 3,460 feet),

with its twelve warm springs, is reached by train in a few minutes from La Bourboule. The waters are clear, sparkling, and have a slightly acid taste at first, but become salt and astringent later. They are particularly soft to the touch, and are very largely administered in the form of inhalation and pulverisation, as well as for bathing and drinking. The action of the pulverised water upon the mucous membrane is highly sedative, particularly in granular sore throat.

The elevation of Mont Dore gives it peculiar value in diseases which affect the respiratory organs. Asthma is always relieved and often cured by a course or two at Mont Dore, and the same may be said with regard to hay fever, while consumption in its early stage is frequently arrested. That the French have long known the value of Mont Dore, not only for man, but also for the lower animals, is manifest from the fact that Lemonnier, in a diary dated 1743, gives us information that from every part of France broken-winded horses were taken to the Madeleine Source, and often cured (Emond).

It is well to remember, in sending patients to the Auvergne, especially Mont Dore, that though the Institutions are open from June 1st to end of September, the temperature is often very low in the first fortnight of June. The last two weeks of that month to the end of the first fortnight of August are regarded as the best periods for residence.

ST. NECTAIRE

(Puy-de-Dôme)

is easily reached from Mont Dore. Its waters are very similar to the other Auvergne Spas. They vary in temperature from 54° to 129°F., have a very large supply of carbonic acid, are

utilised in various local applications, and are more used for bathing than for drinking. Diseases of the eyes, such as granular ophthalmia, pannus and opacities of the cornea, are very largely treated by douches, and, it is reported, with good success.

AIX-LES-BAINS

(Haute Savoie, altitude 850 feet),

perhaps the smartest thermal resort on the Continent, the summer Monte Carlo of France, on the main line to Mont Cenis and Italy, I have frequently visited. Pleasantly situated within a mile of Lake Bourget, it is surrounded by beautiful scenery, and has an Établissement Thermal which is very well appointed and open all the year round. There is probably no *sulphur* bath where the arrangements are more complete than here. The handsome three-storied Bath building—containing fifty douche chambers for general or local douches, general or local vapour baths, swimming baths, needle baths, local throat, eye and ear douches, inhalation rooms and spray rooms—permits over one thousand baths and two thousand douches to be given daily. The mineral springs are two in number, with a temperature of 114° to 117° F., and of very similar composition. They emit nearly a million gallons daily. Compared with many other sulphur springs, their mineralisation is but feeble, the most important chemical element perhaps being sulphuretted hydrogen, 41 milligrammes per litre. A peculiar and important element in the waters is an organic nitrogenous article called “glairine” or “baregine,” an unctuous substance rendering the waters peculiarly soft and suitable for use in massage, no irritation or chapping of the skin following its use, as in the case of other and harder sulphur waters.

The arrangement of the various douche rooms admits of the application of an unlimited supply of this thermal water, so that the mineral water falls on the patient in gentle continuous flow or impetuous force ; either in fine spray, horizontally ascending or descending, or as a shower bath. The high temperature of the water, 117° F., also enables the temperature of the douche room to be varied, and maintained at anything up to the maximum of 117° F. One form of general vapour

bath is where a continuous shower of hot mineral water gives off its vapour in a room adjoining and communicating with the douche chamber. In this room, called the Bouillon, the patient remains for a definite time, either before or after the douche, where he or she is usually manipulated by a couple of very skilled masseurs or masseuses, as the case may be. Then, wrapped up in hot blankets, the patient is carried home, and placed in bed to yet further perspire. A course of this form of treatment I have on two occasions experienced, when suffering from acute lumbago, and with the happiest results. The bath was very pleasant and the curative result permanent.

The class of cases that do best at Aix are all sufferers from manifestations of the gouty and rheumatic diatheses, whether those manifestations be articular, visceral, muscular, nervous, or cutaneous. Rheumatoid arthritis, rheumatic gout, chronic rheumatic arthritis—a variety of terms for an identical malady, and usually resulting in swollen, thickened joints, thickening of fibrous tissue, ankylosis, and contraction of tendons and muscles—derive great benefit from the combined douche and massage.

Recent valvular heart affections, left by rheumatic attacks, do not necessarily contra-indicate being sent to Aix, as often such cases greatly improve there; but degeneration of the muscular fibre of the heart, as also advanced kidney disease, are decided counter indications. Cases of gouty eczema of long standing, and with scaly patches of eruption that have resisted all other treatment, are usually rapidly cured at Aix. Acute eczema, on the other hand, does not respond to treatment so well.

SAINT GERVAIS LES BAINS (Haute Savoie, altitude 2,000 feet)

lies in a valley on the direct diligence route from Geneva to Chamounix, not far from the latter, and in the centre of magnificent mountain scenery. Four springs, varying in temperature from 77° to 126° F., supply slightly sulphurous and chloro-sulphated water, with laxative qualities, chiefly used in the treatment of affections of the alimentary canal and the skin diseases so often connected therewith. Eczema, chronic

bronchial catarrh, and neuralgias are beneficially affected by the derivative action of the waters, doubtless much assisted by the bracing Alpine climate in which they are found.

EVIAN LES BAINS

(Haute Savoie, altitude 1,200 feet)

lies on the southern shore of the Lake of Geneva. It is rapidly becoming one of the most important watering-places on the Continent. It has been termed "The Summer Garden of France," being fully exposed to the north, east and west, but completely protected on the south by the range of mountains of which Mont Blanc is the centre.

Though exposed to the sun in the cooler hours of the day, it is protected from its rays at the hottest moments, thus making it an ideal summer resort at a moderate altitude. Its waters are tasteless, weakly mineralised, moderately aërated, with a temperature of 53° F., and when seen in the bulk have a delicate blue tint, like those of Buxton. They have a very active diurectic effect. A litre of the water, given in divided doses, will be followed within three hours by a renal secretion exceeding the quantity of the water originally ingested. Its value, therefore, consists in depurating the blood by washing out the liver and kidneys, hence biliary and renal calculi are often easily passed at Evian.

GERMANY.

Our tour through France concluded, I will ask you now to accompany me to a few German Spas, and I know no more pleasant way of reaching them than by going up the Rhine from Rotterdam, which I have done. That mighty river, teeming with life and interest at every stage, is better seen from the deck of a river-boat than the windows of a railway carriage, though I admit that the first stopping place for our purpose, Remagen, on the left bank of the Rhine, midway between Cologne and Coblenz, is reached from London, *via* Harwich, Hook of Holland, and Cologne, in eighteen hours, whereas from Rotterdam the steamer takes nearly two days. We land at Remagen to reach

NEUENAHN

(Rhenish Prussia, altitude 300 feet),

which is distant three parts of an hour from Remagen by rail. As we ascend the picturesque valley of the Ahr, a wide side-valley of the Rhine, we pass on our right the source of the well-known Apollinaris waters. Neuenahr has four springs, the most important being the Grosse Sprudel. The water is alkaline, and has this unique peculiarity, that it is the only *alkaline thermal* water in Germany.

The temperature of the water is 104° F. It is used for bathing and drinking purposes, the baths, douches, and inhalation chambers being fitted up upon the most modern principles. The Kurgarten, which is fairly large, abounds in shady walls, while the hills behind it afford scope for unlimited excursions. Hotel accommodation is abundant and reasonable, inclusive pension costing from 6s. per diem upwards. Neuenahr has a world-wide reputation in chronic affections of the alimentary, respiratory, and urinary systems. Hepatic troubles, specially jaundice and gall stones, are rapidly influenced, and numberless cases of diabetes mellitus are benefited temporarily and permanently by four or five weeks' residence.

A large percentage of the patients sent annually to Neuenahr are diabetics, but I do not think that English physicians generally are, as yet, aware of its value in this malady. Patients suffering from diabetes mellitus in the highest degree (6 to 10 per cent. of sugar) have gone to Neuenahr in a pitiful state, and by the use of the waters have so recovered that they could return again to their former active life. It has this paramount advantage over any other German or Austro-Hungarian watering-place, such as Carlsbad: that its proximity to England makes it very accessible, and all the hotels and pensions take great pains to provide a carefully regulated diet for diabetics. The advertisements which abound in all the streets show that the "Zucker-cur" is one for which Neuenahr lays itself specially out, and in which it is eminently successful. Its waters are as effectual as those of Carlsbad, without being so lowering, and the long journey to the latter place is avoided. I have twice taken a course of these waters, so can speak personally of their value.

BAD-EMS

(Nassau, altitude 300 feet).

Resuming our ascent of the Rhine, and crossing at Coblenz, in full view of the mighty fortress of Ehrenbreitstein, we find ourselves in the valley of the sluggish Lahn, renowned for its fine scenery. Six miles further up we reach Ems, where, two thousand years ago, the Romans, who were well acquainted with the springs, had a strong camp, and where most probably the Emperor Caligula was born, in the opening years of the Christian era.

Situated as it is in a deep valley, and possessing a mild, somewhat moist, climate, Ems is extremely suitable for cases of bronchial and laryngeal catarrh. It is a pretty and well-built town on both sides of the Lahn. A critical German has called it "The Pearl of Baths." The waters are mild alkaline, and are very largely used as internal douches for numberless diseases of the reproductive sphere; hence it is undoubtedly the most popular woman's bath in Europe. The power of its waters in diseases of the liver, gall stones, and dilatation of the stomach, is very great, as I have proved in scores of cases which I have sent thither, with marked benefit. The solvent action of its waters on inspissated bile, gall sand in the hepatic ducts, and stones retained in the gall bladder, is very remarkable, while the cost of living at Ems is decidedly moderate.

SCHWALBACH

(Hessen Nassau, altitude 975 feet).

Leaving Ems, a thirty mile drive over lovely country brought me, some years ago, to Schwalbach (reached also by rail *via* Wiesbaden). It lies in a narrow valley, surrounded by wooded hills. Its elevation, and the properties of its chalybeate waters have rendered it one of the most popular spas in Europe, and with good reason, for wherever iron is desiderated in the treatment of chlorosis, neuralgia, and hysteria, or in convalescence from debilitating diseases, all that iron can do is likely to be done here.

The supply of *carbonic acid* in the water is very large, and a bath of the Stahlbrunnen is very exhilarating, giving the bather the idea that he is submerged in champagne. Moor

baths are largely administered here, for pelvic diseases in women, the mud bath being immediately followed by the ordinary chalybeate bath. Schwalbach is a typical place for an "after-cure," and for this purpose is greatly recommended by the physicians of Ems, Homburg, Wiesbaden, and many other spas.

SCHLANGENBAD

(Nassau, altitude 900 feet).

A carriage drive of one hour from Schwalbach, on the direct Wiesbaden road, brings the traveller to Schlangenbad, a most picturesque, restful, and unique spa, situated in a lap of a ravine that reaches almost to the summit of the Taunus Hills. It abounds in shady alleys and endless woods, has a mild climate, and most soothing waters. Nature seems to have provided here an asylum in which men, exhausted with the bustle of life, may rest and recuperate.

The indifferent warm springs, nine in number, used to be classed with the saponaceous thermal springs. The water is uncommonly clear, of a peculiar bluish glimmer, has a soft, agreeable impression on the sensory and gustatory nerves, and possesses no odour. It is chiefly used for bathing, and every bather is conscious of an extremely pleasant impression upon his cutaneous nerves, coupled with a comfortable sense of warmth, while, as he lies, upon the skin little gas bubbles gather, giving the impression that they have oozed from the skin of the bather, rather than from the gas in the water, of which there is very little. Cases of chronic disease of the nervous system flock here, with good results.

Spinal irritation, brain hyperæsthesia, hypochondria, hysteria, inveterate neuralgia, hyperæsthesia of sentient nerves, and we may add dysmenorrhœa, yield to the sleep-giving baths, sedative air, and profound quiet of the woods of Schlangenbad.

An hour's drive therefrom brings us to

WIESBADEN

(Nassau, altitude 385 feet).

This handsome and rapidly-growing town of 100,000 inhabitants is so well known, specially in relation to rheumatic maladies, that I need say little about it, the more so as our

esteemed colleague, Dr. Kranz-Busch, who resides there, has written an elaborate account of the virtues of the "Kochbrunnen," from which I briefly quote. He says :¹ "The temperature of its principal fountain, the Kochbrunnen, is 155·75° Fahr., and has been as invariable as the quantity and composition of the fluid. So also has the taste been, from time immemorial. It tastes like 'bouillon,' weak chicken, or meat broth, with just sufficient salt to make it palatable ; in fact, any observant traveller may see the poor journeymen come to the fountain, during the cold season, and drink its mineral water with their frugal breakfast, like the English take their ale and beer. According to this observation it appears that this beverage, like 'bouillon' with the people's bread and food, gives some satisfaction, and also that the constitution of the water supports the human system and compensates, in some way, for the loss, by labour and toil, of some of the constituents of our body." Little wonder that 130,000 pilgrims annually drink of the Kochbrunnen, Wiesbaden being, doubtless, the most largely visited spa in Europe.

Of all the Continental spas which I have visited, the most attractive, from every point of view, is

HOMBURG-VOR-DER-HOHE
(Hesse-Homburg, altitude 600 feet),

where, on two occasions, I have spent a month. Within three quarters of an hour by rail from Frankfort, and situated two miles from the Taunus Mountains, its full name, Homburg-vor-der-Hohe (in view of the heights) is comprehensible, and in addressing letters, it is advisable to use the whole title, as otherwise the postal authorities frequently send them to Hamburg, to the great disappointment of the addressee.

The charm of Homburg consists in its wonderfully pure, dry, bracing and invigorating air, cool and fresh even in summer, and rarely reaching a temperature of 86° Fahr. in the shade, with no hot nights. Combined with this it has the most beautiful and extensive umbrageous park of any watering

¹ On "Wiesbaden and the Therapeutic Influence of its Mineral Waters," by M. Kranz-Busch, M.D.—*Monthly Homœopathic Review*, vol. xxviii. (1884) pp. 225-238.

place I know, with literally miles of shady walks leading to the Hardtwald Forest, while its seven mineral springs, Elizabeth, Kaiser and Ludwig (resolvent with a high amount of carbonic acid and salts, especially lithia), Stahlbrunnen, Louisenbrunnen (ferruginous waters), Landgrafen and Soolsprudel (bathing springs), enable every variety of malady to be treated. Here the old Indian, with his blood full of malaria and his liver far from properly active, recovers health and comfort. Business men suffering from brain fag and chronic dyspepsia, with probably chronic atony of the digestive canal and stagnation of the whole district of the abdominal glands and the vessels of the entire alimentary tract, gain immense good.

Sufferers from disease of the liver, gall stones, gall sand, and gall stone colic, as well as diabetics, find rapid and permanent relief from the cure. Cases of obesity, gout, in a so-called latent form, in elderly people, and chronic rheumatism, are successfully combated, while anæmia and chlorosis are greatly benefited by the chalybeate waters. The new Kaiser Wilhelms Bath House is one of the finest establishments in Europe, and the bathing facilities are perfect. Close to it the Zander Institute affords unrivalled opportunity for obtaining the auxiliary aid which its multitudinous mechanical gymnastic machines can render to all sufferers needing such help. Of this I can speak personally, a stiffened ankle joint, of four months' duration, after a bad sprain, being put right in three weeks. The rather restricted size of the town of Homburg, and the fact of its being slightly more expensive than many other German spas, have the effect of winnowing its visitors, the better class of society forming the thirteen or fourteen thousand who annually visit it.

A pleasant drive of one hour from Homburg brings you to

NAUHEIM

(Duchy of Hesse, altitude 450 feet),

an attractive hill resort on the north-east slope of the Taunus Mountains, which has of late attracted great attention from the hydro-therapeutic treatment of maladies of the heart, by the method of baths and carefully-regulated gymnastics. Its park is extensive and provides beautiful walks and cool resting

places. The springs are very rich in free and semi-bound carbonic acid. The Great Sprudel is a very remarkable well ; it throws its jets of water about nine feet into the air, being second only to Carlsbad in the quantity of vapour which it diffuses. Here, too, the Zander Institute, belonging to the town, flourishes, as many as 250 patients daily receiving regulated exercises, at a cost of about 1s. per visit. Many of these are cardiac cases.

KISSINGEN

(Bavaria, altitude 660 feet),

about six hours by rail from Frankfort, is situated in the valley of the River Saale, surrounded by orchards, vineyards, and wooded mountain scenery. It has many springs, the chief of which is the world-renowned Rakoczy, so named from its discoverer, a Croatian officer. It is one of the milder salt springs, with a plentiful supply of carbonic acid and an appreciable quantity of iron.

Of this I was once made unpleasantly aware, for going to Kissingen for my wife's health some years ago, I imprudently took a glass of Rakoczy each morning, though I was in perfect health. Within three weeks I developed a frontal headache (a malady, I may say, I know nothing whatever about personally), with giddiness on rising, which took quite three months to disappear. You all know the value of iron in headaches. Mine was physiologically produced by taking an excess of iron into my system, a pathogenetic proving which has stood me in good stead in the homœopathic treatment of many a headache since.

“The character of the class of patients that frequent Kissingen may be gathered from an analysis of the cases treated there for twelve years, 42 per cent. suffering from affections of the digestive organs, 18 per cent. from nervous affections, and 8 per cent. from diseases of women” (Macpherson).

One drawback to Kissingen is the frequent existence of mosquitoes, an addition to the cure which is most undesirable ; 25,000 visitors go there annually, this notwithstanding.

BADEN-BADEN.

(Grand Duchy of Baden, altitude 650 feet).

Leaving Kissingen, and turning our faces now westward, in a few hours by rail we reach Baden-Baden, which is located in the Oos Valley, the northern portion of the Black Forest. The waters are warm, varying in temperature from 113° to 158° F., are used both for drinking and bathing, and are found useful in gout, rheumatism and affections of the stomach. The two new Grand Ducal Bathing Establishments, Friedrichs-bad for men, and Kaiserin Augusta-bad for women, are unrivalled, model institutions, unique in their elegance and variety of arrangement, with baths and douches of every description, and are open throughout the year.

In both establishments there are magnificent rooms for mechanical gymnastics and massage, with every appliance for the Zander system, so eminently useful in stiffened joints, enfeebled spines, and muscular feebleness or stiffness generally. Another form of treatment, the "Terrain Cure," which obtains in many mountain districts, is cultivated at Baden-Baden. The neighbouring pine forests are of every degree of incline. Heart and lung cases, therefore, which would be benefited by regulated ascents, are here largely treated. Level walks are indicated by yellow signs upon the trees; an easy incline has a red sign; while red and yellow denote a steep incline, the patient thereby learning which path he may, or may not, take with safety.

My personal knowledge of the German Spas concludes with

KREUZNACH

(Rhenish Prussia, altitude 285 feet),

and this we can conveniently take on our homeward journey, *via* Strasbourg, and down the valley of the Nahe, in which it lies, a few miles from Bingen, on the Rhine. It is the Continental analogue of Woodhall Spa, and here more scrofulous patients are to be found than anywhere else. Dr. Sutro says: "In whatever form the disease (scrofula) may appear, whether the glands of the neck be swollen and indurated, or whether the eyes, ears, nose, mesenteric glands or bones become affected, Kreuznach will be found beneficial."

Bromine and iodine form important constituents of the waters, and to the presence of these elements cures of uterine fibroids have been attributed. An enormous quantity of "mutter-lauge," the transparent, brownish-yellow, oily fluid which the evaporation of the waters produces, and the concentrated solid salt known as "Kreuznach Salt," is exported annually to Britain and other places to make artificial Kreuznach baths.

Our third and final tour will not detain us long, for

SWITZERLAND

has but few spas. The waters that are found there flow infinitely more from the mountain top than from the bowels of the earth. The reservoirs of Europe lie in its snow-clad mountain ranges, while at the same time it is rightly recognised as the playground of Europe. If we set out, however, to reach some of its glorious icy fields, the very mention of which gives a pulse of "glacier-fever" to an old *habitué*, we shall pass *en route* a spa or two worth stopping at and surveying.

In wending our way to the Engadine, in my judgment the most beautiful and health-giving part of all Switzerland, we find, midway between Basle and Zurich, the picturesque little town of

BADEN

(Canton Aargau, altitude 1,600 feet),

situated on both banks of the rapidly-rolling blue Limmat shortly after it emerges from the Lake of Zurich. Its *hot* sulphur springs, with a temperature from 98° to 126° F., were known in Roman days; and for more than two thousand years, though the spa is little known in England, it has been the resort to which, from France and Switzerland, sufferers from chronic rheumatic and gouty affections have repaired in crowds. All maladies of the mucous membrane, of the respiratory, digestive, and urinary systems, which are the effects of rheumatism and gout, and also cases of muscular rheumatism, are greatly benefited by a course here.

For further details of Baden I would refer you to an exceedingly instructive and detailed account from the pen of

our colleague, the late Dr. Edward Hamilton, which is very well worth your perusal.¹

Continuing our journey *via* Zurich, and skirting its lovely lake first, and thereafter the blue waters of the Wallensee, quietly nestling at the base of the Seven Sisters, we arrive shortly after at

RAGATZ

(Canton St. Gall, altitude 1,610 feet),

situated in an open sunny valley, through which the Rhine rushes on its way to Lake Constance. Ragatz is a good place to break the journey, either going to or returning from the Engadine, and is also one of the nearest points on the railway to Davos, the famous climatic resort for chest diseases.

The thermal waters which supply the baths at Ragatz arise in an extraordinary and terribly gloomy ravine at Pfäfers—an hour's drive from Ragatz—which is the terminus of a side valley, at right angles to the Rhine valley, and 500 feet above

PFÄFFERS

(2,115 feet),

Ragatz. Pfäfers is a spa where the old baths, of which Paracelsus wrote an account, are located, and are gloomy beyond description. Here only the poorer class of patients are found, and the temperature of the water is 100° F. By the time it has reached Ragatz in pipes it is only 95° F.

The peculiarity of the baths in either case is this, that the water flows constantly through the bath, and thus maintains an equal temperature. The absorption of gouty exudations is that for which the waters are chiefly used, also restoring tone to the general nervous system, an effect which doubtless the Alpine situation greatly aids.

In the days of yore, when a trip to the Engadine could only be accomplished from Chur (Fr. Coire) by diligence over the mountains, a twelve hours' journey (now effected by rail in three hours),

¹ Some account of the baths of Baden, in Aargau, Switzerland, by Edward Hamilton, M.D., F.L.S.—*Monthly Homoeopathic Review*, Vol. xxviii. (1884), pp. 329-347.

BAD ALVENEU

(Grisons, altitude 3,150 feet)

was a favourite stopping-place for an early lunch. It is situated in the valley of the Albula, one of the most beautiful in the canton, with luxuriant vegetation and magnificent dense forests, surmounted by huge limestone mountains, giving entrancing views on all hands. Its cold sulphur springs (steam-heated for baths) attract many sufferers from chronic rheumatism of the joints and muscles, an added attraction being the muriatic chalybeate waters of Tiefenkasten, and the iodine waters of Solis, places close by, whence sufferers who need such waters, can easily obtain them. Opposite the baths is a superb cascade, with a fall of 200 feet. The season lasts from mid-June to mid-September.

One of the most pleasant ways of reaching the lower Engadine is to drive from Alveneu Bad, *via* Wiesen and Davos, and over the Fluela Pass. The beautiful and renowned valley of the Engadine, 60 miles in length, commences in the heart of the Rhætian Alps, where, near the magnificent glaciers of the majestic Bernina group, rises the river Inn, which, rapidly growing as it flows, pours its clear waters into the Danube near Passau. In the upper Engadine the Inn flows gently through the four lovely green and placid lakes of Sils Maria, Silvaplana, Campfèr, and St. Moritz, a sight which, once beheld, is never forgotten. When it reaches the lower Engadine, through a narrow channel, it is hemmed in by stupendous mountains, and becomes correspondingly boisterous, till Ardetz is reached, but shortly after flows more quietly through an open and sunny valley, in which is located the health resort of

TARASP-SCHULS

(Lower Engadine, altitude 4,000 feet).

This spa has a delicious Alpine climate, is surrounded by the finest mountain scenery imaginable, and possesses twenty springs of mineral water with various properties, arising in remarkable contiguity to each other, and most of them abounding with *carbonic acid* gas. There are four cold glauber-salt springs, and four acidulous chalybeate springs of various composition, and some cold sulphurous waters. The

effect of the water is to a great extent dependent on its temperature, but its general character is very manifest, as evidenced by the most imposing array of *cabinets* I have ever seen in my travels. Cases of obesity come here in numbers, as well as sufferers from jaundice, gall stones, chronic nephritis, vesical catarrh, and nephro-lithiasis. Fatty degeneration of the heart is successfully treated here. Schuls is a very pleasant Alpine health-resort, the climate being so stimulating.

Anything more delightful than the eight hours' drive from Tarasp to St. Moritz, in the upper Engadine, in the way of mountain scenery, could scarcely be imagined. The grandeur and variety of the Alpine scenery in this part is unparalleled in Switzerland. One thing, however, that strikes you greatly is the absence of bird life.

ST. MORITZ

(Grisons, altitude 6,000 feet)

is now one of the most popular chalybeate baths in Europe, and for this its climate is responsible. The three most important factors in climate are the amount of pressure of the air, its temperature, and its absolute humidity. At the height of St. Moritz Dorf (6,000 feet) the pressure of the air is a fifth less than on the sea shore. The principal characteristics of the Alpine temperature is the great thermometrical difference between day and night at all seasons, and the small differences between the averages of winter and summer days. This is due, in the rarefied air of this elevated region, to the great power of the sun, its rays being less broken.

Temperature decreases in a certain ratio according to the elevation, so that with warm midsummer days here the nights are always cold, the mornings and evenings cool and even chilly. The absolute dryness of the air increases in arithmetical proportion to its rarefaction, evaporation here, therefore, being very rapid. The purity of the air is very marked, and one of the greatest charms. This is particularly so in winter, when the air is very still; in summer there is often a great deal of wind, which led a caustic writer to once say of the Engadine that there you are "sitting on the roof of Europe in a draught."

Spite of this drawback St. Moritz is a most charming place in summer for a course of waters, and chronic bronchial catarrh, asthma, specially when due to nasal trouble, hay fever, anæmia, leucæmia, functional derangements of the nervous system, neurasthenia, hysteria, hypochondria, neuralgic affections, and many ailments peculiar to women derive untold good by residence here from four to eight weeks. Paracelsus said that St. Moritz had the best well in Europe, as it is also the highest, and his name is attached to the cold and very gaseous *chalybeate* spring, which is both drunk and used, when warmed, for baths.

St. Moritz Bad is closed in winter; the Dorf, 200 feet higher, now lays itself open almost entirely for the reception of cases of incipient and even advanced phthisis, of the non-hæmorrhagic type. I have sent many cases thither, with the greatest possible benefit; gorged and tubercular lungs rapidly clearing up, while the patient puts on weight, and old cavities cicatrise permanently. For consumptive cases I regard St. Moritz as much better than Davos, which has always rather a *triste* air, and I think a somewhat depressing influence on the patient. On the other hand, at St. Moritz the outlook is very bright, the lovely deep green lake, surrounded by pine woods, clad in verdant dress in summer, or winter's garb of spotless snow, and backed by the loveliest of mountain scenery, all helping to effect the Alpine cure.

The last bathing-place to come under our notice in Switzerland is

LE PRESE

(Grisons, altitude 3,000 feet)

in the beautiful valley of the Poschiavino, close to the Lake of Poschiavo, completely sheltered from the north and north-east, enjoying a wonderfully mild climate, and possessing a cold sulphur spring. It is reached by carriage easily in one day from St. Moritz, *via* Pontresina, and over the Bernina Pass.

Before ending our tour in Switzerland I must say a word about

PONTRESINA

(Grisons, altitude 5,915 feet),

which, as I have said, I regard as the most health-giving spot in all Europe, and the place, *par excellence*, to which the steps of patients may well be directed for the "Luft-kur," so important after a course of baths. Personally, so enamoured am I of it that I have spent some weeks there on eighteen different occasions. I have said St. Moritz is very draughty; Pontresina is the very reverse. Nestled at the base of Piz Languard (10,715 feet), in a side valley off the Engadine, with a beautiful south-western exposure, the air is wonderfully bracing and the views of the Bernina Range of eternally snow-clad mountains is inspiring to the last degree. It is comparatively level, and abounds with numberless walks and tours, which range between the powers of the valetudinarian who can only walk a quarter of a mile, and the expert Alpine climber who can do Piz Bernina (13,295), the highest peak of the Bernina group. It is *the* place to which to send *in summer* early cases of phthisis.

A walk from Pontresina to Le Prese affords a view of surpassing grandeur, as the snowy Bernina chain is passed on the right, and in descending from the Bernina Pass (7,644 feet) there bursts upon the eye the lovely blue lake of Poschiavo, and the distant valleys and mountains of northern Italy.

Toward them we now wend our way homeward to England, a day's carriage drive bringing us *en route* to the

BATHS OF BORMIO

(Valteline, Italy, 4,500 feet),

the thermal water and mud baths of which have been found very efficacious in diseases of the skin, lymphatic and glandular swellings, scrofulosis, &c. At Bormio begin the windings of the Stelvio road leading to the Pass of that name, also called Stilfser Joch, or Ferdinand's Hohe (9,055 feet), the highest carriage road in Europe.

The descent on the Austrian side is exceedingly grand as the massive snow-clad Ortler comes in view. This is the direct road to Meran, where train can be taken. The traveller can also reach the railway at Landeck, *via* Mals and Nauders,

but I should recommend any one who can to drive to Meran, and there take the train *via* Botzen and Innsbruck, homewards.

MERAN

(South Tyrol, Austria, altitude 1,050 feet),

though not a spa, I mention, as it lies on our homeward road, and is a spot every doctor should know about. It lies in the broad valley of the Adige, noted for the fertility of its soil, the beauty of its scenery, and the dryness and stillness of its atmosphere. Surrounded as it is by mountains on the north, east and west, varying from 6,500 to 9,600 feet in height, a semi-circle is formed, which opens out full south, giving a wonderful view of a lovely and far-stretching valley. The dryness of its air, in this respect resembling Cairo, the paucity of rain and absolute absence of wind, with the number of cloudless days in the months of winter, only second to Cairo, make Meran a typical place for susceptible invalids, and specially useful in cases of middle-ear disease and impending deafness. In autumn the grape cure is in full swing, and anything like the grapes and peaches to be obtained for a penny, I have never elsewhere beheld.

Gentlemen, my tale is told, and I fear lest I may have wearied you in its telling. I had, when I first thought of my subject, hoped to have said something about some of the scores of seaside and inland health resorts I have seen; but time forbade, and it only remains to me now to cordially thank you for the patient hearing you have so graciously accorded me.

STIMULI AND THE ORGANISM.

By PERCY WILDE, M.D.

Physician, Lansdown Hospital, Bath, late Assistant Professor Institutes of Medicine, Aberdeen University.

A "STIMULUS" is usually defined as "an agent which produces a quickly-diffused and transient increase of vital energy in the organism, or some part of it."

There are few things which cannot be used in such a manner as to cause a transient increase of vital energy, and employing the word in its widest sense, the subject may appear

too large for the limits of a brief paper. But I shall restrict myself to general principles and merely outline a great subject. When we say that a stimulus produces an increase of energy, do we mean that the stimulus supplies a force capable of being translated into vital energy, or is the increased energy the result of an effort of the organism to resist the action of the stimulus? In other words, Where does the energy come from? In which direction is it going?

The number of agents capable of being directly translated into vital energy is small. We may omit the energy derived from food in its last stage of assimilation, and also that of the oxygen taken from the air, because this is practically locked up on delivery and is only issued to meet requirements. As free forms of energy we have heat, light, mechanical friction and electricity in some forms. We have also certain compounds existing in such a chemically active state that they are readily converted into energy, *e.g.*, alcohol, nitro-glycerine, ammonia, aconite, hydrocyanic acid. Also the active principle of certain animal extracts, of which thyroid gland may be taken as an example.

Apart from these we must classify all agents, including food prior to the act of assimilation, cold and drugs in their crude form, as bodies only capable of producing vital energy by exciting the resistance of the organism.

The classification is not complete, because whether a particular agent belongs to one class or the other depends upon its physical state. There are also probably some drugs of which an infinitesimal part of a dose becomes chemically active, while the remainder acts as a physical stimulus.

But we may content ourselves with the broad distinction at this stage. When we find such powerful drugs as morphia, iodide of potassium, arsenic and antipyrin, pass out of the body chemically unchanged, we cannot assume that any form of energy which results from their action belongs to them. They can only act as physical stimuli.

For the lack of better words I will designate those stimuli which directly increase vital energy as "co-stimuli" and those which excite its resistance as "anti-stimuli." The direct action of stimuli can be most conveniently studied by observing the effect they produce upon the capillary blood-vessels,

not only because such effects are visible to the naked eye, but because contraction and dilatation of the capillaries are an exact index of the vital activity of the organ or tissue they supply. The heart is merely a pump, the arteries, pipes which convey the blood to the capillaries ; it is here that all these changes take place upon which vital energy depends. Experiments will show that all stimuli which are not forms of energy contract the capillary blood-vessel. In fact, we may provisionally define all agents which contract the capillaries as anti-stimuli, all agents which dilate the capillaries as co-stimuli. This gives a definite basis to our classification.

As a type of anti-stimuli "cold" is an example, because it is universal in its effects and most rapid in its action. There is hardly an organ or function of the body which cannot be stimulated by the skilled application of "cold." When cold water is applied to the skin the capillaries contract. Within a short time after its application they dilate. Why does this happen? The physiologist explains the contraction of the capillary as the result of stimulation of the vaso-constrictor nerves, their dilatation to exhaustion of these nerves, or sometimes to the stimulation of vaso-dilator nerves. The therapist tells us that all drugs have a primary and secondary action, the first being the opposite of the other. With these statements before us it should not be difficult whatever a stimulus does to give an explanation of it. But when we come to close quarters with no desire to shirk the issue, it is not quite so easy to explain the result of experiments. For instance, if cold contracts the capillary because it has stimulated a vaso-motor nerve, it should be only necessary to continue the application of cold to exhaust the nerve and cause the capillary to dilate. But this result does not happen. The blood-vessel remains contracted so long as the general application of cold continues. If we apply cold to those lower organisms, which consist of one cell and have no nervous system at all, the same contraction takes place. If we take a probe and press it firmly upon the skin we can write a name or draw a design in red lines upon it because the dilatation of the capillaries corresponds exactly with the point of stimulation, it has no relation to the area of the distribution of a nerve. This tends to shake one's confidence in the view

that a capillary contracts because of the stimulation of a vaso-constrictor nerve.

Another fact that appears worthy of notice is that the capillary blood-vessels *possess no nerves, and have no nervous connection*. Before we can accept the view that cold stimulates a vaso-motor nerve, we must persuade ourselves that cold is a form of energy, but as cold represents the abstraction of energy and is a universal depressant of all organic life, it cannot stimulate anything.

Why does the capillary contract? The capillary blood-vessel is built up of protoplasmic cells joined together at their edge to form a tube. Each of these cells contains about a thousand molecules in a continued state of activity and in loose association. Wherever in Nature we find such groups of molecules we observe that they expand under the influence of "heat," and contract under the influence of "cold," that is to say that when energy is added the molecules fly farther apart, and that when it is subtracted they draw closer together. This fact can be instantly demonstrated. If the finger is placed upon the bulb of an air thermometer no sensation of cold is experienced, because the thermometer is at the temperature of the room, but instantly the fluid in the tube rises, showing that vital energy has been abstracted from the body, and that this has been converted into the physical energy which causes the water to rise in the tube. The beautiful mechanism by which the capillary blood-vessel is built up of cells which are nearly as sensitive to change of temperature as the bulb of an air thermometer, and from precisely the same cause, has never been properly represented by physiologists, because they start with the conception that every action and function must be explained through the nervous system.

Not only is the capillary blood-vessel unconnected with the nervous system, but each cell in the capillary wall acts as an independent unit. At any point a portion of the tube may be contracted or dilated without reference to the other parts. It is for this reason that the point of expansion or contraction always corresponds with the point of stimulation.

The importance of this arrangement to vitality does not appear to have been considered. If the functions of the

capillaries, which are the source of nutrition and vital energy to the tissues, were dependent upon an intact nervous system, paralysis of a limb would be followed by immediate gangrene. As it is, a limb may have all its motor and sensory nerves completely destroyed and the capillary vessels continue their work unchecked, responding to every stimulus, and setting up, if necessary, all the complicated processes of inflammation. When we once realise that the contraction of a capillary blood-vessel represents an abstraction of energy and not the stimulation of a nerve, we shall understand why we associate pallor of the skin with shock, sickness and death, and the opposite condition with robust health. We shall also realise that drugs are not agents which impart their energy to nerves and so stimulate them, but that they are direct depressors of the tissues upon which they act.

I have so far drawn only one side of the picture. It is because cold is a universal depressant of all organic life that it is so valuable a stimulus, for it is impossible to contract the capillaries over any area without raising the pressure of the blood in the arteries, and without stimulating the heart to increased action. Cold causes an increase of vital energy by exciting the resistance of the organism. It is to this same resistance set up by drugs, by abstracting energy from the parts upon which they act, that they owe the action attributed to them. We know nothing of the direct action of drugs, we only know them by the symptoms they produce, and these always represent the resistance of the organism to their action or the failure of this resistance. This is equally true of the symptoms of disease.

I wish to make it clear that I am not trying to give expression to any law peculiar to therapeutics. It is necessary to the performance of the functions of the body that there shall be an ever-varying series of increases of vital energy in different parts of the body. The digestion of a piece of food may be taken as an example. From the moment that piece of food is placed in the mouth, it is subjected to all kinds of chemical and physical processes, which have the result of making it pass through the alimentary canal and become disintegrated in the process. I hold that the whole of these processes are set in motion because the food is an

anti-stimulus, which, by abstracting energy from the tissues with which it comes in contact, excites the resistance of the organism. I have strong doubts about the elaborate system of telegraphy which the physiologists describe as necessary before the simplest function can be performed. The arrangements of the body are so perfectly conceived for automatic increases and decreases of function that it seems unnecessary, but this is only a passing remark.

That it should be a normal arrangement of the organism that it is necessary to depress the vital element in order to excite an increase of energy is in complete accordance with all natural laws. We are too apt to regard the organism as if it were a field of corn, to be swayed hither and thither by the forces brought to bear upon it. It may be better compared to an ever-flowing stream, the energy of which is concealed by its placid surface. If we wish to increase the energy of this stream at any point, if we want to convert its energy into mechanical work, we can only do it in one way, that is, by opposing resistance to it. So it is with the current of electricity, we light our rooms by resisting its passage. We convert vital energy into static electricity by opposing resistance to the revolving plates of the Wimshurst machine.

Just as vital energy must be regarded as a continuous stream flowing in one direction, so must the action of the anti-stimulus be regarded as a stream flowing in the opposite direction, but continuous only during its application.

The view put forward by so many therapists and pharmacologists, that drugs have an opposite action in large and small doses, must be regarded as the effort to explain observed phenomena by the statement of a physical impossibility. It is the resistance of the organism to the action of the drug which is described as the stimulant action of the drug. Its true action is only observable when the dose is large enough to break down that resistance.

But while it is necessary to keep before us a proper conception of the resistance of the organism, we must equally recognise its marvellous capacity to adapt itself to its environment. The term "failure of resistance" must not be taken as the equivalent of "exhaustion." Co-incident with the effort to resist is the effort to circumvent the obstruction and given time,

successful circumvention leads to adaptation to circumstances, and the resistance fails. The new condition becomes normal to the organism, and subsequent efforts to change it leads to further resistance. Thus, if a limb is maintained in a contracted condition for a time, the organism not only adapts itself to the condition, but resists all efforts to straighten it. If we use a splint, which exercises gradual extension, there will be a fight between the splint and the muscles lasting perhaps twenty-four hours, and then the limb adapts itself to its new position. Another familiar example is the result of keeping a patient for too long a time in a room at one temperature. The organism so adapts itself to this condition that the slightest change of temperature may involve the patient in a severe chill. In this case, if cold water be applied to the surface of the skin a small part at a time, until the whole body has received an application, there is an immediate rise of temperature of 1° F. If the application is repeated daily the patient's power of resistance is speedily recovered. Here we are obliged to momentarily depress already depressed vital units in order to arouse the organism to resistance. It is typical of the way in which we must use all anti-stimuli for curative purposes.

We have to ask ourselves what agent will produce in the healthy organism symptoms similar to those from which the patient suffers. When we have found it, we have the remedy which will either assist the resistance of the organism or arouse it to action. But there is one thing sometimes forgotten, the resistance of the organism or its failure does not always produce symptoms, that the symptoms present may not be directly due to the disease, but to a chain of circumstances which have followed it. There is something left, therefore, for the intellectual capacity of the physician. The habit of the organism of adapting itself to conditions which do not threaten its existence must also be taken into account. We have often to think, not what the organism *is* doing, but what it *might* have done, and has done in other cases. We must free ourselves from those narrow interpretations of a natural law which spring from the difficulty of grasping it in all its fulness and flexibility.

Thus the action of strychnia is to paralyse the spinal cord. When we find a patient whose debility depends upon a

failure of power in the spinal nerves we can, by giving strychnia in doses of $\frac{1}{100}$ gr., excite the resistance of the spinal cord, and the result is a *tonic* action. But the patient may have an undue excitement of the spinal nerves. This is due to the resistance offered by the nerve centres to a condition of exhaustion. We can, now, by giving strychnia in doses of $\frac{1}{10,000}$ gr. or $\frac{1}{100,000}$ gr., assist this resistance, with the result that strychnia acts as a *sedative*. We cannot increase this effect by raising the dose, we should only diminish it or produce aggravation. But instead of assisting the organism in its act of resistance we may elect to use strychnia in its chemically active form to supply energy to the spinal cells, and so remove the cause which has set up the resistance. In this case we must use strychnia in a high dilution, because in no other form can it act as a co-stimulus.

CO-STIMULI.

While all our "tonic" drugs are agents which produce their effects by depressing the vital elements upon which they act, those agents which are forms of energy are chiefly known by their sedative or depressing effects upon the organism. As co-stimuli dilate the capillaries, they, of necessity, lower the blood pressure. The greater energy they excite at the point of application, causes a diminished energy at other parts. While larger doses of an anti-stimulus excite increased efforts at resistance up to a certain point, the only answer of the organism to over-stimulation by a form of energy is exhaustion. The action of co-stimuli can best be illustrated by a few examples. If we lightly stroke the palm of the hand with a feather we shall cause the capillaries to contract, and the sensory nerves to become highly excited—the feather has simply abstracted energy from the surface. If we now rub the skin briskly, so as to raise the temperature, the capillaries dilate, and the titillation of sensory nerves is soothed.

This simple experiment proves that sensory nerves are excited by the abstraction of energy and soothed by the addition of energy. This explains why the patient persists in scratching the irritable skin, and why heat soothes pain.

If we take a case of brachial neuralgia, the persistent pain

is due to loss of energy in the nerve. If we apply friction to the trunk of the nerve with the fingers we can distinctly convey energy to it, and relieve pain. If we repeat such applications daily the pain is permanently removed. But if we continue the act of friction a little too long, on one occasion we shall not only set up pain which will continue for some time after the manipulation, but may cause an exhaustion of the nerve that it may take a long time to recover from.

Heat, like friction, cannot be regarded as a form of energy until it has raised the temperature of the tissue upon which it acts. Its effect when applied only a little above the indifferent point is to relax the capillaries without exciting any act of resistance. We call conditions of the atmosphere which set up this state of things "relaxing." When we apply heat at higher temperatures we at once raise the energy of the tissues upon which it acts to their highest level.

The value of heat as a therapeutic agent, apart from its power to soothe pain, is as a means of assisting the organism in its efforts at resistance or for artificially exciting such acts which the organism might do so with advantage, but fails us. As an instance of the first we may take the process of inflammation, which is a form of resistance in which the organism is frequently very tardy and inefficient in its performance, and of the second, we may take a chronic rheumatic joint, which remains chronic, because its organism will not set up that active resistance which is necessary to its cure.

The organism has the power of resisting the action of heat so far as the accumulation of heat in the body is concerned, providing the skin is healthy and surrounded by dry air, but by altering these conditions and checking the radiation of heat from the body we can produce artificial fever. When, many years ago, I brought forward the view that fever was one of the most powerful therapeutic agents we possessed, it did not meet with a very favourable reception. To-day I suppose no one will contradict the proposition, and yet there are few physicians who make practical use of it.

Fever is the only resistance which the organism can offer to most toxins or to the products of its own secretions when they take on a chemically active form. It is rarely that the

resistance of fever which the organism offers is sufficiently vigorous and complete. Especially is this noticeable in rheumatic fever. Not only can we help it considerably by daily doses of fever artificially induced, but this proves the most efficient antipyretic. The subject is too large for discussion here, although it is necessary to mention it.

While it is easy to cause a temporary rise of the body temperature, we have no drugs which will raise one that is persistently sub-normal. I am speaking of a permanent rise. Alcohol given with the food is the only agent which will do so in the majority of cases. On the other hand, this form of energy when given to a patient whose temperature is normal and in excess of what can be utilised in the system, dilates the capillaries and lowers the resistance to cold.

In the discussion on this vexed subject it does not appear to have been considered that alcohol, being a direct form of energy, has all the advantages and disadvantages of agents of its class, and must be considered in relation to the individual and his actual condition.

Thus raw beef juice contains iron in a chemically active form. If we give this to a patient who has a deficiency of 30 or 40 per cent. of hæmaglobin in his blood, no symptoms are produced and there is a great improvement in his general health. If we continue it after the hæmaglobin has gained its normal percentage, it will cause anorexia and a general feeling of fatigue. If we give thyroid extract in a case of myxœdema in doses sufficiently small to meet the requirements of the tissues, we have nothing to notice except the cure of the symptoms, but if we use too large a dose, there will be exhaustion and heart failure, and even death may occur; yet, if the value of thyroid extract depends upon iodine in a chemically active form, as is generally supposed, the dose which causes these symptoms must be infinitesimal.

If we take nitro-glycerine and hydrocyanic acid as types of the few chemically active drugs we possess, we find that they cause such profound effects upon the organism, even in small doses, that we are forced to use them with the greatest caution. If they were used in still smaller doses we should know more of their value as forms of energy. From its effects, I believe aconite to become chemically active after

its admission to the body and to be a form of energy. We can perceive its power in dilating the blood vessels even when the most infinitesimal doses have been given, and its power to soothe nervous restlessness, which represents a diminution of nerve energy, is evidence of its action as a co-stimulus. In the same way, hydrocyanic acid and nitro-glycerine, like heat and friction, soothe nerves by raising their energy, but an increase of dose gives us an exhaustion of the nerve so sudden and complete as to destroy vitality. The organism, on the other hand, can offer a prolonged resistance to such an anti-stimulus as strychnia.

It is clear that chemically active drugs can only be used to increase energy in very infinitesimal doses. As the only method we have of making a drug chemically active is by infinite dilution, there is not much risk on this account. But it is a fact of common observation that "aggravations," as they are called, occur much more frequently with these extreme dilutions than when the crude drug is employed.

When we speak of making a drug chemically active by dilution, it means that we have to place its atoms in such a position that their cohesion is overcome and that they are held asunder by the attraction of the molecules of water or spirit with which they have been brought in contact by vigorous concussion.

This subject has been debated for a century, and yet I have failed to find in medical literature any concrete figures which would help us to a conception of the physical problems involved. We have not the data for accuracy, but it is a question in which an error of a few millions is not of great importance. Thus an atom is estimated to have a diameter of one fifty millionth of an inch. Recent investigations make the unit of energy considerably less, but this figure is sufficient for our purpose. If we arrange fifty million atoms in a row, they will occupy a line exactly one inch in length. To separate these atoms and to overcome their affinity for one another we must place these in cohesion with groups of molecules of water or spirit at *least* 10,000 times larger than themselves. (I have described the reason for this in my paper "Energy in its Relation to Drugs.") If we now arrange these molecules and atoms alternately in a row, they will occupy a

line 10,000 inches in length. A bottle to hold these dissociated atoms and the molecules holding them asunder would require to have a capacity of rather more than 22 cubic inches. I find that a cubic inch represents 300 minims of water, therefore a 14 ounce bottle would meet our requirements. This bottle will contain fifty million dissociated atoms, so that a single drop will contain 74,404 atoms.

Now the particle of matter from which we obtained our original 50,000,000 atoms is very minute. Professor Dolbear tells us in his interesting work on "Ether Matter, and Motion" that "if we compute the numbers of atoms there will be in the smallest amount of matter that can be seen with the highest power of the microscope, the one hundred thousandth part of an inch, it will be seen that 500 atoms in a row would just reach this distance, and the cube of 500 is 125,000,000, which could be contained in a space so small as to appear like a vanishing point, and the structure or details be utterly invisible." This is not absolutely accurate, because Professor Dolbear takes for his diameter the length of one side of a cube, but as we are dealing with only 50,000,000 atoms, we have sufficient to show that the particle is so minute that a single grain weight of a substance could hardly contain less than one million such particles. If this is so, then we should want a million of our 14 ounce bottles to dissociate the atoms of a single grain weight of a substance. This represents an enormous quantity of fluid as compared with the grain, but it does not alter the fact that there will be still 74,404 atoms in every drop.

To those uneducated in physical science the idea of diluting a grain with so much water appears ridiculous. To the physicist the question is simply this. Given so many thousands of billions of atoms, how much fluid is required to overcome their cohesion and then hold them asunder even in varied temperatures. I have stated the smallest possible quantity.

The fundamental error of all writers on this subject is the conception that matter is energy, and that by diluting matter energy is diminished. The reverse is true, all matter represents energy, but it is energy locked up and useless for all purposes. Dilution is one way of releasing it. Another

error is the attempt to express energy in terms of weight. Energy is imponderable. The whole of the electricity in use in this country at any given moment will not weigh a single grain. By diluting matter we diminish its power as an anti-stimulus or physical irritant. The lower decimal dilutions are only useful to *diminish* the dose of a stimulus. We must proceed to extreme dilution before we can secure chemical activity in relation to the living protoplasmic cell. This is the conclusion reached by the study of molecular physics. Now, it is a curious fact that Hahnemann adopted this system of extreme dilution before the atomic theory was invented, as a result of clinical experience, that it is only as a result of clinical experience that these extreme dilutions have continued to be used, and the result of this experience is that there is a demand for low dilutions, and for high dilutions, but no demand for those which are intermediate. This is in exact accordance with the results of physical study. We either have to use drugs as anti-stimuli to assist or arouse the resistance of the organism, when we must use a dose in proportion to the effects we wish to produce, or if we wish to use them as forms of energy we must use something approaching the sixth centesimal dilution and upwards.

In conclusion, I may say that I have been guided in this paper by a profound belief in the unity of natural law to which physical science gives expression. It helps us to understand more clearly problems which have been much discussed, but never interpreted because the laws which govern all life and all motion have not been applied.

SOME REMARKS ON THE PATHOGENESY AND
THERAPEUTICS OF THE X-RAYS, ILLUSTRATING
THEIR OBEDIENCE TO THE LAW OF
SIMILARS.

BY EDWARD M. MADDEN, M.B., M.R.C.S.

IN bringing this subject before the Congress I wish, at the very outset, to disclaim any originality in either the subject matter or its treatment, as also all idea of an exhaustive presentation of this thesis.

Indeed, I feel very conscious that I can only hope to display the mere fringe of it, and rather to suggest subject matter for thought and future experiment and discussion, than to pass any fixed and final judgment upon it.

It has for many years been a favourite subject for speculative discussion with me whether the law of similars does not pervade the whole physical realm of nature outside, as well as including vital phenomena, and that the effect of heat, light, sound, &c., &c., may be *all* in conformity with it, as well as those effects we are able to observe upon living organisms. This branch of the subject, however, it is impossible to do more than hint at to-day, beyond saying that the extravital phenomena of action and reaction, and of attraction and repulsion, especially those connected with electricity and magnetism, do very strongly suggest that they are instances of a parallel, if not identical law.

With regard to vital processes, we are so well acquainted with the facts demonstrating the truth of the law, *similia similibus*, and are all so continually seeing new instances in proof of it in our daily work, in respect to the toxic and the curative action of drugs, that it is no strain upon our belief to accept the proposition that all external agencies capable of disturbing, or of restoring, vital processes, are subject to the same law, as we have long known the action of drugs to depend upon. It is in the expectation that both Dr. Wolston's address and Dr. Percy Wilde's paper will deal with instances of the successful application of the law of similars to other curative agencies than our ordinary drugs, that I am venturing to call your attention, for a short time, to one of the newest and most powerful agents capable of affecting the life and health of patients, both for good and for evil, viz., the Roentgen or X-rays, and to give you some reasons for believing that here also we shall find a further illustration of our law of cure.

The emanations from a Crooke's tube, in a state of electric activity, are not confined to the X-rays, but are, in reality, quite a complex multitude of electrical phenomena, among which have been observed, heat, ozone, Cathode rays, ultra-violet light, emission of material particles similar to radioactive emissions, Roentgen or X-rays, electric effluves, some-

what similar to those from a high-frequency spray, and other electric or electro-dynamic waves; and although the general opinion of specialists in X-ray work is, that the special and peculiar results of their application are due practically entirely to the X-rays themselves, it is at least permissible to believe that they are modified, or intensified, by the effects produced coincidentally by the electrical discharges and ultra-violet rays upon the same tissues on which the X-rays are being focussed. But whether the active agent is single or complex makes no difference to our present consideration, as it is the same agent, in any case, which is used, both when it has resulted in causing or removing pathological states. It would almost seem as if the experience of those who work most with the X-rays had suggested to them the thought that their reputation has to be protected from the stigma of homœopathy, for one frequently meets with remarks like the following, which I take from Dr. Belot's work on "Radio-therapy in Skin Disease," translated by Dr. W. Deane Butcher:—

"At first sight it may seem contradictory that the same agent will, in one case, cause the hair to fall out, and in another case favour its growth. The contradiction, however, is only apparent, as the results depend on the amount of rays absorbed by the hair papilla and the consequent inflammatory reaction. It is evident that if this factor is varied the results will be altered." Exactly so! Is not this just what Hahnemann and his followers have been crying in the wilderness for one hundred years and more? Can our friends, the allopaths, *never* be got to see that no amount of explanation why or how the results are exactly reversed in large and small doses alters the fact that they so constantly are so? and that it is this *fact* which constitutes homœopathy, whether it can be satisfactorily explained or not?

By far the most frequent and the best known pathological results following the application of the X-rays are those seen and felt upon the skin, and for the purpose of my paper to-day I shall very largely confine my remarks to its pathological and its therapeutical effects upon the skin.

It is important nevertheless to note that there is abundant evidence to prove that the X-rays do penetrate through the entire substance of the body in a straight line, as witness not

only their radiographic effects, but that there have frequently been seen effects on the skin at their point of exit on the opposite side of the body similar to, but considerably milder than, those seen at the point of impact.

Radiodermatitis has been defined by Carl Beck as having three degrees of intensity, as follows :—

“The first degree of intensity is characterised by hyperæmia and infiltration of the skin, accompanied by exfoliation of minute scales and a considerable amount of itching. Atrophy of the appendages of the skin—glands, hair and nails—may follow.”

“The second degree of dermatitis is characterised by the occurrence of vesiculation and phlyctenulæ. Inflammatory signs are severe, the tension considerable and the pain intense. Under the phlyctenulæ the bared chorion appears, red and discharging.”

“The third degree is characterised by total destruction and sloughing of the irradiated tissues. These show the usual signs of dry gangrene; the sloughs separate slowly, leaving behind an ulcer of a very torpid nature, which sometimes remains unhealed for years.”

Besides this division into degrees of intensity, radiodermatitis has been divided into acute cases which result from long exposures, and hence are met with almost entirely among patients, or the subjects of intentional “provings,” as we should call them, on the lower animals, and chronic cases which result from repeated short exposures extending over long periods of time, and are hence seen almost entirely on the hands of those who are administering the rays to others, or studying radioscopy.

As I have been fortunate enough so far to have never seen a case of radiodermatitis, I am necessarily obliged to draw upon the description of others, and in the following detailed accounts of the varieties of radiodermatitis I wish at once to acknowledge that it is a mere transcription, or abridgment of the chapters dealing with this subject in the work of Dr. Belot, already alluded to, and the article on “X-ray Dermatitis,” by Dr. John Hall-Edwards, which appeared in the special X-ray number of *The Practitioner* about a year ago.

Occasionally, but quite exceptionally, there is a slight

effect produced either the same evening or the morning after a radiotherapeutic sitting. When this does occur it takes the form of a mild erythema accompanied by slight itching, and gradually subsides till it disappears after perhaps only a few hours, or at most four or five days.

But in nearly every case there is a considerable interval varying from five to fourteen days between the application and the first appearances of reaction. And in this connection Kienbock lays down this axiom: "The stronger the dose given at a seance, the shorter the period of latency, the sharper the reaction, and the longer its duration."

One of the earliest and most constant results of the X-rays is alopecia, which may occasionally occur without any other evidence of reaction, though some observers maintain that it is always preceded by a slight erythema. This alopecia without marked erythema is especially noticeable on the scalp, and after an exposure of moderate intensity the hair may begin to fall out in twelve to fourteen days, and may continue until by degrees complete alopecia is produced. This condition continues for some weeks, the skin remaining smooth and bare, with no further alteration than occasional slight pigmentation; after this the skin returns to its normal aspect and the hairs begin to grow, and eventually no trace is left of the attack. This action of the X-rays has naturally been taken advantage of to remove superfluous hairs where they are unsightly, but as the effect is never permanent it is not so satisfactory a treatment as electrolysis by needle puncture, which permanently destroys the hair follicles treated in this way.

Among those skin affections for which X-rays have already obtained a high repute, alopecia, when occurring idiopathically, is one of the most prominent.

In 1900 Kienböck presented to the Medical Society of Vienna the first successful case of alopecia treated by X-rays; it was that of a young man, aged 26, who had lost the whole of his hair for three years. The upper part of his head only was treated with six applications of the X-rays, of fifteen minutes each at a distance of 8 inches from the skin. The yellowish down which covered the whole scalp, in place of normal hair, rapidly fell out from the irradiated areas, and at the end

of two months a normal growth succeeded. The alopecia meantime persisted on those parts of the head not treated. Holz knecht, Freund, William, and others, have also reported successful cases. I have already quoted our author's initial remarks on this subject, when he is evidently trying (quite needlessly and vainly from our point of view) to explain away this evident double and opposite action of X-rays, but his further remarks on this same point are equally worth quoting, and full of instruction as to the natural attitude of the allopathic mind when brought face to face with a homœopathic fact. He first of all disproves most completely the suggestion that X-rays cure alopecia by their destructive action on the micro-organisms, assumed to be the cause of it, by pointing out that the strength of any application of the X-rays capable of exercising a bactericidal effect is enormously greater than the curative dose. Then he proceeds to say, "In radiotherapy one should endeavour to irradiate the tissue with the exact quantity necessary to produce a definite result. In the use of other therapeutic agents we are often obliged to vary the dose. A given drug may have a tonic action in a small dose, an emetic action in a moderate dose, and a poisonous action in a large dose. The same may be said of X-rays. Take, for example, their action on the scalp. In small fractional doses they have a stimulating effect on the hair, whereas in large doses they cause epilation, and in still larger doses vesiculation, ulceration and sloughing."

One seems to have gone back thirty years to the time when the *Lancet* first discovered the tonic and stimulating effect of a minim dose of *ipécacuanha* on the stomach as a full and sufficient explanation of its curing vomiting in that dose, while it will cause it if given by the dram. It is the same old dog, it is only another bit of string by which it is dragged on to the stage.

In the case of a somewhat stronger irradiation usually one of the first results is an erythema which may show itself five or six days after the exposure, the skin showing a rosy red colour. In two or three days the rosy tint is succeeded by a deeper colour, the skin becoming successively bright red, deep red, brownish red and sometimes violet. Now the skin

becomes slightly infiltrated and even œdematous, while the itching which has hitherto been slight becomes more severe, especially at night, when it is aggravated by scratching. As the erythema fades it is succeeded by desquamation in minute furfuraceous scales.

Corresponding to this pathogenesis of X-ray applications we read, "One of the most marked and indisputable effects of radiotherapy is the rapid diminution and cessation of pruritus," and one author goes on to relate cases treated successfully by himself and others of pruritus ani and vulvæ, a lichenous eruption accompanied by severe itching, and cases of prurigo, in all of which the itching was very rapidly relieved, in some the whole affection was completely cured and we are especially advised in these cases to give the mildest applications and very short exposures.

In many cases, and some authorities say after all cases, of X-ray erythema there remains more or less pigmentation of the skin, and in certain cases this has proved exceptionally long-lasting and troublesome, especially in those whose skins are naturally brunette. Correspondingly we read that "Ullmann has obtained good results from radiotherapy in cases of vitiligo and hyperpigmentation."

Still tracing the progressive action of stronger doses we find that the erythema following an intense irradiation may result in more serious symptoms. "On the red erythematous surface elevations begin to appear, of different sizes and which may be acuminate or papular. In the early stage they are barely visible and resemble ordinary congestion papules. If, however, their surface is scratched with a needle, a yellow serous slightly opaque fluid exudes and the papule disappears. These elevations, though of small size, are in reality vesicles. They occur in groups or disseminated over the surface, and ultimately develop into vesico-bullæ, or vesico-pustules which have the appearance of an ordinary eruption." Here we have a very fairly accurate description of an ordinary acute eczema, and we are therefore not in the least surprised to read in the therapeutic chapters that eczema is one of the complaints over which the X-rays triumph very frequently and readily, even in cases which have proved very rebellious to all other local treatment. Here are a few extracts under this heading: "In

a weeping eczema the exudation disappears after one to four exposures and does not return." "In pruriginous eczema the itching often ceases after a single application." "On dry eczema the effect of the rays is most marked." "A single application is frequently sufficient." "It is in the more obstinate, chronic and recurring types that they are the most useful," &c., &c.

The last stage of Röntgen Ray dermatitis is the development of ulceration of varying intensity, the mildest form being the result of a group of confluent vesicles which burst and leave a raw discharging surface. The itching now gives place to pain of a smarting, burning and insupportable nature. This variety of ulcer will usually begin to heal in from ten to thirty days. A still more severe form of dermatitis may lead to extensive necrosis of the skin, and on the slough separating ulcers of uncertain depth are left, sometimes even extending into the subjacent tissues, and the surface of the ulcer is bathed in abundant secretion. This form is the worst variety of the Röntgen ulcer, following an acute dermatitis, the pain being very severe, sometimes becoming terrible in its intensity, and often radiating to adjacent parts. These ulcers are very slow in healing and may last for years, and neoplasms of a malignant nature have been described by several observers as developing in the scars formed when they do ultimately heal.

But the very worst form of all is that met with in some of the sufferers from the chronic form of dermatitis which attacked the operators in X-ray work, before the need was recognised to protect their skin from the cumulative effect of constantly repeated short exposures. It begins insidiously and its true nature was usually not at first recognised. To quote now from Dr. Hall-Edwards: "The disease generally makes its first appearance in the form of a mild erythema around the roots of the nails. The nails begin to thicken and their substance to degenerate, until they become shapeless masses. The skin becomes uniformly red, and later, small warty growths appear. These gradually increase in size and number whilst the skin generally becomes dry and wrinkled. At this stage, apart from the disfigurement, the patient suffers no inconvenience. The warty growths continue to increase in size, and the skin loses its elasticity to such an extent that it

cracks with the slightest exertion. These cracks are very painful and difficult to heal. Pain of an almost indescribable character, which appears to come from the bones, and which is aggravated by holding the hands downwards, is felt. Loss of power in the arm muscles is also experienced. At this stage the skin between the warty growths exhibits marked telangiectasis, is considerably thickened, and is tied down to the subjacent tissues. There is an ever present sensation of burning and extreme itching so that it requires no small amount of self control to keep from scratching. The bases of some of the larger warts become inflamed, and the thickened mass may come away leaving an ulcer which takes months to heal. These ulcers are so tender and painful that words fail to convey any idea of the suffering of the patient. They occasionally refuse to heal, become gradually larger and may assume malignant characteristics, which demand operative interference."

Dr. J. T. Pitkin in a paper read before the "American Röntgen Ray Society," in 1903, thus graphically describes the sufferings of this terrible disease :—

"For a description of the pain and suffering, hyperæsthesia and paræsthesia, no language, sacred or profane, is adequate. The sting of the honey bee, or the passage of a renal calculus, is painful enough, but they are comparative pleasures, being paroxysmal, they have a time limitation. Extreme tenderness to the slightest touch, hot and cold waves and flashes, warmth, tingling, pricking, throbbing, stinging, crawling, boring and horning sensations, as if the parts were on fire and contained bugs and other living things; feelings as if the anatomical structures were being removed from one position to another; all of these sensations are proportionate to the depth of the inflammatory process."

Truly a terrible picture, and one of the most heroic "provings," albeit involuntary, of any therapeutic agent yet recorded.

Dr. Brocq has communicated two cases of epithelioma occurring in the hands of surgeons practising radiology.

Corresponding to this extreme form of the X-ray dermatitis we find that radiotherapy is successfully employed in treating many forms of ulcers, from a simple chronic varicose ulcer, or an obstinate burn, to lupus, rodent ulcer and keloid.

Also malignant warts, epithelioma of the skin and all forms of superficial cancerous growths, and nodules or secondary deposits occurring after operations ; many pages of Dr. Belot's work being filled with accounts of these, and other allied conditions, having been cured, or greatly benefited by being exposed to X-rays. In this connection also he again cannot refrain from remarking on their homœopathic action, though, of course, he does not use this word, for he says :—

“Instances have been reported of the occurrence of epithelial tumours on the cicatrice following dermatitis and we have already alluded to the development of neoplastic growth on the hands of operators suffering from chronic dermatitis. Thus the X-rays, which usually cause the regression of neoplastic growths, may, in certain exceptional cases, determine their production.”

In the accounts of the ulcerative and other final effects of the X-rays no symptom stands out so prominently, or so constantly, as the extreme severity and persistency of the pain which accompanies them. And correspondingly we find, that though it is still a moot point with some authorities whether the X-rays can permanently cure a true cancerous growth, there is universal agreement as to their power to relieve, and often entirely cure, the pain which accompanies such growths ; so much is this the case indeed that the analgesic properties of the X-rays have been used with success in many other painful diseases such as neuritis, cutaneous hyperæsthesia, &c.

I have not attempted even to enumerate in detail all the varied toxic results of an X-ray dermatitis, nor all the varied skin affections in the treatment of which they have been found curative, but I have tried as fairly as possible to outline the main divisions into which these toxic results range themselves and have shown, I think, that every one of them represents an accurate similitum to certain diseased states for which they are being largely and successfully applied therapeutically.

To us who are so familiar with the homœopathic specificity, so to speak, of drug action it will seem almost a matter of course to expect that the harmful and curative effects of X-rays upon the internal organs, and the deeper structures

of the body, will be found to follow the same law as it appears to follow in respect to its action upon the skin. This, however is, as yet, not so easy a matter to demonstrate. It is certain, as I have said before, that the X-rays do penetrate through every bodily tissue, and it is hard to doubt that they must produce some disturbance either stimulating, exhausting or destroying certain cells according to the strength of the dose, or the sensitiveness of the tissues.

I cannot here enter at all fully into the question as to how far the X-rays can cure, retard or modify a primary malignant neoplasm when deep seated, or the principle upon which such action of this kind as has been observed depends, but I may be allowed to recall the fact that in a case of primary scirrhus in the deeper tissues of the mamma in the person of a patient who was conjointly treated by Dr. Geo. Burford and myself we obtained positive evidence, after operation, that a preliminary course of X-rays had modified the growth in such a way as to retard its increase, and giving one the impression that had this been resorted to at a still earlier stage it might have arrested or dispersed it altogether. A microscopical slide exhibiting cells thus altered was shown at a recent meeting of the British Homœopathic Society.

Not a great many changes produced on the deeper structures from X-rays exposures have been hitherto recorded, but there are one or two rather important observations in this part of our subject; in the first place it has been clearly demonstrated that the rays have a very definite action upon the spleen and other hæmatopoietic organs, that "after each seance there is a considerable and sudden rise in the number of white blood cells, after which the number slowly and gradually diminishes to a level lower than before irradiation. After some time the augmentation following each irradiation becomes imperceptible, but a permanent diminution is still noticeable. The leucocytosis affects the polynuclear cells rather than the myelocytes." Thereby once more demonstrating its double and opposite action.

Another notable result of the X-rays was found in the case of some experiments made on several male guinea-pigs, who were found to have been all rendered completely sterile, and after death it was found that their testicles had atrophied

to one half or one third their normal size, and there was a complete absence of spermatozoa. I am not aware that this power of the rays has ever been used therapeutically, but in his remarks upon it our author, Dr. Belot, again seems to betray a bias in favour of the law of similars which can hardly be entirely unconscious, for after giving a needful warning to proceed with great caution when treating the inguinal or scrotal regions by radiotherapy, he goes on to say: "On the other hand it is not irrational to suppose that careful and moderate irradiation might have a stimulating action on the secretion of semen. It has been shown that the bio-activity of certain cells is stimulated by slight exposure to the X-rays, whereas these same cells are withered and destroyed by a longer exposure."

When an eminent specialist who, so far as I know, has no leaning towards homœopathy is constrained, in his desire for truth, to express himself in such words as these, in reference to this method of treatment, which is being so extensively used and studied by some of the best men of the present generation in the medical profession; and when we find that similar, or even more emphatic, testimony to the truth of our law is given by those working in the other most popular field of study in therapeutics, viz., the serum and vaccine methods of treatment, we surely may feel certain that our law is not likely to be displaced, but rather that its field will be only further extended by new therapeutic discoveries and that the eyes of fair-minded and honest men, who have hitherto scouted it, must soon be opened to its truth.

DISCUSSION.

THE PRESIDENT: The papers that have now been presented to us are deeply interesting. I think Dr. Madden's paper is very conclusive. Everyone who has had any practical experience of the X-rays I think will fall in line with his remarks very thoroughly. I have not had very much opportunity of their use, but one case I should mention. It was that of a lady of 75 years of age, who for forty years had a slowly-growing tumour on the supra-scapular region which was becoming hæmorrhagic and bleeding very much. Afraid of the surgeons, she at length put herself into my hands to see

if I could cure her, but I had to confess I could not. But to save her from the surgeon's knife I put her into the hands of a specialist in X-rays. At that time there was a fungating mass, about the size of half a crown, elevated nearly half an inch, a red angry horrid thing surrounded also by a quantity of bluish tissue that looked like veins raised and about to burst. Three minutes of the X-rays produced its absolute dissipation. It had gone. I saw her a week before I left Edinbro'. That is four weeks ago. It is twelve months since the treatment took place. The skin is apparently perfectly normal, after being forty years in the condition I described. I think what Dr. Madden called the three stages of radio-dermatitis were not illustrated here. On the contrary, it was coming on gradually. It was a radio-ulcer. It was very modified. It looked like that in a certain sense, but evidently it was a thing that was gradually going to infiltrate the tissues. It has gone. I can only say that we have in the X-rays treatment a very valuable auxiliary in our hands, and I believe we, as homœopaths, all believe in it. The treatment was applied first of all every fourth day for about two months, and then weekly and latterly monthly; in all some twenty-five or thirty applications, perfectly painless and absolutely successful.

Dr. MURRAY MOORE : As my name has been mentioned in connection with a certain saline water, I should like to say in applying or thinking of mineral waters for patients it is a convenient thing to group them in your mind as sulphur or sulphuretted waters, saline waters, whether hot or cold, and chalybeate waters. The next thing is to ascertain what are the susceptibilities of each individual patient. Thirdly, you have to consider the means and power to travel of the patient. One reason I had in writing my little treatise, which seems to have been so well received by the public and the profession, is to endorse the opinion that a patient can, as a rule, find as much benefit in a British Spa as he or she can on the Continent. There is, however, a fashion in spas, and Dr. York Davies and some other writers are trying now to induce invalids to search out those who are acquainted with the properties of the Home Spas, and give them a trial. For instance—Leamington Saline Waters are weak in comparison with those you have described, but at the same time a course of

those waters to a delicate lady, or an adolescent, or an old man with a feeble heart, is an admirable preparation to the stronger treatment which you get at Homburg or Kissingen or Kreuzenach. Then we have to consider there is yet investigation to be made about the waters of our Home Spas as to whether any of them contain radium. This is a point I hope all our colleagues present will impress upon those who have any official connection with our Home Spas. This radium is only beginning to be known or thought about. There is certainly in the Saline Waters of Leamington, taken at a temperature of 90° or 100°, a stimulating effect which I have not experienced except in bathing in the open seas. I would like to say that contrary to the practice our President has referred to as existing abroad, in Leamington and other English resorts there is no tax on the visitor. We are very much indebted to Dr. Madden for bringing this matter of the X-rays out so definitely. We have at least three or four classes of disease in which we may reasonably expect benefit, after the failure of other means, from these X-rays judiciously applied. In conclusion, I would like to ask Dr. Madden if the operator is not able to protect his hands?

Dr. MADDEN : Certainly he can.

Dr. MURRAY MOORE : I can imagine any one with sensitive skin suffering severely, and it might go on to the second or third stage. Sir William Crook, in taking about this unknown substance in a lead tube, had an ulcer formed on his abdomen which took weeks to heal. There is no doubt risk to the operator. I think we have had three admirable papers which will read excellently when they are printed.

Dr. PROCTOR : Mr. President, Dr. Wilde's paper is just the paper one would expect from him. With the philosophical bent of mind that he has, he dives down into the very depths of the question he grapples with and treats us to an almost transcendental view of the subject. We have been deeply involved, as we all get involved nowadays, in atoms and ethers, and there is a perennial fascination in that study, although not very practical, yet very fascinating, especially to certain minds, and I suppose to homœopathy. It strikes me that homœopathy is like Christianity in one respect—that there is a truth in it and a mystery. The truth that is in homœopathy

has brought us all to this Congress year by year ; it brings us together and holds us together, and the mystery is the one that leads to everlasting discussion. So that the literature of homœopathy is really a very ample literature. Although the subject seems a very simple one yet the world is filled with discussions upon what is "Homœopathy," and here we are to-day discussing the primary elements of the subject just as they were discussed one hundred years ago. Well, Dr. Wilde has brought forward a number of statements that we shall all require I think to read over very carefully before we give them our assent. And whether we do give them our assent or not, I think is doubtful, for some of the statements I heard, as they were read, sounded very paradoxical. I am really hardly prepared to say whether I believe them or not. For instance Dr. Wilde tells us that a feather abstracts energy when stroking the skin, but that downright vigorous rubbing adds energy. He has told us that to contract the capillaries is to abstract energy, to dilate them is to add energy. That is so revolutionary a doctrine that really we must think it over before we say yes. We have generally been taught that alcohol, nitro-glycerine, and ether generally are dilators, and take away the contractile energy. If I understand Dr. Wilde it would seem that they add energy, and that cold and medicinal agents, aconite, &c., that contract blood vessels, abstract energy. It seems to be a reversal of our ordinary teaching. It simplifies itself in my mind that it all comes practically to this point. It brings up the old question as to the homœopathic cure. Does homœopathy cure by the opposite action of the small and the large doses, or is it really a cure by the application of a similar but slightly different agent ? These are the two theories that hold possession of the medical mind at present. It seems that the opposite action of the large and small doses has most to say in its favour. Dr. Madden subscribes to that apparently in his paper. As to the opposite action of the large and the small doses, I would like to say this : that we all admit it is a well-known fact that there are different actions according to the strength of the doses, but whether you can speak of the minor action as an opposite one to the major action I doubt very much. For instance, I have applied the question to myself in this way. If there is an opposite action, an evident opposite

action between the larger and the small doses of medicines—take the case of quinine: a large dose is a powerful spinal depressant—do we find such a stimulating effect on the spinal nerves after a small dose? I say no, we do not see the stimulating effect in anything like a degree that would account for the homœopathical cure. Take bromide of potassium, in a moderately large dose, say twenty grains, it is a pure cerebral sedative. Have we any symptoms of excitement following a small dose that would lead us to think that the homœopathic cure, so arrived at, was due to the opposite action? I think not. We have been misled, I believe, by thinking that because there was a different action according to the doses, rising from the small and moderate to the large dose, that they were therefore opposites. Now I doubt the propriety of using the term “opposites.” They are different I admit, but I do not think they are opposites. Dr. Wilde mentioned an interesting thing respecting strychnine in small doses in the healthy body. I understood him to say, and I believe it is an acknowledged fact now, that the small dose has a chronic effect, and rather puts a nerve in a condition of resistance, or of special reaction. If that be the case, there is a slightly opposite condition to what takes place when you give a large dose and the nerves are greatly excited. But although there is that little difference, I ask is that enough to account for the homœopathic cure? A homœopathic cure, when it is a cure, is so decided, and the little opposition that appears to exist in such instances is so indecisive, that we cannot attribute the homœopathic cure to it. On the other hand there is the old explanation of homœopathy, that it is due to the administration of a drug that produces a different impression, but of a similar kind—similar, but different—and the question is whether the value of the homœopathic medicine is not due as much to the difference as it is to the likeness. I will not say anything more, but I will read Dr. Wilde’s paper over very carefully, and if I can assent to those statements, paradoxical as they now appear, I shall only be too glad.

DR. CASH REED: My remarks will be exceedingly short and to the point. I think that Dr. Wilde’s paper is one of the most interesting papers we have ever heard at any Congress, and it will require very careful thinking over in order to

thoroughly estimate its value and appreciate the points in it. The practical points in Dr. Wilde's paper are exceedingly interesting and important. With regard to the X-Rays dermatitis in its chronic form, I should like to ask the question, whether in Dr. Madden's experience such a condition of things is curable by any means? I have seen an extreme case where it is believed that nothing will cure the patient, and that amputation is the only thing in store. All I can say is that so far certain things have given encouraging results, those are *calendula oil* and *fluoric acid*. I have no doubt that both of these have been of benefit. Our old friend fluoric acid in certain conditions of the skin has come into play as a valuable agent to relieve suffering in the external treatment of disease. In this case the pain caused by the very large horny growths of the corium have been so extreme, that from time to time, when they have been so intensely irritable, the patient cut them out with his penknife. I should like to ask whether there is any known remedy for such a condition, as I have searched literature and the journals in vain? So far, this case has distinctly benefited by the treatment given; but that is all I can say. In conclusion, I think the presidential address will be very helpful to us in our future deliberations as to where to send patients. But valuable as is this information there is one fallacy which I venture to point out: That it is an absolute loss of time and money, as my colleague says, to send patients to Woodhall Spa for fibroids. I have seen a good many who have been there, and also to Kreuznach, but I never have seen the slightest benefit to result from this treatment. I believe it is simply a loss of time for us to send our patients to either of those places.

Dr. BURFORD: I am sure our thanks are due very considerably to Dr. Percy Wilde and Dr. Madden for their papers. I should just like to make one or two remarks with regard to Dr. Wolston's paper. It is as ample and complete a paper as I ever remember to have listened to or heard. Dealing with the subject of spas in general, of course it is backed by the enormous personal experience of the President. There was one point he raised, as to which homœopathy is exceedingly interested, which is that in all probability the really potent active elements in the waters of a spa do not exist in *gross quantity* (as given in the analytical tables provided for us by the

proprietors of these spas every year), but are due to those ingredients which are present in *infinitesimal quantity*. My experience of spas in England and on the Continent, which is considerable, justifies me in entirely agreeing with Dr. Wolston's statement, that what we have to regard as the curative element in the waters of the spas is not mainly the chemical salts that are present in large quantities, but those minute infinitesimal quantities, difficult to detect with the spectroscope, but which science has placed before our sight in the last few years. Dr. Wolston has made a point with regard to the probable homœopathic relation between the use of spa water and those remedial measures which we can apply at home, he asserts that when special waters cure they cure in all probability by virtue of their homœopathic similarity. Well, now, I, for the last few years, have to a considerable extent left the domain of spa water as a cure and have turned my attention to what Dr. Wolston has called the "Suft" Cure. My results, particularly for hæmorrhage, have been such as I could never achieve when I adopted the water cure at the different spas alone or in substitution. After investigating the subject in the light of neurasthenia, without any hæmorrhagic condition, for some time, there dawned upon me this scientific parallelism which does not take long to demonstrate, that there is a strong similarity between the symptoms of mountain sickness—the effects produced by residence in mountainous districts and high altitudes—and the symptoms of neurasthenia. The parallel is so near that you can write down the symptoms of acute or growing mountain sickness and read indifferently mountain sickness or neurasthenia. This is a theory that is confined to myself. I believe that after some further experience, that is to say during the next twenty-five years, it will be found that many cases of neurasthenia can be effectively treated by residence at different altitudes at different times of the year. I dealt with it myself some time ago in one of my papers before the British Homœopathic Society, suggesting that by gradations of altitude and particularly by exposure to light, that is to say the beneficial effect of the violet and ultra-violet rays that act in these instances, that these can be adjusted to the condition of the patient. I believe the essential cure of neurasthenia is often on these lines. To send a patient into Switzerland is one thing,

but I always insist on all my patients sending me a fortnightly report of their condition, and those who do not do so take the responsibility of their own life, for I give up the responsibility of the treatment in their case. With regard to Woodhall Spa, we are not at Woodhall Spa now, therefore I speak without fear and trembling, I have known many patients there for fibroids with unsatisfactory results. They often come back at a later period with a consciousness of valuable time wasted; so also with Kreuznach. They have received just a temporary benefit, which they would receive anywhere where they spent the "simple life," but the permanent results have been mostly *nil*. I think the *curative* benefits said to be obtained at Kreuznach and Woodhall Spa should be deleted, as regards fibroids, from our text books. With regard to Schwalbach, if there is one place that does a considerable amount of good in anæmia that is Schwalbach. I regard it as *facile princeps* the place to send not only anæmic girls, but women in an anæmic condition who do not respond very easily to iron, and six weeks in Schwalbach will often work a complete cure.

Next I must fall upon my friend Dr. Wilde. His mobile intellectual power makes his literary back sufficiently broad to withstand all the castigations I can give him without turning a hair. He tells us if you apply cold to a capillary it will contract, if you continue the application it will dilate. May I ask if Dr. Wilde has ever seen that phenomenon? Some time ago an eminent doctor (Dr. Murray) took up this question. To see what was the effect of cold on hæmorrhage he performed experiments.* He took a female deer and exposed the broad ligament, which is practically transparent, and he found that while the circulation was proceeding, when this tissue was taken out and exposed to view under certain physiological conditions, the different effects of cold and heat applied to the broad ligament were these: that cold, whatever temperature it might be, caused a contraction of the capillaries over a given number of minutes ranging from five to ten, that after that time the returning flush, the rosy flush of the broad ligament, made it apparent that the condition had oscillated to the opposite extreme, and that no condition of cold could bring it back, as in the first instance, to the bleached and blanched condition. So in this matter I will ask Dr. Wilde

whether he has had any personal experience? I think his argument is good, but I think this particular support fails. With regard to his views of stimuli in general, as Dr. Proctor has said, very philosophically, they are deep enough to warrant our most careful consideration. If there is one thing that more than another substantiates the point, it is the recent results of radio-activity. When you get a piece of radium that has been discharging atoms for a couple of hundred years, discharging morning, noon, and night every hour of the twenty-four hours without losing one grain in weight, and yet is sufficient, if you put it in your pocket, to burn a hole through your coat and waistcoat into your skin that will last for a fortnight, it gives one some idea as to what an infinitesimal quantity of drugs can do when the condition upon which they are brought to bear is favourable. It is a double-sided unity. Particularly with regard to what Dr. Madden has said, I think that if there is one complete and convincing exposition of the therapeutical action of light, heat and electricity and so forth, it is the paper that Dr. Madden has read. I think it ought to receive a wider publicity than purely homœopathic sources can afford it.

DR. DYCE BROWN: I think it would be a pity that we should disperse from this meeting without saying how very valuable we consider the papers of to-day. Without taking up your time by discussing particular points, I think the most interesting point which has been brought forward for several years back is this, namely, that everything nowadays, every new drug—and you can call radium a new drug—points in the direction of homœopathy. Every new investigation points in the direction of homœopathy. Not a single fact has been brought forward on the other side which can be put forward as against homœopathy, against it in any way whatever. It is the most interesting fact which can be brought out at our Congress, that for several years past, every discovery and every scientific investigation points in the direction of homœopathy—not one points the other way. I think it is also very interesting to notice how, as Dr. Proctor stated, there was in homœopathy truth and mystery. The truths cannot be gainsaid. They must be explained away or denied altogether. They are facts. But the question that interests many people is to give

a theory for the facts. The curious point in this theory is that hardly any two people agree about it. The facts exist, and the theory is a separate thing altogether which we all disagree upon. I think those points in the Congress papers we have had to-day are interesting as having a most important bearing on the truth of homœopathy, and its surety to become the dominant power in medicine.

(The morning sitting then terminated by an adjournment to luncheon which was provided by the Yorkshire Homœopathic Practitioners.)

BRITISH HOMŒOPATHIC CONGRESS.

BUSINESS OF THE CONGRESS.

At the conclusion of the reading of the Presidential Address, Dr. ROBERSON DAY proposed a hearty vote of thanks to the President for his interesting paper. This was seconded by Dr. MURRAY, of Folkestone, and carried unanimously.

Dr. DYCE BROWN announced that he had received through Dr. PRITCHARD an invitation to members of the Congress to luncheon from the YORKSHIRE HOMŒOPATHIC PRACTITIONERS. Also that Dr. BURFORD would show and demonstrate some rare specimens of great interest.

The PRESIDENT stated that the Congress for next year would be held in London, and that Dr. JOHN MURRAY MOORE had been elected as President, and Dr. STONHAM as Vice-President. The Honorary Secretary proposed Mr. C. KNOX SHAW as Honorary Local Secretary. This was agreed to, Dr. DYCE BROWN being unanimously elected as Honorary Secretary and Dr. MADDEN as Treasurer.

Dr. NEATBY suggested that in future the custom be adopted of appointing the retiring President to a seat on the Council. This being seconded was agreed to, the rule to take effect at the present Congress and in future. It was then decided, on the motion of the Hon. Secretary, that Dr. GEORGE BURFORD, Dr. GILES GOLDSBROUGH, Dr. J. GALLEY BLACKLEY, and Dr. EDWIN A. NEATBY be the four gentlemen to be elected on the Council. This terminated the business of the Congress.

THE CONGRESS DINNER.

PRESENTATION TO DR. DYCE BROWN.

THE Congress Dinner was held at 7.30 p.m. at the Majestic Hotel, Harrogate. In Dr. WOLSTON'S absence, Dr. RAMSBOTHAM took the Chair. After the usual loyal toasts had been honoured, Dr. J. W. HAYWARD proposed "The memory of HAHNEMANN." This was drunk in solemn silence.

Dr. MADDEN then rose and said: I feel as if I were a member of a small body of conspirators who have now to explain and excuse their action, if explanation and excuse are needed. It seems that when many of our friends visited America last year, among whom was my good friend and colleague, Dr. Burford, they brought home some ideas from over the water which they thought they would do well to implant in the old country. Among these was the idea that it is a better plan, when any one is distinguished among us, to honour him and let him know that his work is appreciated during his lifetime, rather than to wait till a man is dead and then get up a subscription to hang his picture in the board room of the hospital, or establish a scholarship, or what not. That is an idea which has been carried out in America, but which has not to any great extent been carried out in this country, and we thought it would be a very good plan to initiate it among ourselves. If any one is inclined to ask why, when you desire to introduce an American custom into England, you hit upon Dr. DYCE BROWN as the victim, I can only answer in a similar strain to that of the Oxford student who, when asked some obvious question like "Why are grapes called grapes?" answered, "Why, what else could they be called." I can only say, "Why, who else could it be?" There is no one but our friend, Dr. DYCE BROWN, to merit honour from us as he does." For the benefit of any who may be here who have not yet seen the Congress circular, I will read the following paragraph: "Last year saw the completion of a quarter of a century's service of Dr. DYCE BROWN as Secretary of the Homœopathic Congress. It is proposed this year to show some appreciation to our friend for his long service. From the time Dr. DYCE BROWN came over to Homœopathy, leaving an academic position in the old school, he has increased the value of Homœopathic literature, education and practice. He has this year laid down the Editorship of the Review after thirty years' honorary work as Editor. His educational work in connection with the London School of Homœopathy is well known to all. It is eminently fitting that professional Homœopathy should take this opportunity to do honour to one who has rendered so long and so excellent service to our cause." I think, Gentlemen, you will agree that there is not one word in excess of what is fitting and due in that circular. But, Gentlemen, a man may be as eminent, as hard working, and as successful in his work as possible, and yet it is not easy to get offers to subscribe to a

testimonial, unless in addition to that he is a personal favourite and friend. We found no difficulty in getting a hearty response to our circular, and no one who knows him can doubt that we can claim for Dr. DYCE BROWN that he is the friend, and the privileged friend, of all those who know him. Gentlemen, I need say no more than to ask Dr. BURFORD to explain his share in the conspiracy, and to offer his quatum of our appreciation to Dr. DYCE BROWN before asking him to receive the testimonial that we have got ready.

Dr. BURFORD: Mr. President, Ladies and Gentlemen. Great causes are what their great men make them; they are moulded by the impetus received at their leader's hands. In no cause are the personalities of great men more important than in a minority cause. British homœopathy as a minority cause has every reason to be grateful to its able men, who have united in themselves the talents of the original worker, the tactful capacity of the organiser, and that loyalty to truth which is the inspiring spirit of every man of science. On the roll of the great men in British Homœopathy there are names that will live for ever as exponents of an important inductive law in medicine. London, out of its plenitude, has added to this roll such personalities as QUIN, HUGHES, POPE and DUDGEON. The grey metropolis of the North has given HENDERSON. The great maritime city of the North-West, famous all over this planet, famous since the days of Cæsar, has given DRYSDALE and BURNETT and HAYWARD. The capital city of the Midlands, looming large in culture as well as in commerce, has given that many-sided personality GIBBS BLAKE. Other of the *Dii Majores* crowd on our memory. BAYES and MADDEN and CLIFTON and BLACK, and many others of equal power, who combined the discernment of law in medicine with the apt capacity for turning it to practical account. Again I say that British Homœopathy has every reason to be grateful to its leaders who have poured out their personality so freely in its service.

But if great causes are moulded by their great men, so also is the converse true—that great men derive inspiration and power from the qualities of the cause they espouse. You cannot get inspiration from a vacuum. Remember that the cause is always greater than the man. See the intellectual stimulus that derives from the search for knowledge. "Did the Almighty," says Lessing, "deign to offer me truth in one hand, and the search for truth in the other, I would in all humility prefer the search for truth." See the high ethical stimulus that one derives from association with the pursuit of truth. I received a short time ago a letter from the President of the last International Homœopathic Congress—PRESIDENT McCLELLAND. "I consider," said the President, "I consider it a distinct honour to be identified with the cause of truth in medicine." This, then, is the equipment of the great man in the great cause: he gives himself, heart and soul and strength, to the furtherance of the cause, and leaves his mark on his day and

generation. And the cause, greater than himself, gives him inspiration and stimulus, scope and environment, opportunity and basis for the evolution of the finest flower of his personal qualities.

Socrates, you remember, always put general statements to the test by following them up in particular instances. Let us do the same. About forty years ago a physician became Assistant Professor of *Materia Medica* in a University medical school. He had already laid the foundation of scientific attainment by acquiring distinction as a man of letters. Imbued with the fervour of original research, he sought to endow with life the dry bones of *Materia Medica*, a study that vied with political economy in its claim to the title of the "dismal science." Our Assistant Professor expended much midnight oil and much close observation at the bedside ere he could say, "*lux in tenebris.*" But innate capacity and indomitable perseverance forced another of her secrets from Nature's treasure house. Clear as the sun there was seen the parallelism between the symptoms drugs cause and the diseases they cure. Now, at last, the hidden stood revealed. Here was the vivifying principle that made the dry bones live. Flushed with his new discovery, our man of science submitted it to a professional critic. Why, "that is homœopathy," said his mentor; and so it was, re-discovered by an independent observer, a product of his own work. Now came the fate which has beset all men, from GALILEO onward, who have discovered truths out of due time. To illuminate others with the pellucid ray of truth that has lit up one's own intellectual firmament, that is the consuming fire of all discoverers. But what if those others deliberately elect for intellectual blindness? History repeated itself: the old tragedy was re-enacted: the discoverer of a new truth was isolated and boycotted, and his proposition that results should be verified—the only scientific way—was received with chilling superciliousness. He resigned his Academic posts and came to London to find in its liberal air an ampler expanse than characterised the intellectual outlook of Ultima Thule.

And now opportunities for distinction came thick and fast. The editorial triumvirate of our oldest professional journal at once received him; and this responsible work was taken up and resolutely put through for thirty consecutive years. The Secretariate of this Annual Congress—a Homœopathic Agora where ideas and results are freely canvassed—this was the next official duty that presented itself and which has been undertaken without break up to the present. Came also appointment as physician to the London Homœopathic Hospital, and a smart description of his out-patient work there was penned in that society journal, the *World*. Then dawned on the horizon that bright and morning star from which so much was expected—the London School of Homœopathy. Our protagonist here did yeoman service as systematic lecturer for several years, until the light of that academic institution was allowed to go out while it was yet day.

Then came an epic of arms and the man. Another example of odium medicum blossomed into a conflict among some of the leading writers of the day, in the *Times*, on the subject of homœopathy. Lord Grimthorpe and others took up the cudgels warmly on the part of homœopathy. Opponents, among whom was the renowned J. C. B., replied; but after the war of words was over, the summing up of the *Times* Editorial was that the honours of the conflict remained with the subject of this presentation. Followed in due time new duties as consulting physician to the London Homœopathic Hospital—not by any means a sinecure post—and last to crown an active and fertile career the ardent carrying out of lecture work for several consecutive years at the request of the British Homœopathic Association. Why, the whole life is an epic, full of “Sturm und Drang”; and is it necessary to say that the hero of this stricken field is Dr. DYCE BROWN?

But it is a narrow outlook that deals with achievements only—what are the accompanying principles of which these have been the outward and visible signs? One clear note, ever dominant, has been the call for unity in the cause; not an artificial uniformity, but a genuine whole-hearted thorough-going solidarity, dropping points of difference and seizing and emphasising points of agreement. Without such unity, that endures all things, that hopes all things, I say without such unity our cause is hopeless, for our coherence is loose as a rope of sand. Never more essential for our progress has been this practical unity than at the present moment; and this broad conception and practice of unity has been part of the dominating principles ever insisted on by Dr. DYCE BROWN. But unity alone may be as passive a virtue as non-resistance; and as impulse and motive power it requires enthusiasm. A great French scientist has just been lecturing at Harvard University, and he puts it plainly that the men of genius and achievements in the last century each held their cause as though they were inspired. That is enthusiasm; and this living spirit, this energy, this Anglo-Saxon force that never knows when it is defeated—this compelling power has permeated all the public work that the subject of this eulogium has done in the name of homœopathy. If to a clear call for unity we add the outpouring of enthusiasm, and to these an ever radiating conviction of the impregnable scientific basis of the truth that was in him, we have—*tria juncta in uno*—the inspiring spirit which has issued from our great men, like water out of the rock, perennially energising the recipients.

Time would fail me to enumerate all that should be enumerated in this general survey. Bacon lays it down that reading makes a full man, speaking a ready man and writing an exact man. This triple qualification is part of the mental equipment of my friend and senior, Dr. DYCE BROWN. But yet another quality needs especial note. Loyalty to truth when truth is represented as a minority cause is by no means a bed of roses. It demands great sacrifices from all at one or another time, and when the call came in this instance the man rose to the occasion. Academic position, emolu-

ments, the associations of a lifetime, professional prospects, all were sacrificed without hesitation, a sacrifice fit for a great personality to lay on the altar of truth.

I am no believer in a mere tombstone description of virtues; rather do I hold that we should show our regard during life for those who are fighting our battles and sometimes leading our forlorn hopes. If our leaders are to lead, they must have our personal sympathy as well as our support, and therefore, sir, I now invite you in the name of the subscribers to present the testimonial of our personal regard as well as our public appreciation of his life and work to Dr. DYCE BROWN.

The CHAIRMAN : Dr. DYCE BROWN, I have the greatest pleasure in complying with the request now made to me, and in asking your acceptance of this token of the esteem and regard of your colleagues and friends, and their appreciation of your labours during the five and twenty years that you have been Secretary for this Congress. I know that in doing so I am voicing not merely the sentiments of those who are here present, but of many who, not able to be with us to-night, nevertheless have joined with us in the pleasure of making this presentation. I have the pleasure to ask your acceptance of this piece of plate, and in so doing will you allow me to read the inscription which is placed thereon :—

“ Presented to Dr. DYCE BROWN, M.A., M.D., at the Annual Meeting of the British Homœopathic Congress, September 19th, 1907, by over eighty of his professional colleagues as a mark of their admiration and esteem for his manifold labours in the furtherance of the cause of Homœopathy.”

The presentation was then made, after which Dr. DYCE BROWN, who was received with loud applause, said in reply : Ladies and Gentlemen, I first heard of this great honour that you have been kind enough to do to me, a few days ago at a meeting of the Council, where we were arranging the toast list, and then, of course, I had to know it. But the secret had been kept so quiet that until then I knew nothing at all of it. When I was told of it I did not know what to say, and to-night again, under the present circumstances, I am in the same predicament. After the exceedingly kind and gracious manner in which Drs. MADDEN and BURFORD have spoken of me, words quite fail to express what I should like to say. It is simply impossible to express what I am feeling now at the present moment. I may legitimately say that I am intensely proud of the honour that you, and the colleagues who are not present here to-night, have been gracious enough to bestow upon me, and I feel most grateful to them for this magnificent recognition of what they are kind enough to call my services to Homœopathy. I myself think that my services are nothing. They were done always with the very greatest pleasure, and I consider they were really nothing at all. In knowing homœopathy, and having eyes to see what is palpable to any one who chooses to look and see, the importance of this magnificent discovery of Hahnemann—the

Law of Similars—it is one's simple duty, and no credit is due at all for it—it is one's simple duty to do all one can for this great cause. The discovery is so great and the benefit to the profession is so great in having a law which they had not before, therefore I have tried to work in the great cause of Truth, and to the glory of God, Who gave us this great and beneficent law for the treatment of ailments. Everyone of us is responsible if we know these points and take them in fully, as I hope I have been able to do and have tried to do. It is, as I say, no credit to one at all if one does one's best to promote this great cause, and practically it is no credit at all to one to do one's best to forward what one knows to be the Truth. When Truth is so much laughed at, so much pooh-poohed, so much run down by many, when one knows what is the Truth, it is one's bounden duty to do the best one can for the Truth and I may say, as is said also in Holy Scripture, that if we do not do this we are simply unprofitable servants. We do that which is our duty to do, and there is no credit to us, so that really and truly I feel that I have done next to nothing. I should have been truly wrong if I had not done this to the utmost of my ability. It is not the results of what one does that are the criterion, it is the aim of life, and if one knows that one has this Truth, one is bound to make it public and propagate it in every possible way. It is our simple duty to do all we can to forward it, whatever the result may be. This, I freely admit, has been my aim all along.

In pursuance of the truth of Hahnemann's discovery of the great law of similars in the practice of Homœopathy it has been my aim all my life to do my very utmost to spread and propagate it, even though it may be opposed and the cause may be difficult and uncertain. Under these circumstances, as one is naturally human, it is exceedingly gratifying to hear that my colleagues should feel that this had been attempted—at least the aim is there whether the effect is reached or not. What they are now doing is a source of exceedingly great pride to me. This is the proudest moment of my life, to think that all that one has done or tried to do has been appreciated by my colleagues, and those who are not here, in the way they have done to-night. If there had been simply a vote of thanks or a few words of thanks they would have been appreciated by me, but when it is accompanied by this magnificent present that we see before us to-night—I had not the least idea what form it was going to take—when it is accompanied in this tangible way, it is a gratification one cannot help feeling, and I feel intensely proud. It is the proudest moment of my life to feel that anything I have done or have tried to do has been appreciated by my colleagues to that extent. It is simply a magnificent gift, and when I see it I shall always keep in view the aim I had, and the grateful and kind recognition which my colleagues have offered for what I have attempted to do. I am quite sure that my son who is sitting at the end of the table will, when he gets this heirloom, treasure it not only as a beautiful thing, but in memory of his father when he joins the majority. I thank you, gentlemen, both those present and

those members absent, and I feel intensely proud of the great honour you have done me. I offer you from the bottom of my heart my most grateful thanks for this great honour, and I trust I may be spared to do, if possible, something more for the great Cause that we all have at heart, and that we know, if we have patience and work on, must end in Homœopathy being the dominant practice in the future. Ladies and gentlemen, I thank you very much, and I thank Dr. MADDEN and Dr. BURFORD especially for the exceedingly kind words they have used.

Dr. PRITCHARD, in an amusing speech, proposed the toast of the Guests. He referred to the valuable work that many of their guests, who were also patients, did in the cause of advancing Homœopathy. As an instance he mentioned the recent formation of a Northern Counties Ladies Branch of the BRITISH HOMŒOPATHIC ASSOCIATION, in which Yorkshire of course was included.

J. H. BUCKLAND, Esq., in responding, mentioned the pleasure he felt at seeing so many ladies gracing the Congress Dinner by their presence. He referred to the great future there was for Harrogate. There is no city, he stated, on the Continent equipped with over fifty different treatments such as we have here. Where will you find a Spa similarly situated, which possesses over eighty mineral springs, which enables us to administer to the treatment of our visitors? He ventured to say that out of the 30,000 medical men practising throughout the United Kingdom, only quite a small proportion fully realised what Harrogate and its cure could do in restoring health and strength. He believed that sooner or later our beloved King would seek its healing virtues. Unfortunately, there still existed a great deal of scepticism about these natural cures, but nevertheless facts are stubborn things, and the medical profession generally was now recognising, from patients who came to Harrogate for its cure, that very wonderful results followed. The medical men who visited Harrogate and who were shown through the establishments and let into the secret of their cure, were astounded at what Harrogate could really do. He did not believe there was any Spa that could do as much either abroad or at home as Harrogate.

Dr. CASH REED: I am sure at this late hour you would not wish for any speech on my part. At the same time I wish to say two things. First of all to express my extreme regret on behalf of my colleagues who are present, and on behalf of many who are not here, at the sorrowful news which Dr. Ramsbotham has received. We tender to him our heartfelt sympathy at the illness of his wife, and trust that she may continue to improve. The other point, if I may allude to the matter, is somewhat in the nature of a reminiscence. Dr. Burford has just now referred *inter alia* to what Bacon described as an exact man being one who writes. I will tell you why I allude to that. I remember many years ago hearing a presidential address by Dr. Ramsbotham. That address consolidated such thoughts as I held on Homœopathy, and gave me an opportunity of definitely establishing the ideas I

had gained from what I had read up to that time. I look back to that address with increasing pleasure, and I am glad to have the opportunity of recalling it to Dr. Ramsbotham's mind, and to assure him of the pleasure that address gave me, and many others whose expressions I heard on that occasion. I have the greatest possible pleasure in proposing a vote of thanks to the chairman.

The CHAIRMAN: Dr. Cash Reed and Ladies and Gentlemen, I have to thank you all for the very kind manner in which you have received this toast, and especially to thank you, Dr. Cash Reed, for your kindly remembrance of my address so many years ago. I thank you all the more heartily because I feel that on this occasion if I am shining at all I am shining by reflected light, and that I really am standing in the reflected light of our President, whose absence I am quite sure we all regret. He found it necessary on a call of duty to return to Edinburgh. May I add that I have received a message from Mrs. Ramsbotham asking me to express to you all here thanks for the kind sympathy which she has received already from so many, a sympathy which you, Sir, have given public expression to just now. I am glad to say that she is beginning to recover, and we hope her sight will be permanently restored. It is much pleasanter to turn to matter for congratulation than to matter for regret, and I do most heartily congratulate you all upon the Congress that we have had to-day. It may not have been a record Congress in the matter of numbers even for a provincial gathering, but it has been a thoroughly and permanently useful and practical Congress. The papers which we have listened to, the Presidential Address, Dr. Percy Wilde's paper on Stimuli and the Organism, and again the admirable paper of Dr. Madden on the X-Rays, are really papers of practical use to us, and we shall be able by-and-bye to read them and study them with greater effect, and I feel not the slightest doubt that every one of us will derive advantage from them. Then, in addition, you have, through the courtesy of the Manager of the Baths, had a thorough examination of the bathing establishment here, and I am quite sure that will be useful to all of you by-and-bye, as you have patients whom you may wish to send here. And then you have made some acquaintance with the beautiful scenery round about here, and I do not think that can have been a misspent time. I thank you all for the very kind way in which you have received this toast.

Dr. HAWKES: Mr. Chairman, may I ask you and the rest of the company to forgive my speech? I have no right to obtrude myself upon the company, especially at this hour, but I understand that several of our friends have received a letter from an old friend who is absent to-night. There are doubtless some who could have been here if they had made a little effort, but there are those who are away who have no alternative, who have been at our Congresses year after year, but who are now kept away by reason of their advancing years. We think of Dr. Pope, who would have been proud to be here to-night, and we think of our old friend at

Northampton. We believe that he feels intensely and acutely his absence on these occasions. I do not know a man who deserves better of his colleagues on the one hand, or who values their friendship or something more than their friendship on the other. I should just like to propose to this Meeting, and I think you will be more than willing, to send a word of greeting to our old friend to gladden his advancing days.

Dr. HAYWARD: May I be allowed, Mr. Chairman, to second that proposal? It will be a very great pleasure to me and I am quite sure it will be a great satisfaction to our old friend, probably the oldest living Homœopathic practitioner in the country. I think it will be a very great pleasure to feel that he has been remembered at this Congress.

The CHAIRMAN: It seems to me, Ladies and Gentlemen, that this is an extra toast and that we ought to drink the toast of our Absent Friends, especially Dr. Pope and Dr. Clifton.

The Toast was drunk with acclamation.

Cases from Hospital Practice.

This section is reserved for reports of interesting cases occurring in Hospital or Dispensary practice, new methods of treatment, and all purely professional matters. These should be carefully, or, if needful, elaborately recorded and described. Each contributor will, if necessary, be allowed two pages of the REVIEW every month for this purpose.

Reports should be sent on as early in the month as possible.

NOTICE TO CORRESPONDENTS.

. *We cannot undertake to return rejected manuscripts.*

All MSS. should be in the hands of the Senior Editor by the 15th of the month at the latest.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same **as early as possible** to Dr. MCLACHLAN, 3, Keble Road, Oxford.

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Communications have been received from Dr. C. OSMOND BODMAN (Bristol), Dr. WOLSTON (Edinburgh), Dr. WILDE (Bath), Dr. MADDEN (Bromley), Dr. WATKINS (London), Mr. ATTWOOD (London), Dr. KRANZ (Weimar), Dr. THOMAS (Bromley), Dr. GALLEY BLACKLEY (London), Dr. CAPPER (Leicester), Dr. GISEVIUS (Berlin), Dr. J. HERVEY BODMAN (Clifton), Dr. R. P. GANGOULY (Chaudernagore, Bengal), Dr. BURFORD (London).

BOOKS AND PERIODICALS RECEIVED.

St. Louis Medical Review, The American Physician, The Calcutta Journal of Medicine, Medical Century, The Medical Times, The Vaccination Inquirer, Le Mois Medico-Chirurgical, The Hahnemannian Monthly, The Chironian, The Homœopathic Envoy, The New England Medical Gazette, Pacific Coast Journal of Homœopathy, The Medical Brief, The Homœopathic Recorder, The North American Journal of Homœopathy, The Homœopathic World, The Indian Homœopathic Review, Universal Homœopathic Observer, L'Art Médicale, Revue Homœopathique Française, Revue Homœopathique Belge.

THE BRITISH HOMŒOPATHIC REVIEW.

NOVEMBER, 1907.

Editorial Notes and News.

The Royal Commission on Vivisection.

WE reprint from a Government Blue Book, the only instance for many years when Homœopathy and Homœopathic methods have come under the cognisance of a Royal Commission. The Commissioners take a commendably wide view of their duties, and they have received a very large amount of evidence from pharmacological experts as to the methods valid for the discovery of the remedial powers of drugs. Experimentation on the human being for the discovery of how drugs act on the human being—the only scientific method—is just the point on which the Commissioners can obtain but little light; none of the pharmacologists seem to know anything of it. And Lord Rayleigh, the President of the Royal Society, being asked, "Have you ever in the course of your own personal knowledge known medical men practice experiments on themselves, sooner than go through the formalities necessary to obtain leave to carry them out on living animals," replied, "I think you would get that better from other witnesses than myself. I have heard talk of that nature, but I could not speak to it as of my own knowledge."

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Homœopathy in the Blue Book.

PRESSED further by the Chairman, "But you have heard that such is the case?" his lordship replied, "Yes, I have heard talk of that character." If this was the best that the Royal Society could do, and that "pure well of experimentation undefiled," the *Cyclopædia of Drug Pathogenesis*, was un-

known in the scientific arena, it was clearly time to be up and doing. The opportunity came to Dr. Burford, and he was invited to appear as a witness before the Commission. Limiting himself to the advocacy, as a strict scientific procedure, of obtaining a knowledge of how drugs act on the human economy, by observing their action on the human economy itself, a detailed account of the scientific basis of homœopathy was given in the usual form of question and answer. The pivot of the evidence, of course, was the Homœopathic method of investigating the uses of drugs for human purposes by experimentation on the human organism itself; a "drug proving," in our vocabulary.

* * * *

**The British
Homœopathic
Society as
Witness.**

NEVERTHELESS, we ardently desire that among the numerous learned and public bodies represented during the enquiry—the Royal Society, the Royal College of Physicians, the Committee of Medical and Scientific Societies, &c., the British Homœopathic Society should formally appear before the Commission. Without addressing themselves to the question of animal experimentation, the representatives of the Society might well make clear that an enormous amount of volunteer experimentation on the properties of drugs had been conducted on the human organism; that the results accruing were useful and valuable; and that, in fine, this was the scientific method of procedure. We are glad to know that the British Homœopathic Society, as such, has made a formal application to be heard, and we trust their plea will be allowed.

* * * *

DR. KENNETH LUND, in an article on **sea-sickness and Deaf-mutism** *Practitioner*, mentions the curious fact that deaf mutes never suffer from sea-sickness. As an instance of this, he relates that a party of twenty-five American gentlemen, all deaf mutes, crossed the Atlantic in 1889 to attend the Paris Congress of Deaf Mutes. It was a very rough voyage, and every passenger was ill except the deaf mutes, who had all the tables in the dining saloon to

themselves. Deaf mutes are also without the sensation described as "a momentary displacement of the viscera," to which most people are liable on descending in a lift. On the other hand, blindness is no panacea against sea-sickness. "Sixty per cent. of the pupils of the Liverpool School for the Blind suffer from the complaint, and another 20 per cent. are uncomfortable when taking a sea trip from Liverpool if the sea is at all rough," is the report of the Superintendent.

These facts show that sea-sickness is in some way connected with the organ of hearing and not with that of sight, as has been supposed by certain people.

* * * *

THE tide of reaction with regard to operative

Appendicitis interference in cases of appendicitis seems
and Operation. to be running with some force, as the following extract from the address given to the Trowbridge Division of the British Medical Association by Mr. James Berry, B.S.Lond., F.R.C.S.Eng., will show. "It may seem to you an extraordinary thing for me to say, but I say it with deliberation and with a profound conviction of its truth, that the very high gross mortality in acute appendicitis which undoubtedly exists in this country (and in other countries as well) is largely due to the fashion of indiscriminate, excessive, and injudicious operating which not long ago was at its height, but which, I venture to think and hope, is now showing signs of subsiding. Appendicitis may, or may not, be more common than it used to be. Personally, I do not think it is, although no one can deny that it is more often diagnosed, and I have no doubt that deaths from it are much more common than they used to be. It is not unusual to hear it stated that modern operations for appendicitis have resulted in a great saving of life. I believe that on the whole the exact converse is the case. If we were all to go back to the old treatment of appendicitis that was in vogue twenty-five years ago, and that is still in vogue in many parts of the country, there would be a lesser mortality from appendicitis than is the case at present."

* * * *

Festival Dinner. LORD CAWDOR will take the chair at a Festival Dinner at the Hotel Ritz on Wednesday, November 20th next, in aid of the Building Extension Fund of the London Homœopathic Hospital, Great Ormond Street. It is estimated that £30,000 will be required to extend the hospital on its own freehold site, and a balance of £13,250 is still required to complete the £30,000.

* * * *

The "Medical Press" and the Congress.

IN spite of the trend of modern scientific investigation—chemical, physical and pathological—towards establishing the power of the infinitesimal, the ordinary medical mind seems incapable of appreciating its value, but can still only grasp the gross action of massive doses of drugs on the body. Thus the *Medical Press and Circular* is amused that homœopaths should be interested in spas, and is sarcastically sceptical at the idea that the minute quantities of *silica* and other drugs contained in spa waters should have anything to do with the benefit patients derive from their use. There is nothing to surprise us in this. These ideas—well-known to homœopaths for nearly a century—are too novel and revolutionary for our grandmotherly medical journals to be otherwise than shocked at. Not until long after the bulk of the profession have realised the facts shall we expect our contemporary to wake up to their importance; and the best we can say for the *Medical Press and Circular* is, that when it does in due time grasp the truth about infinitesimals in medicine, we shall expect to find but one other journal still lagging behind in the advance of knowledge. Which that is our readers will have no difficulty in guessing.

* * * *

The Infinitesimal in Spa Waters. THAT the action of the infinitesimal drug ingredients in spa waters is the only factor by which patients are benefited no homœopath believes. Many persons after a course of free living would be cured by the restrictions to diet, increased exercise and fresh air of spa life, with distilled water to drink in equal quantities and in lieu of the mineral

waters—if fashion permitted them to try the experiment. Nobody need deny also that some persons are temporarily relieved by free saline purgation, plus the large quantity of fluid absorbed. But there are a number of cases whose cure cannot be accounted for on either of these hypotheses, especially those who have been freely treated by their medical attendants at home with salines and salts. These are the “hard facts of science and experience” which cannot be explained by orthodox medical conceptions; and until the value of the minute quantities of silica, sulphur, iodine, bromine, lithia and others, are acknowledged, will ever remain a mystery to those who are blind to the advances of science in this direction.

* * * *

DR. PROCTOR'S thoughtful remarks as to **Homœopathy and Mystery.** the mystery and truth combined in homœopathy have not passed unnoticed by the writer in the *Medical Press and Circular*.

Naturally he revels in the mystery and ignores the truth. There is no more mystery in homœopathy than in the operation of any other of nature's beneficent laws—there is mystery in each of them. Can those who ridicule us because we cannot explain the action of the law of similars, explain the action of the law of gravity? Why do bodies attract one another with a force inversely proportional to the square of their distances, and directly proportional to their masses? Is there not mystery in this, and is not this a mystery that has led to everlasting discussion amongst astronomers? Is then this mystery a fit object for the laughter of our orthodox contemporary?

* * * *

A Useful Hint from an Adversary. WE are reminded by the author above referred to, of one fact to which perhaps we should do well to lay heed: that the “everlasting discussion that ranges about homœopathy . . . can lead to no useful result.” There is truth in this. It is quiet perseverance in well-doing that is best for our cause, each man steadily and continuously demonstrating in daily work the truth of the great law of similars. So may the sum of human suffering and disease

be alleviated and diminished in some small degree by every homœopathic practitioner, to the benefit of his patients and the glory of the Creator who establishes those natural laws which we use and admire. To those who have not the openness of mind to prefer demonstration to speculation, homœopathy must ever remain unintelligible and unbelievable. A week's observation of homœopathic practice in hospital, or private, is the only cure that can be recommended to them.

* * * *

Gastro-jejunosomy. GASTRO-JEJUNOSTOMY is an operation which has of late been recommended and frequently performed to relieve the symptoms caused by chronic ulceration of the

stomach. An enquiry into the physiological effects of this operation, and its results with regard to metabolism, are, therefore, of interest; and Mr. Herbert J. Paterson, Assistant Surgeon of the London Temperance Hospital, has been making investigations in this subject, and presented his conclusions to the annual meeting of the American Medical Association at Atlantic City last June. They are as follows: (1) A certain amount of bile and pancreatic juice enters the stomach after gastro-jejunosomy, but the amount is small and has no injurious effect. (2) The acidity of the gastric contents is diminished by 30 to 35 per cent.; this is due partly to diminished total chlorides secreted, partly to neutralisation of free hydrochloric acid by the alkaline bile and pancreatic juice, and partly to earlier stimulation of pancreatic secretion and compensatory earlier fall of gastric secretion. (3) Gastric digestion is impaired, but not lost, after gastro-jejunosomy. (4) The motility of the stomach is unaffected. (5) Gastro-jejunosomy has no material effect on metabolism, the percentage of nitrogen and fat absorbed being within the normal physiological variations.

He considers the beneficial effects of the operation in gastric ulcer to be due to the diminution in the acidity of the gastric contents. Homœopaths will have less occasion to recommend resort to gastro-jejunosomy in this affection, as they have at command several medicines for combating hyper-acidity, such as *calcareo*, *acid sulph.*, *robinia*, *argentic nitrate*, and others.

The Scents of Flowers. IN a recent number of the *Spectator* is an interesting account of a scent factory recently established in Dorsetshire. One

of the processes of manufacture is the enclosure for varying periods of time of the petals of the flowers from which it is desired to extract the perfume between two layers of fat. Fats readily absorb the minute volatilised particles which constitute the scent. The fats, when sufficiently impregnated, are shaken up in spirit, and concentrated essences worth £10 to £15 a small bottle are obtained. The flowers most recommended for this process are roses, carnations, pinks, gilliflowers, jasmine, and lilies of the valley. The essences are so strong that in some cases they seem to paralyse the olfactory nerves and make it impossible to distinguish one scent from another; one is only conscious of an almost painful shock to the senses of the nose. One wonders whether any definite symptoms caused by these strong scents have been observed amongst the workers. An acute observer practising Homœopathy amongst the employees should be able to make a valuable addition to our *materia medica*.

* * * *

DR. GEORGE OLIVER, in *The Quarterly Journal of Medicine*, points out an easy and ready method of measuring the venous pressure.

"I have observed," he says, "that the venous pressure may be accurately measured without the aid of a blood-pressure instrument; a foot rule or a measuring tape being all that is necessary. If the veins of the dorsum of the hand are sufficiently visible, it is found that when the hand is held in the vertical position with the fingers extended, and is very gradually raised, the veins at a certain height above the level of the apex of the heart are seen to collapse quite suddenly. I conclude that at the moment of the collapse of the veins the blood-pressure within them is practically *nil*, being balanced as it were by the force of gravity. If we multiply by two the number of inches above the level of the apex of the heart at which the veins collapse, we ascertain, in *millimetres of mercury*, the venous pressure."

Original Articles.

EXTRACT FROM DR. BURFORD'S EVIDENCE BEFORE THE ROYAL COMMISSION ON VIVISECTION.

8909. CHAIRMAN: We are not here, of course, to inquire into the merits of the homœopathic form of treatment, but only as regards this question of experimentation on animals. Would you just tell us what is the method by which the homœopathic pharmacologist would test drugs?—For the purpose of investigating the remedial value of a drug, from the homœopathic point of view, the experimenters are always healthy human beings; healthy in the first place in order that the vitiating results of sickness may be eliminated; human in the second place in that the major part of a medical man's work deals with human beings; and conscious human beings in the third place in that the great variety of subjective symptoms and mental conditions which are unattainable by experimentation on animals may be added to the objective findings.

8910. Are you speaking of these experiments as being carried out on those who are already patients, or purely as experiments on people whom you are not seeking to cure of anything?—Only on volunteer experimenters.

8911. That is to say on persons who are not coming there for the purpose of being cured?—That is so. Investigation on the nature and scope of drug action is carried out solely on what I might call volunteer experimenters. In many instances these volunteer experimenters are medical men and women, and so are persons competent to observe their own condition. They must be of average health; that point, of course, is carefully gone into. The results, often of course very unpleasant to the experimenter, are recorded in part by the individual him- or her-self, and in part by the supervisor of the procedure; that is, the detail is committed to paper in as thoroughgoing a fashion as possible. The drug for investigation is taken first in small and then in larger and repeated doses, covering oftentimes a long period—weeks, months, sometimes longer than that.

8912. When you say small and then larger doses, we know

that drugs in homœopathy are usually given in very minute doses, although I think most of us know that that is not the essential principle of homœopathy ; but when you speak of small and larger doses what would you call a large dose ; do you mean a dose as large as the extreme dose that could be given by way of experiment in ordinary drugs ?—For the purpose of this investigation homœopathy is left entirely out of the question. We are committed only to the investigation of the action of a drug upon the human organisms before us, totally independent of the account to which this investigation may be turned.

8913. Totally independent of the methods of homœopathy in treating a patient ?—Yes. In regard to a dose, the dose to begin with is always one which would produce obvious effects upon the organism ; there must be something to record ; after the patient has recovered from the effect of the first dose, a second is administered, then a third, then a fourth, usually in increasing quantities. The quantities bear no relation whatever to the quantities usually employed by a homœopath. Besides the obvious detail produced by the action of the drug to the experimenter, him- or her-self, and to the ordinary supervisor, these experimenters repair during the course of the investigation to certain skilled observers—specially skilled observers—who each take in hand the various organs and parts of the body for which they are specially competent to speak, now the eye, now the ear, now the nose and throat, now the chest, now the abdominal condition, now the state of matters in the skin, and so forth ; so that over and above the generalised disturbance which the drug produces, there are also special reports of the special examiners detached for the purpose of observation on the parts of the economy for which they are most competent to speak. We have, for instance, carried out in this country—that is, our Homœopathic Association—an investigation on the drug colchicum in this way, and with your permission I should like to put in some extracts from the observations made on this drug so as to convey some idea of the character of the investigation and its thoroughness.

8914. Was the object of those experiments to ascertain the effect of colchicum on particular diseases ?—No. The pure and

unsophisticated effect of colchicum given in material doses on the healthy human body, as the basis for remedial application.

8915. Without reference to any particular complaint?—Without reference to any particular complaint. It was a search for pure knowledge apart from the special purpose to which the knowledge might be turned.

8916. Perhaps you can give us an explanatory statement of these papers in your own words?—In the course of that experiment there were five adult individuals engaged, each of whom noted day by day the different perturbations in health to which each was not accustomed, and when the experiment was over, all their statements were summarised, indexed, and taken as manifestations of the action of the drug on their economy.

8917. How did you measure the effect upon the body; in what way did you ascertain the effect—by the pulse or by the temperature?—By all the methods which are usually employed for the examination of disease in a sick person.

8918. By what you would call clinical observation?—Exactly; observation of the temperature, the pulse, the blood pressure, an exhaustive examination of the blood character itself, and a very exact volumetric estimation of the urinary constituents passed day by day, together with the objective facts observed by the various special examiners to whom the experimenter in question was referred from day to day.

8919. But without any local observation, of course, of the internal organs while it was going on?—Without any local observation of the internal organs, in so far, of course, that there was no vivisectional procedure, but the researches of ordinary medical or surgical examination were made to apply. For instance, the eye was examined instrumentally, the ear was examined instrumentally, and certain other internal organs which could be got at were examined; but the same methods for examining a patient suffering from a drug disease were used as are customary for examination of patients suffering from an idiopathic disease.

8920. Colchicum, of course, is a drug which has been employed for a great many years?—Yes.

8921. It was not a new drug?—No.

8922. Will you tell us what new knowledge you derived

from those experiments?—There were various technical points brought out, so far as new knowledge is concerned, which I am unable to summarise at present, except that in the judgment of myself and others the knowledge gained and acquired of a technical character was worth the experiment. With reference to another experiment of a similar kind carried out in America recently on belladonna, no less than fifty-three experimenters were engaged over a period of a few years in a similar investigation. In that instance there were no new facts of any magnitude or of new material character brought to light, but the old facts already known, or, at least, the more important ones, were accentuated and emphasised, and that gave us a clear idea that there was very little more to be got out of a new experiment with belladonna even with all the modern instruments of precision. Negative information of that kind we regard as satisfactory, although not as satisfactory, of course, as if new facts had been brought to the light of day.

8923. As the result of those investigations, have colchicum and belladonna now been imported into practical homœopathy at all?—I have here a book containing the belladonna investigation, if I may submit it to your notice. (*Handing in the same.*)

8924. It is too big for reference as we sit here, but we will keep it?—May I go a little farther and say with regard to other remedies that many have been introduced into professional use through homœopathic methods, which previously were entirely either unknown or practically ignored. Such remedies as nitroglycerine, for example, first reached the profession through a homœopathic medium; and snake poisons—the crotalus snake poison, the lachesis snake poison, and the naja snake poison have also been introduced into professional use through homœopathic media; and the action of metallic gold also owes its professional usage to the same origin. The original observations were made on metallic gold by Hahnemann a century ago, and no material addition with regard to the virtues of gold as a remedy has been made since his time. The secretion of the cuttlefish, the virtues of the sepia as a remedial agent, came through a homœopathic source. Original observations on bichromate of potash and its value in disease,

were made by Dr. Drysdale, of Liverpool, some forty or fifty years ago, long anterior to its present revival ; the bean *ignatia* came into professional use through a homœopathic source. The honey bee, *apis mellifica*, although investigated of late, had its action first exhaustively determined many years ago in America under homœopathic auspices. *Cactus* for cardiac affections, first introduced by Dr. Rubini, came into use through the medium of homœopathic experimentation ; *rhus toxicodendron*, a favourite remedy nowadays for rheumatism and skin diseases, also owes its introduction to homœopathic auspices.

8925. You are taking these as being homœopathic remedies or drugs which are used generally in what homœopaths call allopathic treatment?—As being used by the general medical profession, but owing their introduction to the methods which I have indicated as practised exclusively by homœopathy. Calcium sulphide, a favourite remedy nowadays for furunculosis, and used for this affection for very many years ; nitrate of uranium, a common remedy for diabetes, which has found its way into professional use through homœopathic sources ; and another remedy, *lycopodium*, which is used for fireworks or the coating of pills, has by the homœopathic method, that is to say, experiment on a healthy human being, been discovered to have curative virtues of an important and extensive character. This is merely an excerpt of the services which homœopathy has rendered to the profession at large in introducing a large number of new drugs, of the virtues of which the general profession were previously not aware.

8927. I may perhaps take an example which Dr. Cushny gave. You know Dr. Cushny by name?—I know Dr. Cushny by reputation very well.

8928. He gave us evidence at considerable length of importance as a pharmacologist, and as a pharmacologist pursuing his inquiries by means of experiments on animals, and one instance I remember that he gave us was the use of *digitalis*, which he explained. I am not going to attempt to explain it in medical language at all, but he explained that, whereas *digitalis* was recommended as a remedy and used as a remedy, or as having a particular effect on one particular complaint, it was found that in certain cases it would have

a dangerous effect, while it affected other organs beneficially if properly applied. That was discovered by experiments. Supposing you were making an investigation on the operation of digitalis homœopathically, how would you do it?—I should begin by giving digitalis in a substantial dose (we know something of digitalis to start with) to a healthy adult, noticing the disturbances that it created upon his organism, taking his temperature and pulse, and having all his organs, so far as they could be individualised, examined by a corresponding expert; in fact, all the detail that has served the medical man for the diagnosis of a disease would be applied to the diagnosis of the drug conditions induced by digitalis; and the conditions which are produced in animals by digitalis given in this way would find more than their correlatives in a human being when sufficiently big doses of digitalis were taken for purposes of experiment. Then after the man had been made sufficiently ill, when it was obvious that there was nothing more to be got out of the investigation so far as he was concerned, the experiment would be stopped. Probably it would take him some months to get quite well again; and all the various instrumental observations on his pulse, on the beating of his heart, on the varying size of the heart musculature during its operation, would form part of the supervisor's report; that is to say, the investigation would be carried out with the same thoroughness and the same detail as an investigation on a corresponding animal.

8929. I do not know whether you have read Dr. Cushny's evidence given here?—I have.

8930. Then you will remember, I daresay, what he said about the ocular demonstration that was given by experiments of the effect of digitalis on the blood vessels in certain cases?—Yes, I do. I can only say—Dr. Cushny is not here, therefore I must speak guardedly—that I am sure Dr. Cushny spoke in ignorance of the very considerable homœopathic literature that has accumulated since Hahnemann's time as the result of the observation of the action of digitalis on the human body; it fills volumes; and so far as the addition of modern methods of precision by instrumental appliances is concerned, it is found, in carrying out these investigations, that all the essential points as to the remedial action of digitalis can be obtained by observation on the healthy human being.

8931. After reading Dr. Cushny's evidence, then, you consider that the experiments of which he gave a full description did not add anything to the knowledge which you already possessed. I am reminded that the experiments which he described were not his own experiments?—They added something to the knowledge we already possessed; they added something in point of academic completeness to this knowledge, but they did not add anything to our knowledge of the remedial virtues of digitalis. The experiments cited by Dr. Cushny placed no additional weapon in our hands, so far as digitalis is concerned, for the treatment of disease.

8932. You mean no additional knowledge as to the operation of digitalis in such and such quantities and in such and such diseases?—No other knowledge than was already at our disposal.

8936. (Mr. RAM): Have you yourself ever seen any vivisections?—Yes.

8937. In England or on the Continent?—Both.

8938. (CHAIRMAN): I did not ask you the question—are you a practising homœopathist?—Yes.

8939. (Mr. RAM): How long ago is it since you have witnessed any vivisections in England?—During the time that I was a student.

8940. That was before the present Act?—Yes.

8941. Have you witnessed any since the present Act in England?—No.

8942. Will you kindly tell me the deductions that you draw with regard to the use or abuse of vivisection, from what you have been telling us just now?—With regard to the abuse of vivisection, my deduction is that the major part of the detail derived by vivisectional procedure on animals has still to be verified in its application to man; and that being the case it would be better, in our judgment, to obtain that information at first hand from man himself, and to leave the introductory information from animals on one side, as being sometimes contradictory and occasionally very misleading.

8943. You spoke of verifying the results which have been obtained by examination of animals?—Yes.

8944. Then you think that there has been something obtained, though you may think it may need verification?—

Something without doubt has been obtained, and, in some respects, something very considerable, but it is not the best way of determining the remedial powers of drugs.

8945. Have you informed yourself, otherwise than by reading the evidence which has been given before the Commission, of the discoveries which are supposed, at any rate, to have been obtained by experiments on animals?—I am a tolerably diligent reader of the medical press, both English and foreign, and I do not think much of moment has escaped my observation which has been recorded of that character.

8946. I may take it then that you have informed yourself of the literature. Do you think that there has been useful knowledge arrived at by experimentation on animals, or not?—I believe that it is impossible to obtain knowledge from vivisection on animals which cannot be turned to some useful account; knowledge is in its nature, of course, a thing which can be utilised; but I maintain as regards drugs that knowledge would be better and more completely obtained in another way. It is a case of relative importance.

8947. You admit then that there has been some useful knowledge obtained by experimentation on animals?—I admit that there has been useful knowledge obtained. No medical man I imagine could take any other view.

8948. You spoke of making experiments on different patients of different drugs?—Not patients; experimenters—healthy people.

8949. I use the term patients in the sense of those who endure what they have to bear?—Exactly; but they were not experiments on sick people.

8950. I take it so. You spoke of trying digitalis, for instance; have you ever had the chance of verifying by *post-mortem* examination the conclusion you arrived at by any of these experiments of yours on living people?—If you mean the school to which I belong—yes, many; chiefly from involuntary experiments in cases of chronic poisonings.

8951. Have you found by *post-mortem* examinations useful knowledge of the effects of the drugs you had been administering?—Useful in a way, but not nearly as useful as that obtained by clinical observation of the experimenters whilst the experiments were being conducted.

8952. You spoke in one case of a man who might be in such a state that it would take him three months to get well again?—Yes.

8953. Was he a volunteer?—Yes.

8954. Conscious of what he was submitting himself to?—Yes, a medical man, and doing it with open eyes. I am pleased to say that hundreds of medical men since the time of Hahnemann have done the same thing.

8955. This man took several months to get well again?—He is not well yet—but that does not count.

8956. Not in your view?—No.

8957. Would you have the right to try an experiment on a man who was not a volunteer?—As an ethical question, in my view of ethics, it would be decidedly immoral.

8958. Do you think that in all cases it is wrong to try an experiment on an animal even if that animal suffers nothing whatever, but is under anæsthetics the whole time and dies under anæsthetics?—That question is rather a large one, and I think the answer would depend entirely upon the specific purpose for which the experiment was conducted.

8961. Colonel LOCKWOOD: Have you any suggestions to make to this Commission as to any additional safeguards which could be provided supposing that vivisection, as it is popularly called, was continued?—I think that prior to the experiments on animals with any new drug, there should be experiments carried out on human beings, not afterwards, but before, and that any point left undecided in the experiments on human beings might then be considered as a possibly fit and proper subject for experimentation on animals; I believe that investigation with drugs on healthy human beings should in all cases precede the experimentation on animals.

8962. But you believe that all experiments on human beings should in all cases precede experiments on living animals?—That is as regards drugs on volunteer human beings, of course.

8963. Sir WILLIAM CHURCH: Do the principles of Hahnemann still remain as principles in homœopathy?—Yes, that is to say, not all of them, of course, nor all in the condition in which Hahnemann left them; homœopathy, like medicine in general, is a progressive science, but the main principle of

homœopathy ; that is to say, the law of similars, which is, of course, the centre and pivot of homœopathy, homœopaths hold as scientifically valid.

8964. But, I suppose, it is admitted by them that there has been progress in medicine since ?—Distinctly.

8965. In our knowledge of disease ?— Distinctly, very much so.

8966. So that some of his main principles you have thrown overboard ?—I imagine that blood letting and mercurialisation, and things of that kind, have gone by the board, too.

8968. He took as his principle what he called an established fact, that there does not exist a single disease which could have a material principle for its cause. That is no longer held by homœopathy ?—That has gone by the board as being not in keeping, of course, with modern knowledge ; but its retention or its omission affects in no material degree the practice of medicine ; it does not affect the usage of the law similars ; it is not an essential part of homœopathy. It was one of Hahnemann's views.

8969. Neither was psora an essential part of homœopathy ?—Not as a pathological notion.

8970. I do not want to ask you anything further about pharmacology or the use of drugs, but we have advanced beyond the use of mere drugs, or the world thinks we have advanced beyond that. Do you not agree that serum therapy is of use ?—Yes, as a private individual I do most emphatically.

8971. Could that have been arrived at without experiments on animals ?—It is quite possible that it could have been arrived at in another way, and that the same powers which are utilised in serum therapy might have been obtained without having recourse to animal experimentation. I will cite one instance of that. The virus of consumption, that is to say the tubercular virus, was prepared by homœopaths and employed by homœopaths for the treatment of consumption long before Koch's discovery of the tubercle bacillus.

8972. I will take your answer ?—I believe that what I am saying is capable of verification, and I am quite prepared to fight it out elsewhere if my statement is taken exception to.

8973. Dr. WILSON : Do you mean that the tubercle bacillus was discovered?—Not the tubercle bacillus, but the virtue of the material in which the tubercle bacillus was contained. The tubercle bacillus was not isolated, but the material in which it is contained, the lung substance, for instance, was prepared by homœopathic methods and used successfully before Koch launched his discovery. I will only quote von Behring, who will have it that all this is homœopathy, and that Hahnemann's word homœopathy should be employed to indicate it. It is the cure of a disease by a substance which it itself produces, and as nearly an instance of a similar remedy as could very well be selected.

8974. Sir WILLIAM CHURCH : You think then that our present knowledge of such substances as all the antitoxins could have been obtained without the use of animals?—Exactly how antitoxins may best be obtained is still an open question. It is possible that researches in the next fifty years may indicate quite other methods.

8975. I do not want to know anything about fifty years hence ; I want to know whether in your opinion the present position of our knowledge with regard to antitoxins could have been attained without experimentation on animals?—Using antitoxin as a remedy which cannot be bettered in any way, of course all the knowledge with regard to antitoxin has been derived through experimentation on animals. I maintain though that antitoxin in its present form is not a final and ultimate preparation. There are other methods of preparing the virus which, in my judgment so far as cure is concerned, are equally valid.

8976. Have these other methods been brought into use and generally accepted?—In the case of tuberculin, yes.

8977. We will pass from that?—I take that as a typical instance.

8978. You take tuberculin as a type?—As a remedial method of nature.

8979. Was it attenuated?—It was triturated with sugar of milk in a mortar, and the same dose readily obtained that Professor Wright now advocates—that is, anything from $\frac{1}{1000}$ th to a $\frac{1}{10000}$ th of a milligramme.

8980. Any other?—Homœopathic original research is

unfortunately heavily handicapped in this country. We have no school and no well-salaried laboratory, and we have had to be content with our research in tuberculin. I take that as an instance of what might be done with other serums and viruses.

8981. Apparently you have done a great deal in the way of introducing drugs into medicine. Have you introduced a new soporific, or anything of that kind, which has been of use?—I am afraid I can scarcely answer that question in the way it is put. If you will permit me to frame my answer in this way: The method of drug experimentation on human beings which homœopathy has introduced has very largely cleared away for remedial purposes those particular labels of soporific, diuretic, and so forth, which one was formerly accustomed to hear. That view starts by assuming that a drug has only either one property or one main property; but the results thus gained on animals with any particular drug can be enormously amplified by experiments on a human being; and thus results not obtained by animal experiments can be observed and verified on human beings, which results involve a far wider area of affection than was observed in the case of experiments upon an animal. Therefore we do not label drugs as diuretic, soporific, and so forth, but we endeavour to fit in the *tout ensemble* with the case of any particular disease which may be placed before us. Wherefore homœopathy knows nothing of soporifics, but it knows a good deal of similar conditions.

8982. One of the bases of your work is the study of symptoms, is it not?—The study of symptoms constitutes a part.

8983. Therefore, of course, you do not go in for experimental work on animals?—No; but we go in for the observation of objective changes on the human being at the same time as the symptomology is being evolved.

8984. Are you acquainted with anything that has been done with regard to the neutralising of snake poison?—I cannot say that I have in my memory at present anything that has been done from a homœopathic source.

8985. You know that such a substance as antivenin has been discovered?—Yes.

8986. Do you think it is of any use? I am really not competent to pass any opinion, because it is a branch of practice in which I do not daily engage.

8987. Perhaps you do not care to answer the question whether you think that could have been obtained by homœopathic methods without the use of experimentation on animals?—I prefer to reserve my judgment on that point, because I am not acquainted with the detail.

8988. CHAIRMAN: Is your society, the World League of Opponents of Vivisection, essentially a homœopathic society? No, it knows nothing of homœopathy.

8989. Sir WILLIAM COLLINS: Are the views that you put before the Commission this afternoon those of the Homœopathic School of Medicine generally?—Not necessarily. The School of Homœopathy takes divergent views on many questions which I have answered; but you may take my views as expressing the views of the major number of medical men practising homœopathy in Great Britain and America.

8990. And also as the views of the World League of Opponents of Vivisection?—That I cannot say.

8991. I thought you appeared to represent them?—Yes, but I have not informed myself of what the views of each individual member may be; I can only express my own views.

8992. Is the evidence you put before us then to be taken as representing the views of the World League?—So far as regards the desirability of transferring the scene of action of experiments with drugs from animals to man as a general procedure, I believe so.

8993. Do you contest the proposition that useful drugs have been introduced into therapeutics as the direct result of experiments on animals?—I do not contest the proposition, but I say that many more useful drugs have been introduced into general medical practice through the medium of homœopathic experimentation on the adult healthy person.

8994. You think that the method of experimentation on animals should be abandoned in favour of the method that you advocate?—I believe that legitimate knowledge should be legitimately obtained from any source, but, in case of experimentation to be conducted with a new drug for the

purpose of discovering its remedial virtues, it should be conducted in the first place on a healthy human person.

8995. But do you take up the view that experiments on animals for a scientific purpose should be restricted or prevented?—I believe, as the result of my observation and experience, that it would be legitimate to very heavily restrict them in one direction—that is to say, that information derived from animal experimentation with drugs could and should be obtained from experimentation on human beings, because animal experimental results have to be verified on the human being as the ultimate issue.

8996. It has been alleged, for instance, before the Commission, that cocaine, adrenalin, sulphonal and other remedies, have been introduced as the direct result of experiments on animals. Do you suggest that those remedies are not useful or that they have not been obtained by that method?—I do not suggest that they are not useful, and I do not suggest that they have not been obtained by that method. I should be very sorry to do anything of the kind. I do suggest that they could, and should, have been obtained through the medium of human experimentation. You get your results then unsophisticated.

8997. How would the preparation of antitoxins be affected by the method which you advocate?—As I say, the opportunities of the Homœopathic School for Research are unfortunately rather limited, but in all probability the preparation of antitoxins would undergo what one might call homœopathising—that is, when homœopaths turn their attention more extensively to the subject, probably some alternative method similar to that used for the preparation of tuberculin could and would be devised; we take that as an indication of what can be done with toxins of this description when they are submitted to homœopathic preparation. So far as diphtheria antitoxin is concerned, I am unable to give you any information with regard to a better preparation after the homœopathic fashion; it has not hitherto been attempted.

8998. If we wanted to get an antitoxin for use to-day we could not get it by the methods that you advocate?—Not as yet to-day.

8999. Sir JOHN MCFADYEAN: It has been suggested as

one of the objections to animal experimentation conducted on healthy animals, that the conclusions based on such experiments cannot legitimately be applied to a diseased condition ; do you think there is any force in that objection ? I believe that they cannot be applied by inference to a diseased condition in man, and, of course, it is to the human being that the results of all these experiments are applied.

9000. But putting aside the question of difference of species of animals, do you think there is any force in the contention that conclusions drawn with regard to experimental conditions in healthy subjects cannot properly be applied to diseased states of animals of the same species ?—No, I should not hold that.

9001. You think there is no force in that objection ?—No.

9002. Your idea of the proper method of investigating a new drug is that it should be tested in increasing doses, beginning, I take it, with what you regard as perfectly safe doses, on human beings ?—That is so.

9003. After all, that is an experiment, is it not ?—That is an experiment, necessarily.

9004. But you think it is moral because the individual consents ?—Exactly.

9005. It would be immoral without his consent ?—That is my ethical position ; it is a personal position, of course. That is what I personally wish here to convey as my own conviction.

9006. You also hold very strongly that results obtained on the lower animals may be misleading when applied to human diseases ?—May be and often have been misleading.

9009. I want to ask you whether you think that the method of investigating a drug intended for human use which you advocate, might be extended to animals ?—No, I should have the same scientific objection to extending observations on human beings to animals.

9010. But you rather misunderstand my question. I understand your position to be that when it is desired to obtain information as to the usefulness of a particular drug on a particular species, it must be tested on healthy individuals of that species ?—Yes.

9011. Have you any objection to allowing that general

principle to be extended to the investigation of what I may call veterinary drugs?—For a knowledge of the disease of the lower animals, knowledge obtained from the lower animals, is of course, essential, and is a scientific necessity. That is not unethical; I would not maintain the other position for a moment; I think it would be untenable. I do not, as my personal opinion, regard that as immoral.

9012. So that you think that experiments on animals which are intended to increase one's knowledge as to the means of curing and preventing animal diseases, are legitimate?—Much would depend upon the object of the research and on the investigator.

9013. I say that the object is to gain increased power of curing and preventing diseases of that particular animal species?—I do not see any alternative to obtaining valuable information as to the diseases of animals, except through the animals themselves.

9015. You have mentioned a number of remedial agents which you said have been introduced through homœopathic sources. I did not quite understand what you meant by introduced through homœopathic sources?—I mean that the knowledge of their properties was first gained by the homœopathic method—that is, experiments on healthy human beings, and then published for the behoof of the profession at large.

9016. But in that respect there is nothing different between homœopathy and other practice. There must be something in the first instance to suggest that a drug might be tried or might be useful?—If a man goes into a laboratory, opens a bottle and takes a good sniff of some powerful odorous medicament—

9017. Such as gold?—Such as tri-nitrin.

9018. But please take gold?—What it was that induced Hahnemann in the first instance to take gold I do not know, but I know what induced Professor Albert Robin to take up the investigation of the remedial virtues of gold; it was the results obtained by homœopathic practice—

9019. Such as?—The cure of tertiary syphilis.

9020. The cure of tertiary syphilis with what?—With gold.

9021. Then it was not through homœopathy that gold was introduced as a remedy?—Yes, it was.

9022. What led to its introduction?—That I could not say.

9023. It could not be a knowledge of its efficacy in the cure of syphilis that led to its introduction?—What was in Hahnemann's mind when he took up and investigated the properties of gold I cannot say.

9024. My point was that there did not seem to be anything special about your principle of homœopathy introducing a drug. I can quite see that there may be something special in your method of testing it, but you have not explained anything special in the method of trying a drug or introducing it in that way?—Of course, the same impetus impels the homœopathic experimenter as affects the experimenter on animals; there is a preparation brought before his notice; and he may be and is desirous of testing whether it has remedial virtues or no. What was the motive in Hahnemann's mind in that particular instance with regard to that particular preparation, of course, I cannot say.

9025. You do not suggest that those who believe in homœopathy have any special method of investigating surgical conditions and diseases?—The same method that is open to the profession at large.

9026. It did not appear to me to be quite clear why you were so emphatic in stating that when it is desired to investigate the action of a drug which is intended for use in man, the experiments on human beings should precede those on animals? Is there any moral law concerned there?—I did not give that preference on the basis of a moral law, but on the basis of scientific results.

9027. But must there not always be a slight element of danger in using a perfectly unknown drug on a human being?—There is always an element of danger, but after some practice, of course, experimenters become more facile.

9028. They cannot be facile with a new drug?—But they can go to work in such a way as experience has indicated, just like explorers in a new country can form some idea of the probable dangers in front of them.

9029. It is not obvious how a man can estimate the probable safe dose of an entirely new drug?—It is obvious that it is a matter of experience. Supposing that a man has a new drug and dilutes it one million times, the probability

derived from previous experiments is that a millionth part will not contain a lethal dose.

9030. It all depends upon what was the strength of the material before he began to dilute it?—Supposing he finds a white powder in a paper submitted to him, as being some material which hitherto had not been investigated, he has not the faintest idea whether it is innocuous or lethal. The first thing that he would do would be to take this crude substance and considerably dilute it, let us say one million times, and the records of previous experience with drugs would lead him to understand that in all probability a millionth part would not be a lethal dose. He might therefore with propriety begin his investigations, and then he can heighten the dose according to his judgment.

9031. But, admitting that the danger of subjecting him to too large a dose is slight, why not begin on a smaller dose on an animal; it is not denied, is it, that it forms some guide as to whether the thing will be dangerous or not?—It is denied that it affords a final guide as to what is safe for use among human beings. The whole of the animal experimentations as a matter of fact have to be verified in some form or other and at some time or other on the human organism. Why not, therefore, begin with the human organism at once?

9032. I have tried to convey that in my opinion you should begin with an animal because it safeguards the human being, and that you do not lose very much time by it?—You do not lose very much time by it, and in the majority of instances you gain little.

9033. You have frankly admitted that the class of so-called protective sera have been discovered entirely by animal experimentation?—Yes.

9034. But you ask us to believe that it is quite possible that they might have been discovered by other means?—Yes, that is my position.

9035. There does not seem to be much force in the suggestion that they might have been discovered by other means. Everybody, yourself included, has had these other means at disposal, and yet you have to admit that nobody discovered anything in the nature of a protective serum until it was discovered by animal experimentation?—If homœopaths had at

their back all the immense resources, the revenues of a province often, which allow these investigations to be carried out, I do not think that homœopathy would have been behindhand in indicating in all probability another and a better way.

9036. But you do not require a very great laboratory, and you do not require a laboratory to be richly endowed, in order to do valuable research. Some of the greatest discoveries have been made by people who have had very limited equipment?—But the work with regard to antitoxic sera has been done by people detached from ordinary daily life and the pursuit of their profession for this specific purpose. That is a little expensive. You have to pick your man also; he must have special faculties and ability for that work. Our body in England is not sufficiently big to detach men from daily practice for this specific research work, except occasionally.

9037. But you are aware that there is a great deal of money behind this question. If homœopathy can produce efficacious things like the various protective sera, an immense amount of money can be made out of it. Does the fact that they are not invented not tend to diminish the hope that our knowledge in that direction will be extended in any other way than by animal experimentation?—I should be sorry to think that the basis of scientific experiment was the love of gold.

9038. I did not mean to suggest that it was.

9039. (Sir MACKENZIE CHALMERS.) You are not yourself a member of the World League of Opponents of Vivisection?—No, I am a member of no anti-vivisectional body.

9041. Practically your evidence is evidence on behalf really of the mass of homœopathic practitioners?—You may put it so.

9042. I want to ask you this: Speaking on behalf of people whose opinion you represent, what changes would you advise in the existing law. We have to consider the Act of 1876 and whether it requires amendment. Will you kindly tell me whether you suggest any amendment?—Are my suggestions to be put from a practical point of view?

9043. Yes, because we have to advise the Government?—The main suggestion that I would make is that when experiments with regard to the remedial action of drugs—I am not

dealing with other elements now—are concerned, they should in the first instance be carried out on healthy human beings. That is my point.

9044. Would you have it enacted by legislation that a licence should not be granted for an experiment upon an animal until a corresponding experiment had been made on a healthy human being?—I would leave that to the discretion of the Inspector; I do not think that a hard and fast rule should be laid down in every instance; but I think that discretionary power should be given to a responsible individual in the case of every specific question of this kind being submitted to him, he being fully and entirely responsible for his decision.

9045. The Inspector merely inspects what is going on. I do not understand your suggestion. How would inspectors deal with it?—May I put it in this way: that the advisers of the Home Office should be held responsible in each instance for the vivisectional investigation on the lower animals of the properties of a new drug, and that they should give their specific reasons in each case why prior investigation on a healthy human being was not adopted.

9046. You agree that that would limit experiments enormously, because there is not a large supply of healthy human beings willing to be experimented upon with unknown drugs?—I think you would find that in the interests of science a sufficient number of healthy human beings was forthcoming. In America, the supply of medical students in the homœopathic colleges is a never-failing source of adequate material.

9047. You think it is not only justifiable, but right, that in the first instance a drug which may be remedial or may be toxic should be tried on man?—I believe it is not only justifiable but right, if it is carried out under the supervision of a competent experimenter. Anybody can bungle, of course.

9048. (CHAIRMAN) Where do you get the volunteers from; are they from among medical students or from people who are paid to undergo it?—Some of them are medical students; some of them are persons who do not require any financial inducement; and some of them require just sufficient financial assistance to recoup them for detachment from the duties which they ordinarily discharge.

9049. (Sir MACKENZIE CHALMERS) Just to test those principles a little further, take the case not of a new drug but of a specific poison like snake bite; would you say that it is justifiable to try an experiment on the lower animals with a view to testing a remedy for snake bite?—We do not go to work quite in that way. I am sorry to appear unsatisfactory in my replies, but it is not always possible to answer a question in the way in which it is put. In indicating what was useful for snake bite, homœopaths would run all over the details of the drug experiments, many thousands in number, which they had in their possession, and see which of those paralleled the condition of snake bite, and they would put their finger upon the series of experiments already made which most paralleled the condition of snake bite as indicating the remedy; it might not even be necessary to carry out any new investigation. If I may give an instance, when cholera in the 'thirties swept over Europe, Hahnemann was applied to for effective remedial measures to meet the cholera epidemic. He indicated a satisfactory remedial measure from homœopathy without additional experiments.

9050. With what result?—He got, if I may put it, very much better results than the current therapy of his time, and homœopaths afterwards in London repeated them with such success that they were made the subject of a special Government Inquiry. All this is ancient history.

9051. And are his methods still applied in India where cholera is always present?—Yes.

9052. By whom?—They are mainly applied by those people in the Army with homœopathic leanings, of whom there are some; and also by such educated professional native gentlemen as engage in homœopathy, of whom there are not many, but there are some.

9071. There is only one other point that I just want to get your opinion upon. Homœopaths, of course, study physiology?—Yes, they have to do so.

9072. Do you think that experiments on animals for the purpose of elucidating physiological problems are justifiable or not?—Am I compelled to answer that question?

9073. I ask your opinion, that is all?—As a matter of fact it is still a moot point with myself; I have not made up my mind.

9074. I take your answer. Would you agree that physiological knowledge has been advanced by experiments on animals?—Nobody can deny that.

9075. Whether those experiments were morally justifiable or not is a moot point in your mind?—That is so.

9076. But nevertheless we are bound to avail ourselves of what has been done in the past?—There is no earthly reason why we should not. We still use rubber, although it comes from the Congo. I trust I have made it perfectly clear that homœopaths at least hold that their method of obtaining information with regard to the remedial virtues of a drug—that is to say, by experiments on healthy human beings—is in their opinion of immeasurably greater value than the alternative method of experimentation on animals.

9077. That I understand to be your opinion. May I take it, then, that your evidence to-day is really confined to that aspect of what we may call vivisection which relates to the action of drugs—pharmacology? Yes, that is so.

9078. And whatever opinion your Society may hold, you are not here to go into other questions?—I speak for myself.

9079. Among the homœopaths you have surgeons as well as physicians, of course?—Yes.

9080. Is it ever justifiable, do you think, before trying a new operation on a human being, to try it on an animal under anæsthetics, or would you try it first on the human being?—I should imagine that most competent surgeons (and I think that no one but a competent surgeon—that is to say, a thoroughly skilled, experienced person) would answer your question that most decidedly it would be better to try the experiment on a human being and not on an animal. I may say that I have myself some experience in surgery, and that personally would be my decided conviction. A man knows exactly what are the necessary limitations when he operates on the human body. He has some preliminary knowledge to tell him whether his proposed experiment is in flat defiance of what nature can bear or not. An experienced person would know exactly the tax that he proposed to levy on the economy before he started, which only experience could afford; and if he was simply skilled in operating on animals, he would not know the exact tax that he proposed to

levy on the human economy. He would be more likely to get a satisfactory verifiable result by his human procedure than by his animal procedure.

9081. I was thinking of this sort of thing. You have from time to time new kinds of sutures; you substitute, say, a cat-gut suture for a metallic suture. Is it justifiable to try that first on a human being, or would you try it first on an animal?—One of the most distinguished surgeons of the day, Professor McEwen, of Glasgow, had to deal with the same subject with regard to catgut. He made no animal experiments.

9082. I am asking you, do you think he was right?—Certainly.

9083. It is better to try at first on the human being?—Most decidedly. When you have dealt with animals you have to deal afterwards with human beings, and thus you have to deal with different tissues; and after you have produced animal results you have to produce human results, to see whether the former results are verified. It is better to go to the human being at once.

9084. I would like to get your opinion on this point. When you find a new surgical method successful with animals, does it not go a long way towards justifying you in trying it on human beings?—Yes, it would; but I hold that the experience and *nous* possessed by a competent operator would render unnecessary the preliminary procedure on an animal.

9085. (Dr. GASKELL.) I was wondering whether, in your method of investigating the action of drugs, you would say that you get accurate knowledge of the action of drugs on different organs or on the patient as a whole?—Both on the patient as a whole, and then in cases of poisoning, acute or chronic, on the organs, by the *post-mortem* investigations that follow. We accept those *post mortems*, of course, and what they disclose, as part and parcel of the investigation. Investigation such as this may cover many countries and many years.

9086. Do not you feel sometimes rather doubtful as to whether it is one organ or another that is chiefly affected by the drug?—What you get in the case of poisoning by a drug is exactly parallel to what you get in a condition of disease wherein it is very often impossible until the patient is dead to determine the precise local seat of the mischief.

9087. Is it not better, both in that case and in the case of disease, that subsequent experiments should be made upon animals to see whether that drug does act especially upon one organ rather than another?—That has been done so often, and so little practical information has been obtained—that is to say, the additional power which it has given with regard to the selection of remedies has been so insignificant—that it is no longer held among homœopaths as affording any material additional information of consequence.

9088. What I was mentioning rather was that in physiological experimentation we have the power of analysis which is deficient at the bedside; you can limit your experiments to one particular organ or your drug to one particular organ?—Precisely.

9089. And so you can gain information without complications from other organs; do you not consider that an advantage?—Not much. You often find in cases of disease, particularly a chronic disease, that you do not have to treat one organ solely and wholly. It is the organ in connection with the environment in which it finds itself that the homœopath calls the *tout ensemble*, the totality of symptoms and conditions which has to be treated, and not the simple affection of one particular organ.

9090. Do not you think that, whereas clinical investigation has been present to the minds of medical men for generations, a great advance has been made of recent years; do not you think that within the last thirty or forty years knowledge has been very much more quickly obtained than before?—Knowledge has been much more quickly obtained because the armamentarium which advance in science brings with it has been much more copious than before.

9091. Has it not been coincident with the method of experimentation?—It very often grew up side by side with it.

9093. Have we not gained an enormous amount of knowledge of late years from experiments on animals in that direction?—Physiological and pathological knowledge, yes. What is the outcome of it with regard to treatment?

9094. I was asking you about our knowledge; you can get a certain amount of knowledge of disease from the hospital bedside?—Yes.

9095. Have we not been able to understand those diseases much more in consequence of our more accurate knowledge of the tracts and functions of the nervous system, owing to experiments on animals?—Without doubt, as far as academic knowledge is concerned, decidedly.

9096. Has not that enabled the surgeon to remove tumours when otherwise he would not have known where they were?—He does not always distinguish himself in that direction. The results of brain and spinal surgery, based on vivisectional experiments, are not to be compared with the results of abdominal surgery.

9097. Based also on vivisectional experiments?—No, the most skilful abdominal surgeon of the Victorian era, Lawson Tait, publicly foreswore any alliance or allegiance that he had to knowledge vivisectionally obtained. And the first ovariotomy done in England was not done on an animal, but on a human being.

9098. I understand, then, on the whole, that although you do not think that experiments on animals have advanced our knowledge in a useful direction very largely, still you do think that they have been useful to a certain extent?—They have advanced, without doubt, our diagnostic knowledge.

9099. Therefore, you would not be inclined entirely to abolish such experimentation?—I have already said that, on the whole, what I am inclined to is a considerable restriction of vivisectional investigations.

9100. (Dr. WILSON). Reference has been made to experimental work in physiology. Would you be in favour of the illustration of physiological lectures by experimentation on animals?—I am afraid that is a moot point, upon which I have not made up my mind. I have had no actual practical experience of physiological teaching, and I should be sorry to commit myself definitely on that problem.

9101 (CHAIRMAN). There is just one question I should like to ask you. You said that if the homœopaths had had laboratories and sufficient funds for carrying on investigations, they might have made as many discoveries as have been made in other laboratories where experiments on animals are conducted. What would be the nature of the experiments, on the principles that you have spoken of, in such a labora-

tory?—Experiments on human beings and the physical examination, so far as practicable, of the various systems and organs of the human beings while the experiments are going on.

9102. You would not want laboratories for that, would you?—You want a laboratory for examining the blood, the urine, the perspirations, excreta, and so on.

9103. That is a very simple thing; that would be more in the nature of a consulting room?—No, the blood examinations made nowadays are most complicated businesses.

9104. I did not understand what you meant by saying that laboratories were required for your homœopathic investigations; but I see now what you mean?—They would have to be as extensive and as well equipped as any in vogue at the present day.

A TRAVELLING SCHOLAR'S IMPRESSIONS OF PARIS.¹

BY DR. OSMOND BODMAN.

I TOOK up my duties as travelling scholar to the British Homœopathic Association in the first week of October, 1906, making my way to Paris, where the greater part of my time was to be spent, and there I remained till the beginning of December.

My first impression of medical life in the French capital was that our Parisian colleagues take longer holidays than we do, for regular hospital work and lectures do not commence till November, and at the time of my arrival some of our *confrères* had not yet returned from the two or three months vacation which seems to be their usual lot. However, with the aid of letters of introduction with which I had been furnished, I soon made the acquaintance of several doctors—homœopathic and otherwise—practising in Paris, and settled down to regular work, as far as the somewhat irregular hours then being kept at the hospitals permitted. My mornings were usually devoted to visits to the various hospitals in which the diseases of children and women were given special attention,

¹ Read before the Western Counties Therapeutic Society at the Bath meeting.

these being the subjects appointed by the British Homœopathic Association for study; while the afternoons were largely spent at various private clinics, to which, by the kindness of the doctors who conducted them, I had obtained ready admission.

The Homœopathic Institutions were also visited; they are three in number, the St. Jacques Hospital in Paris, and the Hahnemann Hospital and Maison Marguerite at Neuilly, a suburb of Paris. The last named is a delightful little children's hospital under the care of Dr. Marc Jousset, to which medical cases, infectious, as well as non-infectious, are admitted and to which is attached a small out-patient department. This hospital is of quite modern construction and stands in a nice garden; it is at present only one storey high, the roof being utilised for fresh air and exercise for the little patients, the windows being arranged so as to command a view of the whole of the roof from the interior of the hospital. It is proposed, when funds allow, to add another storey to the building and so increase the number of beds. The beds are arranged in several small wards, each with a separate entrance from the main corridor, though windows in the walls between the wards permit of their being easily overlooked; while the disposition of separate wards undoubtedly hinders the dissemination of infectious diseases, which are so frequently a constant source of trouble in children's hospitals. The nursing arrangements are under the very efficient care of a trained matron, who is at all times ready and pleased to show visitors over the pretty little institution of which she is proud to be in charge.

The Hahnemann Hospital, also at Neuilly, is a much older building, possessing twenty-seven beds, with a well-attended out-patient department. This, and the rather larger Hospital of St. Jacques in Paris, are very similar in character, consisting of small and stuffy wards which are mostly occupied by patients who pay a small daily fee, though there are some free beds, with separate rooms for patients who are able to pay for board, nursing and medical attendance as in a nursing home. The physicians on the staff take their turn in having charge of the hospital, each being in charge for three months in the case of the Hahnemann Hospital, while at the St. Jacques Hospital

any doctor may make use of the private wards for his patients, irrespective of his medical beliefs, and I understood that the medical officers in charge of the surgical and special departments were not adherents of our school.

In the case of both of these hospitals, the nursing is carried out by members of religious sisterhoods.

On All Saint's Day, November 1st, the hospitals being closed, in company with many thousands of Parisians I made the pilgrimage to the cemetery of Père Lachaise, this day being set apart to the memory of the dead, and to visiting the graves of departed friends. The object of my visit was, however, not the tomb of any relative or acquaintance who had gone before, but that of the illustrious founder of our system of therapeutics. His resting place lies near a shady walk on the slope of a hill overlooking Paris and near the centre of the great cemetery, being surmounted by a handsome granite memorial and adorned with a bronze bust of the honoured dead. "He being dead yet speaketh," through the works which express the result of his unremitting toil, ceaseless investigation and long-continued labours in the cause of medical science, of which he was for so long the ornament, only at last to find an unhonoured grave in the scene of his last labours; an oblivion from which some of his faithful followers have, to their lasting credit, rescued the remains of the master, as the fine monument above mentioned testifies.

Could Hahnemann revisit, at the present day, the city where the closing days of his strenuous life were passed, I fear he would not look with satisfaction at the changes which sixty-four years have produced in the practice of many of his professed followers, and though their numbers no doubt have increased several of them are really eclectics.

I attended one of the monthly meetings of the Homœopathic Society in Paris and heard two good papers upon the action of the *salts of barium*, read respectively by Dr. Cartier, the President of the Society, and by Dr. Leon Vannier, one of their latest yet most enthusiastic recruits.

I will now detail some of the more interesting methods and cases seen, and impressions gained in the hospitals and clinics of Paris.

In these days, when so much attention is being paid to the

feeding of infants, I found the methods employed by Professor Budin at the Clinique Tarnier of great interest. The women come into the hospital a day or two before the expected date of accouchement, and are provided with sterilised clothing, and no one is permitted to enter the wards unless enveloped in white garments, the Professor himself being clothed in white cap, long white coat and white trousers. During their stay in hospital, the children are weighed daily and the mother's milk is analysed, any error in the composition of the milk being corrected by a suitable dietary. On leaving the wards, the children are furnished with a card, upon which is inscribed the weight at birth, and at the time of discharge, and they attend every week for the first few months and then at less frequent intervals. At each visit the babies are inspected and weighed, the weight being written on the card and marked on a chart; they are then taken in to see Professor Budin, who makes any change in the feeding that may be necessary, and, in the case of bottle-fed infants, orders the appropriate dietary; at the same time giving the mothers any necessary advice, and this with considerable force and point when needed. This consultation is attended by a considerable number of students and graduates, to whom interesting cases are pointed out, and much valuable information given. After receiving the milk prescription, the mothers go to the dairy attached to the hospital, where they are supplied with milk, milk and water, and also, for older children, packets of flour, to be added to the milk in stated quantities. The milk mixture is supplied sterilised, in sealed bottles, each containing sufficient for one meal and also an inverted sterilised teat, so that the container is used as a feeding bottle also.

The principal children's hospital, l'Hôpital des Enfants Malades, contains over seven hundred beds, and consists of a number of buildings scattered over a large area of ground, and including the special departments and blocks for infectious diseases, cubicles formed by glass screens being provided for doubtful cases. In one *service* these screens do not extend up to the ceiling or down to the floor, the physician in charge holding the view that micro-organisms are scarcely ever found in the upper and lower strata of the air of a room.

In diphtheria tracheotomy is rarely practised, intubation

being generally performed in preference. There is a very good orthopædic department to this hospital, under the charge of Professor Kirmisson, at which many interesting and instructive cases were seen. Here, and in other hospitals and clinics, several cases of congenital dislocation of the hip joint were seen which had been treated by the bloodless operation, and in some instances with remarkably good results. X-ray photographs are taken whenever necessary, and the negatives brought in for inspection within a few minutes.

I also visited Professor Pozzi's gynæcological wards at the Broca Hospital, which are in a pavilion that has been built for his patients, and is adorned with fine mural paintings. The pavilion contains besides the wards, two operating theatres for septic and aseptic cases, and here again no one may enter without the allotted garment, all, however distinguished, being reduced to the common democracy of the white *blouse*. Aseptic operations are conducted with the strictest ritual, no one but the operator, assistants and anæsthetist, who are entirely enveloped in white except the nose and eyes, being allowed on the floor of the theatre; not even the nurses being permitted to approach. In a separate building are the out-patient department and pathological laboratory, of which Dr. Jayle has charge. The dorsal position for examination is always employed, examination chairs or tables with foot-rests being used, by which the patient's thighs are maintained in a position of flexion and abduction, and rubber gloves are worn. The large Foundling Hospital under the care of the Paris Municipality was also visited, the sick children being accommodated in well-arranged wards, with every modern convenience, in charge of which are one of the best children's physicians in Paris, and an equally eminent surgeon. This latter, M. Jalaguier, claims to have been the first to operate in rubber gloves, but now reserves them for septic cases and out-patient work. Here a case of septicæmia was seen, following that usually trivial complaint—impetigo, and in another hospital a case of nephritis was seen after the same disease.

At the Trousseau Hospital for children, which has recently been rebuilt, many interesting cases were also kindly shown me by Dr. Guinon. He believes in the existence of a paratyphoid fever, in which the symptoms may closely resemble

enteric, though there is no definite type, being caused by various bacilli analogous to the bacillus typhosus. The crèche at this hospital is of special interest, the cots being separated by glass screens and strict precautions taken to prevent the spread of infantile diarrhœa or other communicable diseases; there are also small wards for mother and child for cases in which it is desirable that the mother should continue to nurse her child. Sterilised milk is the staple nourishment at all the children's hospitals, but humanised milk, butter-milk (sometimes thickened with flour), rice water and milk, vegetable broth, and as a rest diet sweetened sterilised water, are also employed, and in addition, rectal injections of saline solution. One cannot but be struck by the helplessness of the treatment adopted, baths for broncho-pneumonia, compresses for chorea, and so on, no medicinal treatment being attempted in many diseases, though it is a question whether this is not better than the overdosing with a multitude of drugs which was formerly in vogue.

STIMULI AND THE ORGANISM.

APPENDIX TO DR. PERCY WILDE'S CONGRESS PAPER.

NO opportunity was afforded me at the Congress to express my thanks for the cordial reception given to my paper, or to answer the criticisms passed upon it.

The attempt to deal with so large a subject in so brief a compass obliged me to leave some points unexplained, in the hope that discussion would enable me to elucidate them.

One criticism, which has reached me by letter, comes from the Professor of Physiology at one of our Universities.

After admitting that physiologists no longer hold the view that the blood capillaries are innervated, he goes on to say that "cold *can* be a stimulus to the skin, *i.e.*, to the sensory nerves, by abstracting heat from the skin—the passage of heat from the skin (cold) is as much a stimulus to it as the passage of heat into the skin (heat). The nerves are equally affected. A stimulus is any environmental change. I know of no one who holds that a stimulus imparts or abstracts energy (to any but a most trifling extent)."

The value of this criticism is that it gives us the conception of stimuli as held by physiologists at the present moment. If we accept every one of these statements we are just where we were when we started. We only know that an agent is a stimulus by the energy it excites; unless we know the relation between the energy and the stimulus, we are not in a position to explain the simplest phenomena.

That no one has previously put the questions, Where does the energy come from; In which direction is it going? is not a reason for silence. Until these questions have been answered we cannot form a clear conception of any problem in Therapeutics. The criticisms passed on my paper at the Congress illustrate very forcibly the defect in physiological teaching.

Even so acute an observer and able reasoner as Dr. Proctor, of Birkenhead, found a paradox in my statement "that a feather abstracts energy when stroking the skin, but that downright vigorous rubbing adds energy."

First, we have the demonstrable fact that light stroking contracts the capillary, vigorous friction dilates it. We have to afford a reasonable explanation of the observed phenomena. The physiological theory of stimulation and exhaustion breaks down with the admitted absence of any nerves in the capillary.

The marked difference between the organism and the objects which surround it, is its much higher temperature. It cannot come in contact with bodies of lower temperature without loss of heat. The air-thermometer will demonstrate this, and will also show that this loss of heat is at once converted into mechanical energy. Heat and energy are synonymous terms. The act of stroking or light friction must produce an infinitesimal amount of energy, but the energy supplied by this means bears no proportion to the energy lost by the abstraction of heat, therefore there is a loss of heat (energy) and the capillary contracts. On the other hand, vigorous friction supplies energy much more rapidly than heat is abstracted, even if an agent at a low temperature is employed for the purposes of friction; as a consequence the heat of the tissues is raised and the capillaries dilate.

In this experiment alone we have a demonstration of the failure of the ordinary physiological explanation. Thus, if the

stimulus acted upon the nerves of the skin, and was through them conveyed to the vaso-motor nerves in the arteries, the dilatation of the arteries would cause an increase of blood to the capillaries and make them dilate. But all this would happen with that rapidity which accompanies all the reflex actions of nerves. But instead of this it is not until heat or friction has raised the temperatures of the tissues that the capillaries dilate. This dilatation does not correspond with the area of distribution of an arteriole or a nerve, but to the exact point of stimulation, whether it be in the form of a cross or a letter or any other design we choose to select.

I agree with Dr. Proctor that the idea of the contraction of the capillaries represents the abstraction of energy; their dilatation, the addition of energy, is *revolutionary*. It was because physiological teaching failed to explain the simplest phenomena that I investigated the subject, and found that the contraction and dilatation of the capillaries depended upon precisely the same physical laws which govern the expansion and contraction of all other bodies.

My friend, Dr. Burford, commenced his remarks by saying that my literary back was sufficiently broad to withstand all the castigation he could give me. But Dr. Burford did not realise that when so ardent an anti-vivisectionist brought forward a vivisectional experiment in order to castigate me, it was not my back but my moral sense which was shocked!

He related the experiment where the broad ligament of a female deer was exposed and then cold was applied to the surface, causing contraction of the capillaries, "that after a time the rosy flush made it apparent that the condition had oscillated to the opposite extreme, and that no condition of cold brought it back." I do not think that this experiment would have ever been performed if the experimenter had been properly trained in the relation of stimuli to the organism.

It is impossible to contract the capillaries over any area without causing a rise of blood pressure in the arterioles, or, in other words, setting up the resistance of the organism. In this case the arterioles of a particularly vascular part were affected, and the conditions of the experiments rendered it very probable that the normal resistance would rapidly be

enforced by the greater resistance of inflammation, no local application of cold would be strong enough to overcome the energy evolved in the process. Even when cold is applied to the whole body, as in the cold bath, there is always a short period of resistance on the part of the organism, but it is overcome because the abstraction of heat takes place more rapidly than its production.

In this lies the chief point of my paper. Unless we employ a direct form of energy we can only stimulate by exciting the resistance of the organism, and to do this we must abstract energy. What happens as a result of the application of the agent or the drug, depends upon which of the two opposing forces succeed in the struggle. Confusion of thought will remain in respect to the action of stimuli until we have a clear classification of agents which abstract energy and those which supply it. My own is rough and incomplete.

I claim, however, to be the first to show why it is that the agent which sets up symptoms similar to the disease is the best remedy for it: why a minute dose can produce great effects. While the effects of a drug were mistaken for its action, instead of a force acting in direct resistance to it—while the drug was regarded as the source of energy—this was impossible.

DOUBLE INFECTIONS.

BY K. P. GANGOULY, BENGAL.

CASE I. *Cholera and Plague (Bubonic).*—D. MONDOL'S wife, aged about 22, was attacked with cholera on January 14th, 1906, accompanied with violent cramps in the hands, legs and feet, with no pulse in the wrist. \mathcal{R} *Cuprum acet.* 6x, six doses in water, every half hour. At night cramps abated, but the stools, serous mixed with flakes, and vomiting, simultaneous with purging, continued unabated. \mathcal{R} *Ricinus com.* 3, in water, eight doses, every hour.

January 15th.—Cramps in the pectoral muscles and abdomen; stool watery, without flakes, but very foetid, pulse thready. \mathcal{R} *Secale cor.* 6, with *kali phos.* 6x, three doses each.

In the evening the patient was a little better, only vomiting persisted. Repeat medicine.

January 16th.—The patient was restless, right eye congested, radial pulse better though quick, vomiting continued. \mathcal{R} *Sulphur* 30, one dose, and *iphecac.* 30, four doses. In the evening both the eyes were congested, restlessness increased, vomiting stopped, pulse rapid, passed stool once, yellow, watery and very foetid, a little delirious. \mathcal{R} *Cuprum acet.* 3x, *gtt.* ii, *aqua* ʒi., four doses, and *rhus tox* 30, *globs.*, two doses. The former medicine was to be taken twice successively every three hours, then the latter once, and so on.

N.B.—The patient bathed in the river on the day she was attacked with cholera; for this reason *rhus tox* was prescribed.

January 17th.—Last night passed copious urine twice. The patient was delirious, but could answer correctly; head heavy, eyes congested, tongue brown furred, with red tip, with sordes on teeth; passed once yellow liquid foetid stool; both the inguinal glands were inflamed; pulse very frequent and respiration accelerated; temperature, 103·4° F. \mathcal{R} *Baptisia* 3x, four doses in water, and *badiaga*, four doses in water, every two hours alternately. In the evening the patient was menstruating. She gave birth to a child a year and a half ago, and this was her first catamenia after her confinement.

In this season of the year almost all the females aged from 15 to 30, who fell victims to plague, menstruated on the attack, with rather profuse hæmorrhage. Fearing this, I prescribed her *lachesis* 30, one dose for the night.

January 18th.—The patient was in the same restless condition, although the glandular swelling under *badiaga* decreased; pulse very rapid, thirst constant for small quantities of water. \mathcal{R} *Arsenic* 30, six doses in water, every three hours. The patient was better at night, thirst and restlessness diminished, slept for two hours.

January 19th.—Reported better in every respect. \mathcal{R} *Vehic* (unmedicated pills) every three hours.

January 20th.—Reported better. Repeated *vehic pills*. Cured.

CASE 2. *Cholera and Small-pox.*—K. R., aged about 35; was attacked with cholera on October 29th, 1906. I attended

the case on the following day at 7 a.m., and found him quite prostrated; his voice was husky, skin of the fingers and toes shrivelled, nose pointed and pinched, eyes sunken. Evacuations were serous, mixed with flakes of mucus, resembling true cholera dejections. Urine suppressed; pulse not perceptible at the wrist; heart's action very feeble; extremities cold; cramps in the arms and legs; great thirst. \mathcal{R} *Ricinus com.* 3, eight doses, in pills, after every stool. Saw the patient again at 5 p.m. Although the number and quantity of stools were diminished, nevertheless the patient became very restless with constant thirst and vomiting after drinking; spasms of pectoral muscles and extremities, with cyanosed condition of the limbs. I prescribed *secale corn.* 3 and *arsenic. alb.* 30 in alternation every half hour.

October 31st.—Morning. Spasms decreased and thirst and restlessness ameliorated, purging and vomiting diminished. Repeated medicine. Evening: The patient was better, but there was occasional hiccough. A single dose of *cuprum acet.* 6, with *vehic pills* for the night.

November 1st.—The patient complained of excoriation in the throat, with sour fluid, vomiting and burning, accompanied with distress in epigastrium. \mathcal{R} *Iris vers.* 3c, in aqua, four doses, every two hours. There was no urine till evening, although there was constant desire without effect. \mathcal{R} *Cantharis* 2x, two doses for the night.

November 2nd.—Passed urine once, burning in the epigastrium and sour vomiting persisted; passed stools twice at night and once in the morning; character watery, tinged with bile. \mathcal{R} *Iris vers.* 3, four doses in water, every two hours. Diet, barley water with sugar candy.

November 3rd.—There was an increase of all the symptoms, and the patient felt worse in every respect; burning in the stomach, sour vomiting, thirst and restlessness were all increased. \mathcal{R} *Arsenic. alb.* 200, one dose, and *vehic* (unmedicated pills) four doses, every two hours.

November 4th.—Slept for two hours last night, and all the other symptoms ameliorated. Passed stool once last night and once this morning. \mathcal{R} *Vehic pills* every three hours.

November 5th.—Reported better, but burning in epigastrium and throat remained. \mathcal{R} One dose of *Nux. vom.* 30.

November 6th.—Last night the patient was restless, passed greenish liquid stools twice, urine once; reactionary fever with cerebral symptoms. ℞ *Verat. alb.* 30, in water, four doses, once every three hours.

N.B.—In these post-choleraic fevers inexperienced practitioners misuse belladonna. They do not think that these fevers, as they occur mostly after the cold stage of cholera, are part and parcel of cholera attack in itself; but they have erroneous impressions that remedies suited for cold stage of cholera could no more be suitable to the opposite stage of febrile reaction. A careful reference to *Materia Medica* will no doubt remove such wrong ideas, where all the phenomena of a reaction are clearly depicted under each drug's pathogenesis.

November 7th.—Satisfactory improvement; no fever, prostration grave. Repeat medicine. Diet, barley water and milk every three hours.

November 8th.—The patient again complained of burning in the throat and œsophagus, and could not drink even liquids, entire loss of appetite. ℞ *Arsenic. alb.* 200, one dose, and *vehic pills* four doses.

November 9th.—After going through the whole ordeal of the disease, the patient's temperature again rose to 101° without any cerebral symptoms. ℞ *sulphur* 30, one dose.

November 10th.—Visited the patient at 9 a.m. Small-pox eruption came out over his entire body; though not confluent, yet the attack was of the deadly black type, with burning of the whole body, intense thirst and restlessness. The patient's mother was waiting anxiously for my diagnosis, and as I pronounced the patient being affected with small-pox, and that the case was hopeless, she, as usual, instantly sent for one who treats the small-pox patients with indigenous drugs and concoctions only.

The next day the guardian came to me for the usual death certificate, which we are compelled to give according to our French law here, and without which a dead body cannot be cremated.

EXPERIMENTS ON OD-RAYS AND HOMŒOPATHY.

BY DR. B. KRANZ, WEIMAR.

IN the middle of the last century an Austrian scientist, Reichenbach of Vienna, a well-known mineralogist and analytical chemist, who discovered creasote and other important remedies, was for many years busy with researches on certain rays. These rays, which he called *Od-rays*, are, according to him, invisible for the common run of mankind, but visible for so-called sensitive people. All bodies, living as well as dead, possess the quality of Od, only in different degrees and modifications. Reichenbach distinguishes positive and negative Od. Electricity and motion increase the radiation of Od. In diseased parts of the body there is, he affirms, a surplus of positive Od accumulated, and the pathological spot is hereby distinguishable. Reichenbach made his experiments in a dark room, which he had fitted out especially for his purposes. As he himself was not sensitive enough to see the Od-rays he had to make use of sensitive people, whose nerves were more irritable than those of the average mankind. A short time after the room was made dark, his mediums recognised the Od-rays. The more sensitive the mediums were the sooner they were able to see Od. Their own bodies as well as other objects reflected the Od-rays, for instance, horse-shoe magnets, crystal columns, plates of zinc, copper, iron, &c. The medium recognised them distinctly, and was able to describe their shape. Reichenbach distinguishes odflames, odglowing, odsparks and od-colours, and he relates that all highly sensitive persons were delighted very much by the splendour of the flames and colours they saw in the dark-room. If Reichenbach directed a weak stream of electricity through the objects, their od-radiation was increased considerably. They got so transparent, that the sensitive media were able to recognise all things lying behind the electrified plates of zinc, &c. Not only metals but also the human body, if in touch with the electrifying machine, got—according to Reichenbach—od-glowing and half-transparent, and Reichenbach expected from this discovery great improvements for the diagnosis of diseases.

These researches and theories were attacked and doubted by his contemporaries and fell into oblivion after his death. But when the X-rays were discovered by Röntgen, one again remembered Reichenbach and his life work. And especially after the marvellous discoveries of the very last years—the Kathode, Chanel, Radium, Bequerel, and N'-rays—investigators commenced again to take a more than theoretic interest in Reichenbach and his Od-rays. Especially homœopathic physicians have studied his works and have contributed to his vindication. Quite a number of publications we owe to Dr. Schlegel Tübingen, Dr. Kirn Pforzheim and others. Dr. Kirn has tried for many years to make use of Reichenbach's Od-theory in favour of homœopathy. This world of invisible rays is, as Dr. Kirn thinks, in the same way as homœopathy, a science of the wonderful powers of diluted material.

There is no doubt that the action of our medicines, especially in the higher potencies, is by no means of a mere chemical but rather of a dynamic, *i.e.*, a physical nature. Until now it has been impossible to prove the contents of our higher dilutions by chemical or physical examination. If we were able to show that the lower and higher potencies of our medicines possess certain Od-rays, and if we could differentiate them by their peculiar Od-rays, it would mean great progress for our schools. Secondly, it would be very important to state the paths medicines take in the human body. Dr. Kirn believes that they do not follow the current of blood and lymph, but penetrate the body just like N'-rays until they meet the pathological or diseased spot. One could object that such discoveries would be of small account, and that it is sufficient to know that the drugs find their way to the diseased tissues. But I believe if we could know exactly the physical forces of our potencies within and without the organism we would be able to get light on many important questions, for instance, the duration of the action, the strength of potencies, the necessary repetition, &c.

Dr. Kirn made his experiments in a dark room, which was fitted out in the centre of the second cellars of the Hotel Sachrenhof at Leipzig. This hotel belongs to the well-known manufacturing chemist, Dr. W. Schwabe, at Leipzig, who also bore all expenses of the experiments. The director of his

chemical-pharmaceutical laboratory, Dr. Katz, assisted Dr. Kirn, and had installed together with him the dark room, according to the exact directions of Reichenbach. It was large enough to afford room for six to eight persons sitting at a table. The walls were painted with a black colour and had no windows. The only door was well covered with a black curtain, and was led into an equally dark second cellar. Both spaces were situated in the darkest part of the central cellars. When the electric light was extinguished there was absolute darkness, proved by the exposure of a photographic plate. A repeating watch gave the time used for the experiments.

The examination was made of a large magnetic horse-shoe, flowering plants, and a number of drugs (*uranium nitricum*, *platina*, *zincum*, *belladonna*, *aconitum*, *nux vomica* and *sulphur*), in the first, fifth and fifteenth potencies, and a Blondlots plate.

The greatest difficulty was to find proper sensitive mediums. Besides the experimenting physicians, also Dr. Wapler and Dr. Fischer, both of Leipzig, and six more persons took part in the provings, amongst them a lady and a gentleman who seemed to be sensitive, or at least very nervous. The meetings were repeated seven times and each lasted about two hours.

The results of the rather expensive and protracted experiments were not very encouraging. Blondlots plates showed their phosphorescence promptly, and also the *uranium nitricum* gave a certain amount of light visible to all the provers. But no one of the persons was able to see Od-rays of the horse-shoe, or the drugs or the plants. Only when the provers remained longer than two hours in the dark-room some of them saw, as they stated, their own hands shining, the *vola manus* giving more light than the *dorsum manus*.

Before we are able to state that the experiments argue positively against Reichenbach's theories and their application on homœopathy, one would have to find out all possible sources of mistakes in the conduct of the experiments. One would have to ascertain whether the dark room was prepared in the right way—Reichenbach experimented in a dark room in his country house and not in the cellar of a large town—and whether the media were sensitive enough. One would

then have to repeat many times, under altered conditions, the whole experiments.

It would be a great service to science, and especially to homœopathy, if the British Homœopathic Society or Association would take up such a good cause, and promote a series of experiments on Od-rays in England. The whole work is rather expensive and takes a lot of time as we have seen, but the possible success would reward all efforts.

Cases from Hospital Practice.

This section is reserved for reports of interesting cases occurring in Hospital or Dispensary practice, new methods of treatment, and all purely professional matters. These should be carefully, or, if needful, elaborately recorded and described. Each contributor will, if necessary, be allowed two pages of the REVIEW every month for this purpose.

Reports should be sent on as early in the month as possible.

BRISTOL AND CLIFTON.

VARIOLOUS KERATITIS; FREQUENT RELAPSES.

Reported by Dr. J. H. Bodman.

ANOTHER case of keratitis may be of interest in comparison with the one reported in September :—

Laura H., aged 37, single; first attended the Hahnemann Hospital as an out-patient, August 22nd, 1904. She had quite recently been an in-patient in a first-class eye hospital for five weeks, and had attended there as an out-patient for many years, but she had obtained little or no relief from this treatment.

The history she gave was that she had small-pox when she was about 18 months old, and during this illness her eyes were inflamed and ulcerated, that from that time she had been blind, and that there had been more or less pain in the eyes and intolerance of light ever since; but that every now and then these symptoms would be much more severe for some weeks. The eyes had been worse lately than they used to be. There had also been chronic otorrhœa and loss of smell since the attack of small-pox.

The condition on coming under treatment was as follows : There was intense photophobia and spasm of the eyelids ; there was much congestion of the conjunctival and circum-corneal blood-vessels ; there was diffuse opacity of both corneæ. The tongue was coated with yellowish fur. Medicines ordered : *Conium* 3x and *mer. sol.* 3x, every two hours alternately.

August 29th.—Condition the same. Intense photophobia. *Conium* 1x and *merc. cor.* 3, 2nd hour alt.

September 5th.—Better. Repeat.

September 19th.—Still much pain at times, but better on the whole. Repeat.

September 26th.—Has had much pain in the eyes. *Ars. alb.* 6, *t.d.s.*

October 3rd.—Has had more pain. *Ars. alb.* 30, *t.d.s.*

Solution of *dionin* (gr. i. to ʒi. distilled water) to be used for eye-drops once a day.

October 10th.—Less pain. The drops give relief. Repeat *ars.* Use eye-drops three times a day.

October 17th.—Decidedly less pain. The drops cause a good deal of smarting for about ten minutes ; after that there is decided relief. Repeat.

October 31st.—Better ; can open the eyes better than for a long time.

November 28th.—Much better lately ; still gets the pain in the eyes at times, but much less. *Gutt. dionin, p.r.n., variolin* 6, *b.d.*

December 5th.—Continuing better. Repeat.

December 19th.—Better than she has been for more than a year. The eyes are less painful and there is much less injection. The corneal opacity of course remains the same. Repeat.

December 4th, 1905. — The eyes have been free from inflammation since the last attendance nearly a year ago. Has now come for treatment for cold in head and discharge from the ears.

July 16th, 1907.—The eyes have been rather inflamed and painful again the last week or two, but previously had been continuing comfortable. *Ars. a.* 6, *t.d.*, *gutt. dionin.*

July 30th.—Decidedly better. Repeat.

August 13th.—Eyes comfortable again.

Remarks.—This case was an example of the destructive keratitis that occurs in some of the severer cases of small-pox ; irrigation of the conjunctival sac with warm antiseptic lotion during the attack much lessens the liability to this serious complication.

Dionin (or *ethyl morphine hydrochloride*) is a useful anodyne in many cases of glaucoma, corneal ulcer, &c. It is also said to clear up recent corneal opacities. It is generally used in solutions of 1 to 5 per cent., but this case shows that it may be used considerably weaker with good results. Sometimes it causes a good deal of irritation and chemosis, and therefore needs to be used cautiously at first. In this case it gave the patient great relief, and she came to have great belief in its value.

The lasting character of the relief experienced in this case points to the conclusion that it was not wholly due to the *dionin* drops ; besides, this drug was almost certainly tried at the eye institution where she was formerly under treatment for so long, as I happen to know that at one time they were giving it extensive trial there.

I think it is, therefore, fair to conclude that the *conium*, *merc. cor.*, and especially the *ars. alb.*, and perhaps the *variolin*, were responsible for much of the improvement which took place. At any rate the patient had no hesitation in saying that she had derived far more benefit from the treatment as an out-patient at the Hahnemann Hospital than she ever did either as in- or out-patient, at the rival institution where homœopathy is not recognised.

LEICESTER COTTAGE HOSPITAL.

CASE OF APPENDICITIS.

Reported by Dr. Edmund Capper.

MISS B., aged 37, was attended in April by Dr. Mason for an acute attack of appendicitis, from which she recovered. There was a history of a previous attack in childhood. The danger attending possible recurrence being presented to her, she decided to have the appendix removed. She came into

the hospital on June 8th, and the operation was performed by Dr. Mason on June 11th. The appendix was found to be about 3 inches long; the proximal inch was quite healthy, but the distal end was fixed to the intestines and matted up by inflammatory products. An abscess cavity, about the size of a large hazel nut, was found in the inflammatory tissue, but apparently did not communicate with the appendix. The mischief had undoubtedly arisen at the distal end, but the abscess cavity thus formed had been shut off by inflammation, adhesive local peritonitis preventing general infection of the whole peritoneal cavity. Recovery was uninterrupted, the temperature never rising above 99.6.° Solid food was allowed at the end of a week.

Correspondence.

To the Editors of the BRITISH HOMŒOPATHIC REVIEW.

ERRATA.

DEAR SIRs,—Permit me to correct two errors that appear in your report of the discussion on the papers at the Congress. I am made to say that quinine is a spinal depressant, whereas it was conium that I referred to. The other error appears on the same page, where the small dose of strychnia is said to have a “chronic” effect. The word should be *tonic*. Your insertion of this will oblige.

Yours, &c.

Birkenhead.

P. PROCTOR.

October 13th, 1907.

DR. MADDEN'S SPEECH.

DR. MADDEN writes to us pointing out some reporter's errors : (1) The word “grapes” should be “greats ;” (2) “Congress circular,” should be “the circular inviting subscriptions to Dr. Dyce Brown's Testimonial,” which, of course, was quite different from the Congress circular. We regret that such errors should have crept into the report of Dr. Madden's excellent speech.

LONDON HOMŒOPATHIC HOSPITAL.

The following appeal has been sent to us:—

To the Editors of the BRITISH HOMŒOPATHIC REVIEW.

SIR,—We would ask your kind assistance in making known to the public the condition of our appeal for the extension of the hospital. Our appeal has met with such hearty support that we now only require £12,000 to complete the £30,000 it is estimated will be necessary to extend the hospital on its own freehold site. The demands made upon the hospital by the sick poor were never greater than at the present time; 1,183 in-patient and 46,741 out-patient attendances were registered last year, and for the past few years the Board of Management, urged by their medical staff, have been convinced that if the hospital is to maintain the prestige it has acquired since its foundation sixty years ago, it must be extended to meet the increasing demands made upon it. Fortunately, when the hospital was designed and rebuilt in 1893-5, it was arranged, that a new wing could be added if, at any time, it was found necessary. That time has now come.

We do not plead for help to pay off debts, nor for funds to purchase a site. The hospital being in the proud position of nearly paying its way each year, and the freehold site being already in the possession of the trustees. Every pound for which we appeal is for building and furnishing alone.

Our anxiety at the present moment is that if the £12,000 still required to complete the fund is not obtained by December 31st next we lose the conditional offers of Sir Henry Tyler of £10,000 and Lord Dysart of £2,000 promised on condition that the whole of the £30,000 was raised by the end of this year.

The treasurer, Lord Cawdor, will preside at a festival dinner on behalf of the extension fund on November 20th next at the Hotel Ritz, and we earnestly invite the assistance of the charitable public in the effort which the Board of Management and the Medical Staff are making to complete the fund of £30,000 by Christmas next.

The Board has decided that the sum of £10,000 shall name a ward, £1,000 name a bed, or £750 name a cot, in the new wing.

Contributions will be thankfully received by the Secretary, London Homœopathic Hospital, Great Ormond Street, W.C.

We are, Sir,

Yours faithfully,

EGMONT, Vice-President.

CAWDOR, Vice-President and Treasurer.

JOHN P. STILWELL, J.P., Chairman.

*London Homœopathic Hospital,
Great Ormond Street,
London, W.C.*

Foreign Reports.

GERMANY—BERLIN.

(TRANSLATED BY DR. GALLEY BLACKLEY.)

THE seventy-fifth annual assembly of the Homœopathic Zentralverein of Germany took place in Breslau from August 8th to 10th, and was attended by a large number of German and Austrian homœopathic physicians, in many cases accompanied by their wives.

Amongst the subjects brought forward the following are worthy of note :—

(1) The Leipzig Dispensary of the Zentralverein will very shortly be installed in newer and more commodious premises.

(2) Professor Schulz, the eminent pharmacologist of the University of Greifswald, who has published, as is well-known, a long series of articles and books, besides provings of single remedies (ferrum, sulphur and others), has also undertaken experimental researches into the occurrence of *silica* and *lithia* in the human organism. All these works have throughout been undertaken from the homœopathic standpoint, and con-

stitute the most valuable that have been published during the last twenty years. In the lectures of the learned professor, too, homœopathy occupies a large place. He has also just published a large work on the administration of inorganic remedies, which is singularly well adapted for the use of budding homœopaths. The writer would suggest that Professor Schulz should be asked to allow of an English translation being made, so that all English-speaking homœopaths might be enabled to make use of this treasure.

(3) It is a significant fact that a decision of the Berlin Homœopathic Society, which was endorsed by the Zentralverein, coincides so exactly with that recently come to by the British Homœopathic Association, viz., that a well adapted building in a good central situation will shortly be bought in Berlin. There a home will be found for the great polyclinic of the Berlin Society, with its library, rooms for the lectures to medical men recently instituted by the Society, a meeting room for the latter and for the Homœopathic League, and an analytical and experimental laboratory. These and the new homœopathic hospital in Lichterfeld, with its physician in charge and its nursing staff, ought to set homœopathy in Berlin on a firm foundation and to render it possible for medical men to complete their education in respect of homœopathy, whether they be such as have only just graduated, or those who, having made an unsatisfactory trial of what they have already learnt, long for something better. In this connection it should be noted that the Homœopathic Hospital has just been enlarged by the addition of a wing for infectious diseases.

(4) Another matter of some interest which was discussed at the meeting was that of the friendly relations between homœopaths and those of the old school. In many places the relations are good, in others, on the contrary, the old discord still reigns. Several speakers, notably Dr. Wapler, of Leipzig, were very insistent upon the desirability of "fraternity"; others, including the writer, would only agree to an energetic demonstration of the unique position of homœopathy.

(5) Amongst the scientific discussions at the Congress perhaps the most important was that upon "Perityphlitis,"

introduced by Dr. Hoffman of Brunswick. This disease has occurred with inexplicable frequency of late all over Germany, and quite recently a special Committee have sent round a circular letter to all Berlin medical men with a request for particulars of all cases occurring in their practices, in order to throw light, if possible, upon many obscure points in relation to the malady. In the discussion which followed no less than twenty speakers joined, including Dr. Schwarz, Physician in Charge of the Berlin Homœopathic Hospital, and Dr. Hartung, of Berlin.

Most of these dealt first of all with the question : When should we operate ? and the consensus of opinion was the following : Immediate operation on the first indications affords brilliant results, though several speakers were united in thinking that homœopathic treatment also gave such good results, that we ought to undertake it in every case which presented no special peculiarities. According to the experience of Dr. Schwarz in the Lichterfeld Hospital, the favourable time for early operation only lasts about forty-eight hours ; after this we should do well to wait until special indications for operation presented themselves. In opposition to Dr. Kubasta, of Vienna, Schwarz affirmed that there was unfortunately no certain pathognomonic sign of the danger of pending perforation. As an aid to a diagnosis, Schwarz drew attention to the fact that the pain was often relieved by deep pressure and reappeared on withdrawing the same, exactly the opposite of what is met with in abdominal neuralgias. All the speakers claimed striking results. Hoffmann recorded 500 cases with a steadily diminishing mortality, whilst Kröner, of Potsdam, with a similar number of cases recorded only three deaths, one being after operation. The writer has had 200 cases without a single death, three only being subjected to operation on account of persistent relapses. The speakers were in accord as to the beneficial effects of hot fomentations, but intestinal washing out was deprecated. (The writer gives high injections of olive oil to his cases daily). Concerning the homœopathic side of the treatment there was almost complete unanimity. At the commencement when severe painfulness was present *belladonna* and then *bryonia* were recommended, the latter especially when peritoneal

irritation was present. Schwarz gives the remedy in the lowest potencies, in order to strengthen the efforts of the peritoneum to protect itself. Sauer, of Breslau, said he had been obliged to suspend the use of *bryonia* in one case because it increased the pains, but Schwarz regards this as a favourable drug effect. Where much exudation was present all were at one in recommending *mercurius corrosivus*. Schwarz specially recommended *sulphur*, and made the interesting observation (supported by numerous temperature charts) that after low doses of *sulphur* notable rises of temperature uniformly followed so long as pus was present. The writer can also confirm this pyrogenetic effect of *sulphur*; also that it is the most important drug for promoting absorption. *Echinacea* (in septic cases), *nux* and *opium* were also referred to. In the way of prophylactic treatment, especially dietetic, Hartung made some valuable remarks. He emphasised the noxious effects of intestinal toxines, and in predisposed subjects recommended a *regimen* which should stimulate the intestine. Some interesting facts were adduced concerning the occurrence of perityphlitis in families, which spoke for either the contagiousness or the transmissibility of the disease. The writer knows a family in which both parents had the appendix removed. On reaching their fifteenth year, all the children sickened successively with perityphlitis. After removal of the appendix the children, who had previously been very thin, increased enormously in weight.

During the above discussion the brilliant effects of antipsoric remedies, especially of *tuberculin*, were brought prominently forward, as well as the fact that children after its use improved rapidly in condition.

Dr. GISEVIUS (Berlin).

Obituary.

DR. ALFRED HEATH.

IT came as a surprise to us to be told that Dr. Heath had died in the early part of October, at Shoreham, Kent. Dr. Pullar, Richmond, who has a very high opinion of the late Dr. Heath's abilities, writes us: "My acquaintance with Dr. Heath dates, I think, from about the year 1886, although I never knew him very intimately and we met only at intervals. He always seemed to me rather a reserved man personally, but I have often heard his patients express their great attachment to him. For many years he was handicapped for practice, as he had no legal qualification; and this stumbling-block was not entirely removed even when he obtained an American degree. I would say that the quality which distinguished our late colleague, was thoroughness in work from homœopathic pharmacy to prescribing; and his knowledge of the materia medica was profound. It is well-known that Dr. Heath was deeply interested in other branches of science, and notably in entomology, to which he devoted much time and labour, his collection of the British Coleoptera, being one of the finest in existence. His enthusiasm in this pursuit was so great, that up till nearly the end he was occasionally engaged in somewhat tiring excursions, with the view of adding to his collection. In the practice of homœopathy, my impression is that Dr. Heath worked preferably on what are known as Hahnemannian lines; and certainly his results were in the highest degree satisfactory."

Reviews of Books.

Proceedings of the Conference on the Teaching of Hygiene and Temperance in the Universities and Schools of the British Empire. London: John Bale, Sons and Danielsson, Ltd.
Price 2s. net.

THIS small book ought to be in the hands of all who are responsible for the education of our children, or who have the care and oversight of the young. If I mistake not, it was Dr. Samuel Johnson who said it was possible to make something

of a Scotchman *if he was caught young enough*. So we would say in regard to the teaching of Hygiene and Temperance : Capture the children, and the younger the better. If the *children are educated*, not merely instructed (though education includes instruction) in these great subjects, there is no fear of the nation, for the children of to-day are the citizens of to-morrow. The book came to be in this wise : In the early part of the present year some of those interested in securing the teaching of Hygiene and Temperance in the Elementary and Secondary Schools of the United Kingdom, determined to utilise the visit of many officials and others from the Colonies, in connection with the Colonial Conference, to obtain information as to the steps that had already been taken in the outlying parts of the Empire to introduce this teaching. It will be seen from a perusal of the book that much excellent work has been done in our Crown Colonies to insure the diffusion of a knowledge of Hygiene and Temperance among the children—work well worthy of imitation nearer home. There is no British Colony of any importance in which Hygiene is not being taught. We heartily agree, too, with one of the speakers, that the care to be given to infants is undoubtedly a most important part of Hygiene, and should be taught in all girls' schools, for the girl with a doll to-day will be wheeling a "pram" to-morrow, and the ignorance of the average mother is simply appalling when it comes to the care of infant life, and is only equalled by her appalling obstinacy in rejecting rational instruction on this important matter. If we are to alter this, we must catch the girls young.

The publication of the Proceedings of the Conference was committed to the capable hands of Messrs. John Bale, Sons and Danielsson. We confess we have a sneaking fondness for books that *look* well, and *feel* well, altogether irrespective of the contents thereof. In the present case both inside and outside are in excellent taste and a credit to all concerned. The book is grateful to the eye, pleasant to handle, and one to be desired to make one wise, in the matter of the teaching of Hygiene and Temperance to the children and youth of our Empire.

Diseases of the Liver, Pancreas and Ductless Glands. By A. L. Blackwood, M.D., Professor of Clinical Medicine and Materia Medica in the Hahnemann Medical College, Chicago, &c. 200 pages. Cloth, \$1.25. Postage, 5 cents. Philadelphia : Boericke and Tafel. 1907.

THIS little book treats of the liver, pancreas, the thyroid bodies, the adrenal bodies, the thymus, pituitary body, spleen and gall bladder. It is in no sense, and does not profess to be, a book containing any original research with regard to these organs, but is a compilation from recognised authors of what is known concerning their diseases, and is issued in the interest of the student and the busy practitioner.

For the latter we think the publication very suitable. It recalls to mind in a clear and concise manner what he will have already learnt from monographs or larger treatises. But we do not recommend the student to try to obtain his knowledge from small, concentrated manuals of this description. The matter is too closely packed to be easily assimilated when first met with in this form; and too much knowledge has to be assumed, as there is no space for explanations of trivial details with which, nevertheless, he may be unacquainted. We should advise him to make his first attempt to master the diseases of these organs by means of a larger work, where illustrative clinical cases are given to help him to fix the essential points in his memory, and where the histology is made vivid by the use of plates showing microscopic sections. Detailed descriptions, full explanations, and a certain amount of repetition consequent on approaching each subject from more than one side, are the requirements of the student. This Dr. Blackwood's book does not give; it does not come within its intended scope.

But as a clear and concise, and yet sufficient, summary of the subject treated, Dr. Blackwood's book is excellent. We are especially pleased with the sections devoted to treatment. The author has not been content, as is so often the case, with merely giving a list of medicines to choose from, but has set forth fully the indications in each case, and this not only with the old and well-established drugs, but also with the new and little known ones. It is this part of the book that will be

the most prized by the busy practitioner, to whom it will be of assistance to rapidly review the medicines most homœopathic to the diseases treated, and to feel assured that no important one has been omitted.

On looking through the book we have found a few discrepancies *e.g.*, on pp. 39 and 40, concerning acute yellow atrophy, we are told: "During the early stages the organ is enlarged"; while on p. 41 it is given as a mark distinguishing acute yellow atrophy from phosphorus poisoning, that in the case of the former "the diminution in the size of the liver is progressive from the first." Then with regard to hepatic cirrhosis, we are told on p. 54 "that there is seldom any jaundice"; while on p. 55 jaundice is given as "one of the symptoms that distinguishes cirrhosis from amyloid disease of the liver." We note that influenza is omitted as one of the causes of jaundice; in our experience it has of late years been a very common one.

The book is of handy size, well got up, printed in clear type on good paper and furnished with a useful index. More attention given to the proof reading would have saved several minor errors and a few badly constructed sentences.

Notices, Reports, &c.

BRITISH HOMŒOPATHIC SOCIETY.

THE first meeting of the British Homœopathic Society for the Session 1907-1908, was held at the London Homœopathic Hospital, on Thursday, October 3rd, at 8 p.m. Dr. A. SPEIRS ALEXANDER, the President, was in the chair. There was a full attendance. Edward Cronin Lowe, M.B., B.S.Lond., of the London Homœopathic Hospital, was proposed for membership by Dr. E. A. Neatby, and seconded by Mr. C. Knox Shaw.

The PRESIDENT drew the attention of members to the Silver Vase which was presented to Dr. Dyce Brown at the recent Annual Homœopathic Congress at Harrogate, and which was exhibited at this meeting of the Society, so that those who

were unable to attend the Congress might have an opportunity of seeing it. Dr. Dyce Brown, in a few words, expressed his thanks and appreciation of the gift to those present who were not at the Congress presentation.

Dr. SPEIRS ALEXANDER, the President, then delivered his opening address entitled: "Law *versus* Scepticism in the Principles and Practice of Medicine." Remarking on some recent dicta of Sir Frederick Treves, which anticipate a time when medicine will be wholly preventive and drugs abolished as a worn-out superstition, he gave reasons for thinking that the power of hygiene to abolish disease is strictly limited, and that there will always be a large class of illnesses which must either be combated by drugs or be left practically untreated. The low estimate of drugs prevalent in the allopathic school, as instanced by Sir Frederick Treves's speech, is due to their want of a definite law for selecting them. This want would be met by the homœopathic law of *similia similibus*, and it is extraordinary so well-established a law has not yet been adopted by the bulk of the profession. That it has not is due to various hindrances, the first of which is prejudice. Other hindrances have been the small dose, the provings on human beings, &c., all of which objections had had much influence in keeping men from studying Homœopathy, though they could all be easily answered. Dr. Alexander then considered the various ways in which disease could be combated, from the pathological, etiological, and symptomatological points of view, and while thinking that all are justifiable and often useful, gave his preference to the last, as being the best and most certain. Dr. Alexander's address was well reasoned, and various points were strengthened by the citation of clinical cases. It was listened to with close attention, and the vote of thanks to the President for his address, which was proposed by Dr. Galley Blackley, and seconded by Dr. Neild, was enthusiastically given.

Members then adjourned to the Hotel Russell to be the guests of the President at supper. A novel event was the presentation by the President after supper of the Dudgeon Golf Cup, which has during the past summer been competed for by the golfing members of the Society. The winner and first holder of the cup is Dr. H. Wynne Thomas. Mr. Knox

Shaw explained how some members of the Society interested in golf had formed a club, and had purchased a cup to be competed for by the members of the club each year, and held by the winner till the next competition. They had named it the "Dudgeon Cup" in memory of our late colleague, Dr. Dudgeon, who was to the last an ardent golfer. Dr. Wynne Thomas told how close and exciting the games had been, and hoped that next year a much larger number of members would enter for the competition.

BRITISH HOMŒOPATHIC ASSOCIATION — ESSAYS
ON HOMŒOPATHY.

THE holidays have delayed matters, but the Essays are now in the hands of the Committee appointed to adjudicate, and it is expected that their award will be made known in next month's issue.

NOTIFICATION.

DR. E. CRONIN LOWE has entered upon his duties as Stipendiary Medical Officer of the Southport Homœopathic Dispensary. We congratulate Southport and its Dispensary. Dr. Thomas Simpson is Hon. Physician and Dr. Cash Reed Hon. Surgeon to the same Institution.

B.H.S. GOLF.

THE final round of the Tournament was played on the Chislehurst Links on August 15th, between H. Mason and H. Wynne Thomas. The match was two rounds, total 36 holes. Mason handicap 11, had to allow Thomas handicap 18, 5 strokes in each round.

The start was delayed by a heavy thunder shower, and the 1st and 2nd holes were played in rain; it then cleared up, though the links were in a very sodden state.

Mason won the 1st hole, Thomas slicing badly into a bunker, taking 3 to get out; the 2nd hole Thomas halved with a stroke, the 3rd Mason won, Thomas winning the

next 2, drew level; at the 12th hole Mason was 3 up, but Thomas got on equal terms again at the 17th, and halving the next hole, the first round ended "all square." After tea Mason started off strongly, landing on the first green in 2, Thomas taking 3, but Mason missed a short putt and the hole was divided; the 2nd hole was also halved, but by winning the 21st hole Thomas for the first time gained the lead. This he increased by winning the next 3, and though Mason played the following 3 in bogey, Thomas halved two of them with him; the next hole was divided in 7. Mason scored another hole at the 29th, making him only 2 down, but Thomas won 3 out of the next 5, and after being dormy 4, eventually won an interesting match by 4 up and 2 to play, and so becomes the holder of the "Dudgeon Cup" for the first year.

The following is the detailed score :—

First Round.

Holes	...	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Bogey	...	5	5	4	4	3	5	3	4	4	5	3	3	5	3	5	5	3	4
Thomas	...	9	6*	5	4	4*	6	4	†	5*	7	4	5	6*	4	5	5*	3	5
		-	o	-	+	+	o	-	-	+	o	-	-	+	o	o	+	+	o
Mason	...	6	5	4	5	4	6	3	3	7	7	3	4	8	4	5	6	5	5

* Stroke holes.

† Lost ball.

Second Round.

Thomas	...	5	6	4	4	3	6	4	4	5	7	5	4	5	3	6	5
		o	o	+	+	+	+	-	o	o	o	-	+	+	o	-	+
Mason	...	5	5	5	5	3	8	3	4	4	7	4	5	5	3	5	8

+ = Won.

- = Lost.

o Halved.

H. W. T.



NOTICE TO CORRESPONDENTS.

. *We cannot undertake to return rejected manuscripts.*

All MSS. should be in the hands of the Senior Editor by the 15th of the month at the latest.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same **as early as possible** to Dr. MCLACHLAN, 3, Keble Road, Oxford.

The Editors of Journals which exchange with us are requested to send their exchanges to Messrs. BALE, SONS AND DANIELSSON, LTD., 83-91, Great Titchfield Street, Oxford Street, London, W.

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

Contributors of papers who wish to have reprints are requested to communicate with the Publishers, Messrs. BALE, SONS AND DANIELSSON, LTD., who will make the necessary arrangements. Should the Publishers receive no such request by the date of the publication of the REVIEW, the type will be broken up.

All books for Review should be sent to the Publishers.

Papers and Dispensary Reports should be sent to Dr. MCLACHLAN, 3, Keble Road, Oxford.

Advertisement and Business Communications to be sent direct to the Publishers.

Communications received from Dr. BERRIDGE (London), Dr. PROCTOR (Birkenhead), Dr. E. M. MADDEN (Bromley), Dr. PULLAR (Richmond), Dr. BURFORD (London), Dr. DYCE BROWN (London), Dr. PERCY WILDE (Bath), Mrs. VON STRALENDORFF (Southport).

BOOKS AND PERIODICALS RECEIVED.

St. Louis Medical Review, The American Physician, The Calcutta Journal of Medicine, Medical Century, The Medical Times, The Vaccination Inquirer, Le Mois Medico-Chirurgical, The Hahnemannian Monthly, The Chironian, The Homœopathic Envoy, The New England Medical Gazette, Pacific Coast Journal of Homœopathy, The Medical Brief, The Homœopathic Recorder, The North American Journal of Homœopathy, The Homœopathic World, The Indian Homœopathic Review, Universal Homœopathic Observer, L'Art Médicale, Revue Homœopathique Française, Revue Homœopathique Belge.

THE BRITISH HOMŒOPATHIC REVIEW.

DECEMBER, 1907.

Editorial Notes and News.

Chlorosis.

HOMŒOPATHY has long taught that this is not due to the deficiency of available iron from the food supply, but is due to a loss of power to assimilate the iron there present, as iron is present in the fæces of chlorotic patients before they are placed upon any treatment. Our friends in the other school are coming to the same opinion. Hence it is said that inorganic iron cures chlorosis, not by being absorbed into the blood, but by improving the function of intestinal absorption, and so enabling the organic iron present in the various foods to be assimilated *comme il faut*. Dr. James J. Walsh has lately laid stress on this point, and he insists particularly on the value of red meats. He claims that "the gravy from roast beef is nearly as effective as any iron preparation in the relief of the anæmia, and consequently also of the heart discomfort accompanying it." In addition to this, however, there are other almost equally important foods for the chlorotic, as the beet, yellow turnip, tomato, spinach, green lettuce and last, but not least, properly prepared oatmeal porridge. All these will contribute valuable proportions of iron to the diet. These foods must not, however, be taken in a capricious manner, but must be steadily persevered with as daily articles of diet. Excess of rice, vinegar, and pickles should be forbidden.

* * * *

Causes of Chlorosis.

IT is a disease of girls, more often of blondes than of brunettes; its onset between the fourteenth and seventeenth years. Of the essential cause of the disease we know nothing (Osler). De Sauvages speaks of a *chlorose par amour*, which is probably more common than most of us think. Newly arrived Irish girls, Osler says, were very prone to the disease in Montreal; and the same is true of young girls leaving their country homes to enter domestic service in towns for the first time. The "corset and chlorosis" expresses O. Rosenbach's opinion. The late Sir Andrew Clark believed that constipation played an important rôle, and that the condition was in reality a *copræmia*, due to the absorption of leucomaines and ptomaines from the large bowel. This we have never been able to regard as a likely, or even a reasonable, hypothesis. Bunge believes that it is the sulphur which interferes with the digestion and assimilation of the iron in the food. Sulphides are produced in the process of fermentation and decomposition in the *fæces*, and interfere with the assimilation of the normal iron contained in the food. By the administration of a preparation of "inorganic iron," with which these sulphides may unite, the natural "organic iron" in the food is spared and assimilated.

* * * *

Treatment of Chlorosis.

AS regards its treatment, Professor Osler says:—"The treatment of chlorosis affords one of the most brilliant instances—of which we have but three or four—of the specific action of a remedy. Apart from the action of *quinine* in malaria, and of *mercury* and *iodide of potassium* in syphilis, there is no other drug the beneficial effects of which we can trace with the accuracy of a scientific experiment. It is a minor matter *how* the *iron* cures chlorosis." So, by means of "three or four" remedies, *more or less homœopathic* (and often less than more), to the special diseases for which they are used, the Old School is saved from complete therapeutic bankruptcy! Yet a study of Hahnemann's method would show Professor Osler not "three or four" but twice three or four hundred drugs, "the beneficial effects of which we can trace with the accuracy of a scientific experiment." It is a

minor matter *how* they cure, and on this point we do not offer an opinion. But no! the Old School prefers to hide its nakedness by wrapping itself round with garments borrowed from Homœopathy, and then kicking its benefactor!

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**The New
Journal of
Medicine.**

THE present month (October) has seen the birth of a new Journal called *The Quarterly Journal of Medicine* (Clarendon Press, Oxford). It is to be "devoted to the publication of original papers dealing with Clinical Medicine." There is some little doubt in one's mind as to the meaning of the word "original," seeing that the very first article appeared in two other Journals on the first of this same month of October, viz., in *Bramwell's Quarterly* ("Clinical Studies") and in *The Scottish Medical and Surgical Journal*. There is but little in this first number of direct interest to the General Practitioner, the great mass of its articles being purely of academic interest. It adds nothing to our knowledge of how to *heal* the sick, which we have always regarded, and do still regard, as the end and aim of all "Medicine." It is a great thing to be able to tell the patient's "friends" why and when the patient will die, but a greater still to cure the patient. From the Old School records one fails to find any sort of relation, even the most remote, between the exact diagnosis of the disease and the cure of the patient.

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**Its Editor-
in-Chief.**

ITS Editor-in-Chief is Professor Osler. Now this fact troubles us not a little. The Professor is within a year or two of 60 years of age, which, as he himself has taught us, is the extreme limit—the *ultima thule*—of possible usefulness of any man (or was it 40 years, not 60?). How, then, can we explain this new move? Is it another example of the truth of Claude Bernard's dictum, that *excessive functional activity is one of the first indications of exhaustion*—the beginning of death, in other words, of the organ or tissue affected. It may be so; *hinc illæ lachrymæ*.

But there is another and brighter side to the picture. We know of no place so favourable to gradual, painless, and total extinction as Oxford, and that, too, without the aid of chlo-

reform. Here men, famous in all departments of science and art, come and cease to *live* long before they cease to *exist*—with difficulty, on £1,500 a year. The place that knew them once knows them no more ; here they recline, alike unknowing and unknown. The Editor-in-Chief of the New Quarterly is making a brave fight against this death-dealing influence.

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**The Oxford
Medical
Publications.**

THERE has recently been a rapid production of a series of books known as the *Oxford Medical Manuals*," and it is still going on. They are sold at a uniform price of 5s. net per volume. Messrs. Hodder and Stoughton (a firm we have hitherto associated with the production of theological and religious publications) were good enough to send us one ("Surgical Emergencies"). We suppose we ought not to look a gift horse in the mouth. The book was a great disappointment to us, and if this is a fair specimen, one is puzzled to know for whom this series of manuals is intended. To the medical graduate, moderately well up in his work, the book before us would form a useless incumbrance ; to the medical student we would hesitate to recommend it, for there is an absence of exact and minute detail necessary to make the book an efficient guide on the large subject with which it professes to deal. We do not think the directions are ample enough to teach any but the experienced surgeon, and he does not need such aids. It would have been better, we think, to have fully described the more common and everyday surgical emergencies likely to be met with by the ordinary general practitioner, who, though capable of rendering much important and useful aid, might not feel himself justified in undertaking serious surgical operations, such as are outlined in the book before us. This absence of detail is not altogether due to the want of space, for the paper is thick, the type heavily-leaded, and there is an abundance of "fat," so that there is plenty of room for more illuminative detail without increasing the size of the book.

* * * *

**Condensed
Manuals.**

WE have a deeply-rooted objection to "cram" books, and most small and condensed books, professing to deal with the whole range of a large and vital subject, are

nothing else, whatever may be stated in the "Preface" to the contrary. We think that all books, no matter from whence they proceed, whose tendency is to fill the budding medico with conceit (surely a work of supererogation) and a mere *smattering* of any given subject, should be severely discouraged. The production of such books is one of the many unfortunate results of our present stupid system of medical examinations. In his natural wish to "pass" his examinations the student is apt to forget all about the severer test soon to follow in public practice. The class of books we have been describing may help him to face his examiners, but will they help him to face his patients? We very much doubt it. The question that looms largest before the student's mind is, "What will the examiners ask me?" and not, "What shall I need to know to best enable me to help and heal the sick?" Under such circumstances it is useless to expect good, effective and honest work. Hence, I suppose, the craving for books of the "*Mulum in Parvo*" type, and the demand creates the supply. But the tendency is wholly "down-grade."

* * * *

Australian Snakes.

WE learn from a newspaper cutting sent to us by William George Watson, M.A., M.B., of Sydney, New South Wales, that though there are some very venomous snakes in New South Wales the death-roll during the past fifteen years has averaged only four or five per annum, and that of a total of 190 cases of snake-bite the gross fatality rate was but 16.3 per cent. Five species are included in the category of "deadly snakes," viz., the death-adder (*Acanthophis antarctica*), the tiger snake (*Notechis scutatus vel Hoplocephalus curtus*), the black snake (*Pseudechis porphyriaceus*), the brown snake (*Diemenia textilis*), and the superb snake (*Denisonia superba*). Most bites occur during the hotter months of the year. With regard to treatment, Dr. Tidswell, the author of a work on "Researches on Australian Venoms, Snake-bite, Snake Venom and Antivenine," thinks there is no proof that strychnine exerts any beneficial influence, and that "the antivenines hitherto obtained were only effective against the venoms with which they were prepared, so it followed that a separate serum

was necessary for every kind of snake venom. Thus snake-bite would appear to be for the moment beyond the sphere of practical serotherapy." He condemns the giving of the large quantities of alcohol, which is the popular treatment, and considers that lay treatment should be confined to the application of a ligature, followed by scarification and sucking of the bite, or to excision when a ligature cannot be applied, and to the giving of stimulants in small quantities if the patient is faint.

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**Atoxyl in
Syphilis**

DR. HALLOPEAU, of the Hôpital Saint Louis, as well as Professor Lasser, of Berlin, and M. Paul Salmon, of the Pasteur Institute, have brought forward a new treatment for syphilis. They have thought that if atoxyl is able to destroy the trypanosome, the organism present in sleeping sickness, it should also destroy the treponema pallidum of syphilis, which has morphological resemblances to the trypanosome. M. Hallopeau has treated seventy-two patients by subcutaneous injections of 50 to 75 centigrammes of atoxyl in the gluteal region. The injections were repeated three times a week and were from five to nine in number. The therapeutic effect was very rapid; roseola, papular syphilides, tertiary ulcerations and exostoses promptly disappeared. Unfortunately, these large doses of arsenic often caused symptoms of poisoning, such as violent abdominal pains, cramps in the limbs, diarrhoea, vomiting, strangury, sometimes lipothymia, and arsenical skin eruptions. Nevertheless, he says that the treatment ought to be repeated several times, and, whether the symptoms of syphilis are cured or not, a second series of injections should be commenced at the end of a fortnight, a third series later on, and so on; while, to perfect the cure obtained by the arsenic, he advises treatment by mercury and iodine to be continued during four consecutive years.

This shows that heroic treatment is by no means a thing of the past, and that for a long time to come one of the tasks of the homœopath will be the curing of mixed drug and disease illnesses, the result of allopathic dosing.

* * * *

**Sleeping
Sickness and
Crocodiles.**

WE learn from the *Times* that the correspondent of the Berlin *Lokalanzeiger* has had a conversation with Professor Koch, who is returning from an eighteen months' sojourn on a desolate island on the Lesse group in the middle of Lake Victoria Nyanza, where he has been making an exhaustive study of the disease called "sleeping sickness." Professor Koch has found subcutaneous injections of arsenic efficacious in this disease. He has also ascertained that there is a distinct connection between crocodiles and sleeping sickness. The insect known as the *Glossina palpalis*, which conveys the germs of the disease (*trypanosomæ*), breeds on the banks of the lakes and along the streams, and finds its chief nourishment in the blood of crocodiles, which it sucks between the plates of the animal's hide. Wherever crocodiles are found the disease may be discovered, but only in places near the banks. Professor Koch advocates the destruction of crocodiles and the removal of bushes and undergrowth where they lurk.

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**Duration of
the "Lying-in"
Period.**

DR. P. JOUSSET discusses in *L'Art Médical* the question of how long a woman should lie in bed after her confinement. He had always opposed the practice of not allowing her up till after three weeks, which has been the dominant teaching in the French school. Recent authorities state that involution of the uterus is complete by the ninth or tenth day, and that a sojourn in bed prolonged beyond this period gives rise to conditions favourable to displacement. In women who nurse their offspring involution is much more rapid than in those who do not, and early movements and changes of position facilitate uterine involution and have a favourable influence on the milk.

* * * *

**An Instance
of Early
"Getting up."**

THERE are many instances on record where active exertion soon after pregnancy has not occasioned any ill result, but few of them would "cap" the following story told by Sir Evelyn Wood, in his account of the Revolt in Hindustan, contributed to the *Times*: "A party of fugitives in the Mutiny,

having marched for some days, had halted at 10 a.m. one day at a dak bungalow, intending to go on in the evening. At 2 p.m. one of the gentlemen, calling through the curtain which shut off the ladies' room, for there were no doors, said, 'Mrs. —, come quickly; your horse is being saddled; there are 500 men pursuing us.' 'I cannot move,' said the lady. 'You must.' 'It is impossible; I have had a baby born to me.' 'I fear we must say good-bye to you for ever.' 'Why for ever? Will they kill me?' 'I fear they may do so.' 'Then wait five minutes and I'll come.' The lady rode 25 miles that afternoon, carrying the baby under her arm, and lived forty-five years after the Mutiny."

* * * *

**Bad News
from
Birmingham.**

WE learn with great regret that Dr. Wingfield has resigned his appointment as Physician to the Birmingham Homœopathic Hospital, and that his resignation has been accepted by the Hospital Committee. Our colleague is a man in the prime of life, and has, we trust, years of work in the interests of homœopathy before him. This makes the loss of his support and advice to the hospital a serious and irremediable blow to homœopathy in the Midlands, especially as there is no one whose length of service or experience qualifies him to take his place on the staff. We have watched Dr. Wingfield's professional career since he first joined the institution as house surgeon and visiting surgeon in 1889. We know that a great impetus was given to homœopathy in the Midlands by his energy and skill. As out-patient physician his services were highly appreciated by the poor of the neighbourhood; his room was frequently crowded with poor patients, many from distances around Birmingham. In the hospital wards his beds were usually full, and in the paying wards recently opened many beds were occupied by his patients to the advantage of the institution.

* * * *

**A Great Loss
to the
Hospital.**

IT is not our province to enter into the matter at issue between our colleague and the hospital authorities. But whatever may have been the reasons that induced Dr.

Wingfield to resign his appointments on the staff, and the Committee to accept them, it is a subject for great regret that the difficulty could not have been adjusted without depriving the principal homœopathic hospital in the Midlands of the services of one of the most experienced and successful practitioners in the district—a loss which, however earnestly the remaining members of the staff may endeavour to make up for it, cannot possibly fail to react injuriously on the interests of the institution and of homœopathy. Knowing the large *clientèle* and extensive practice our colleague enjoys, and the high esteem and confidence with which he is regarded in the Midlands, we cannot but fear that loss of subscribers and prestige of the hospital will inevitably follow this regrettable event.

* * * *

**The "H.M.C."
Compound for
Anæsthesia.**

IN "Editorial Notes and News" for September¹ we gave an account of this drug compound, which has excited some amount of interest, one colleague having made unsuccessful attempts to obtain a supply from the States. We are now enabled to give fuller information. These tablets are made by the ABBOTT ALKALOIDAL COMPANY of Chicago, from whom samples and literature can be obtained. They are said to be composed of *hyoscine hydrobromide* gr. $\frac{1}{100}$, *morphine hydrobromide* gr. $\frac{1}{4}$, *cactin*. gr. $\frac{1}{87}$, in each tablet, half of which is recommended as best for an initial dose. Special stress is laid upon the need for absolute purity in these ingredients, whilst the *cactin* appears to be an alkaloid extracted from *Cactus grandiflorus* by the Abbott Company, and not the usual green extract. Experience has shown that the best method of using the tablets is by hypodermic injection, though they may also be given by the mouth. For major or prolonged operations one tablet is injected three hours before operating, the second an hour and a half before, and the third one-half hour previously. A few drops of *chloroform* or *ether* may be used at the commencement of operating or for the skin incision. Very often this is unnecessary.

¹ Pp. 517-8.

**Operations
under
"H.M.C."**

OVER one thousand cases of operations of all kinds have been tabulated in which this method of anæsthesia was adopted, with perfect success, and no untoward results.

One operator alone—Dr. Lamphear of St. Louis—has used "H.M.C." tablets in over two hundred cases. In the *Chironian* for October an article appears by Dr. F. R. UNDERWOOD, of Seattle, Wash., giving details of several cases on which he operated under this anæsthetic. In one case, that of an alcoholic requiring amputation of leg for gangrene following fracture, the injection of three tablets produced complete unconsciousness, and the operation produced no pain whatever. The patient could be roused by a sharp command, but at once relapsed into a deep sleep. Another case of a neurasthenic female is detailed, in which two injections were used, the operation lasting one and a half hours—nephrectomy—this was supplemented by 2 drachms of *chloroform*; absolute painlessness resulted. Similar methods were adopted for removal of a cystic ovarian tumour in a very stout woman with perfect success.

* * * *

**The Safety of
"H.M.C."
Anæsthesia.**

IN these cases, and it is said to be so generally, pulse and respiration remained regular and unembarrassed. And herein lies the safety and advantage of the new

method. Hitherto attempts to produce sufficient anæsthesia for operative purposes by means of drugs—*morphia* and *scopolamine* have chiefly been tried—have been disastrous, a record of fifteen deaths being speedily attained in the early experiments with such a compound. The advocates of "H.M.C." claim that all danger is avoided in these tablets provided absolute purity of the ingredients is ensured. *Hyoscine hydrobromide* is acknowledged to be a perfectly safe alkaloid, calming the nerve centres of the brain, whilst *cactin* does the same for the heart. The *morphia* is thus enabled to do its work with no dangerous interference with either of the vital functions. Such is the theory, and from the reports before us it appears to be borne out in practice.

* * * *

**Advantages
over other
Anæsthetics.**

DR. UNDERWOOD epitomises the advantages of "H.M.C." as follows: Great safety, probably more than with any other anæsthetic. Ease of administration both to patient and surgeon. Patient's fears and nervousness absolutely allayed, dread of operation being removed from the first injection. He adds: "on several occasions when the operation is over, we have heard the query from the sleepy one, 'When are you going to begin?'" Freedom from nausea and vomiting. Relief to operator's anxieties as to how patient is taking the anæsthetic. Also that frequently an assistant can be dispensed with, a nurse being able to watch the pulse and respiration. The only restrictions as to the use of this method are in the aged and in infancy, when its use would obviously be not advisable.

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**Western
Counties
Therapeutic
Society.**

A MEETING of this Society, the third and concluding assembly for the year, was held at Torquay on October 25, by the kind invitation of Dr. Black, who entertained the members at dinner. Dr. Black's vegetarian convictions are well known, and his enthusiasm in the practice of his principles is respected by those even who disagree with his dietary methods. Needless to state, in the very varied and generous repast that preceded the business of the meeting, animal products were conspicuous by their absence. Nevertheless a hearty meal was enjoyed by all, and the anxieties of one member (who, we were informed, had laid in a stock of beef sandwiches for consumption in secret at his hotel) were speedily allayed by an unexpected sensation of gastronomic repletion before the sweets were arrived at. Probably the most interesting dish was Scalloped Salsify—the root of *Tragopogon porrifolium*—in which the extraordinary fish-like flavour of the vegetable, "oyster-plant" as it is called, was agreeably discernible. This we believe to be the only vegetable product having a fish flavour, and the following dish, entitled "Mock Fish Cakes," were a mockery in this respect, though otherwise agreeable to the palate. We believe that there are certain synthetic chemical bodies belonging to the "amines" which have a strong fish smell and taste, and

a few drops of an essence prepared from these might be tried to supply this lack in the fish course at vegetarian banquets. We commend the suggestion to our colleague. After dinner an interesting paper by Dr. Midgley Cash, on "Diagnosis in Cases of Cerebral Tumour," was read, and a discussion followed. This we hope to produce in an early issue. Dr. Black also spoke on dietary matters.

Original Articles.

A CASE OF EXTRA-UTERINE GESTATION WITH EARLY RUPTURE (AT ABOUT THE SEVENTH WEEK).

BY GEORGE BURFORD, M.B.

Fellow of the Royal Society of Medicine.

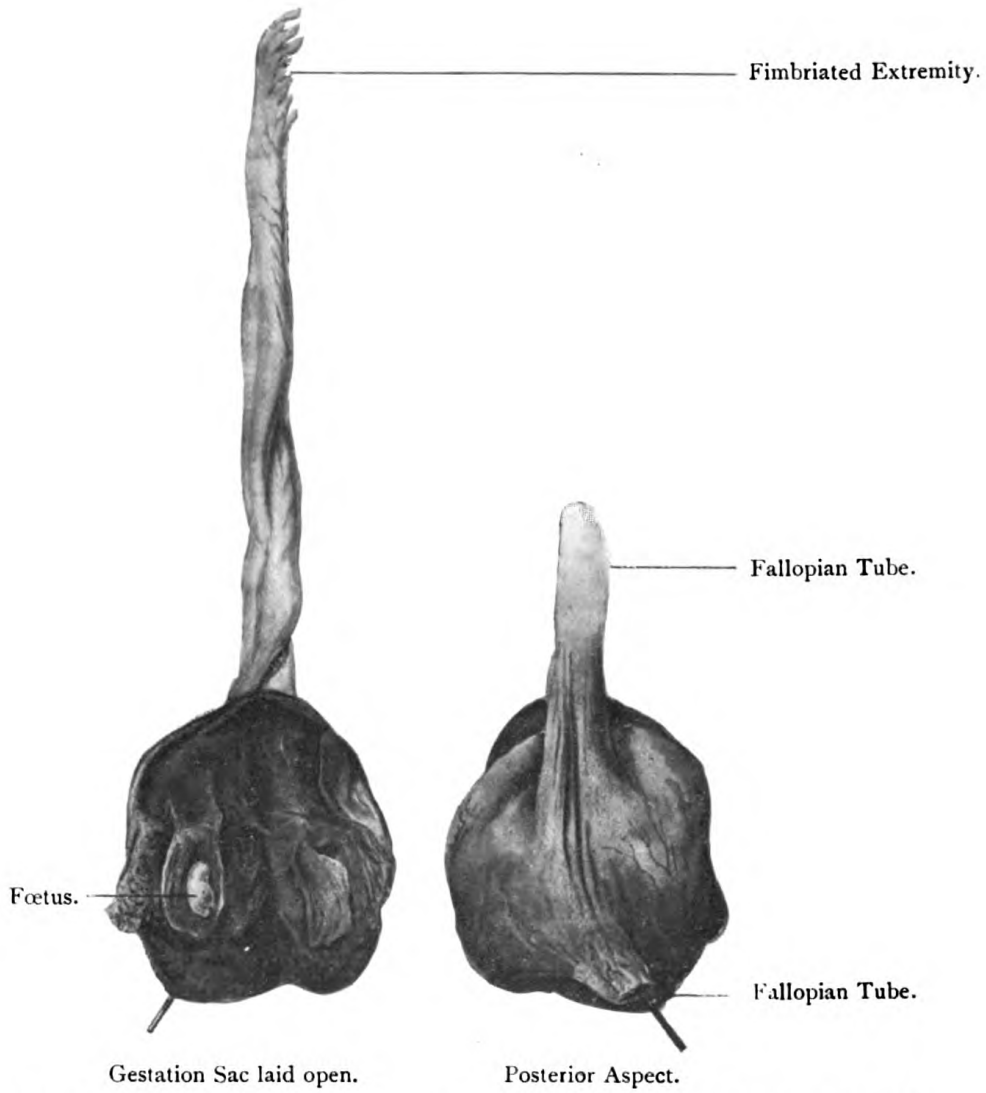
AND

H. WYNNE THOMAS, M.R.C.S., &c.

Physician to the Phillips Memorial Hospital, Bromley.

EXTRA-UTERINE gestation, like a thief in the night, oftentimes springs unpleasant surprises on those concerned, giving but the scantiest warning of its presence till the *denouement* reveals the antecedents. Such is the condensed history of the case to be narrated.

Shortly after mid-day on July 19th of this year, Dr. Madden telephoned to the senior of us that a case under his care in the Phillips Hospital presented all the symptoms of ruptured tubal gestation, and asking for operative procedure forthwith. Briefly, the history of the patient was that the last menstrual period had ended on May 9th, the June period had been missed, a "miscarriage" had occurred on July 6th, two months after menstruation; she had then passed a "membranous skin," stained brown, about two inches in length, with no clots and no pain. On July 11th a brownish discharge commenced, with severe aching pain in the right side. Vaginal examination showed a tender swelling on the right side of the uterus, and in view of the symptoms a provisional diagnosis of tubal gestation was made, and the patient admitted into hospital on July 13th.



TO ILLUSTRATE "A CASE OF EXTRA-UTERINE GESTATION WITH EARLY RUPTURE."

BY
 DR. BURFORD
 AND
 DR. H. WYNNE THOMAS.

The case was watched, and until July 19th no further symptoms of note occurred. But on the morning of this day severe abdominal pain and collapse set in. At 1.15 p.m. Dr. Madden telephoned to Dr. Burford in London, asking for operative procedure without delay. A brief consultation was held about 3.30, the diagnosis confirmed, and arrangements for operation completed.

The patient was blanched to a degree, but quite conscious, and able to answer questions; *but there was no radial pulse*. Immediately on commencing operation intravenous saline transfusion was begun, and continued during the operative procedure; some four and a half pints in all were thus introduced into the circulation. This life-saving addition to the main operation was carried out by Dr. Wynne Thomas.

On opening the abdomen a gush of blood occurred, and a large quantity of clots was removed from the peritoneal cavity. The broad ligaments were immediately examined, and the source of hæmorrhage found to be a ruptured tubal swelling on the right side. This was ligatured and removed, leaving the right ovary intact; the pelvis was well sponged of clot, the peritoneal cavity washed out with sterile water, and the abdomen closed, in three suture layers, in the usual way. At the conclusion of operation the radial pulse was *of normal volume and of regular rhythm, beating 98 to the minute*. By the aid of the transfusion the radial pulse, completely wanting before operation, had been fully restored, and the stress of an abdominal operation under anæsthetic thoroughly well borne. The anæsthetic sleep was admirably induced and controlled by Dr. Madden.

The patient made an uneventful recovery, and on August 14th was walking about. She was aged 27, had borne six children, the last confinement occurring two and a half years ago.

On examination the parts removed were found to consist of a Fallopian tube distended by a swelling—the size of a small walnut—near its uterine end. This swelling on being cut into proved to be a gestation sac, containing an exceedingly small embryo *in situ*. The period of this embryo was approximately that of the seventh week. The gestation-sac had ruptured, and the rupture was the cause of the mass of the extravasated blood.

It is notable how small a tubal gestation-sac and how recent a tubal gestation are competent to kill. Here, one period only had been missed, but the issue was to place the patient perilously near the end of her existence. A case has come under our notice where an unfortunate patient died of ruptured tubal gestation, where actually no period had been missed, she being unaware of her pregnancy.

The second point remarkable is the general resemblance these cases have in their early stage to those of ordinary miscarriage. One or two missed periods, a brownish-coloured discharge, the passing of some shreds of membrane, some hypogastric pain—these are the common characters of an ordinary miscarriage. Yet had not in this instance a careful vaginal examination been made, and the abnormal state of matters detected, the patient might, and in all probability would, have lost her life from sudden collapse.

The third noteworthy element is the care and success with which saline transfusion can be used in these grave cases, to tide the patient over a critical period when life is hanging in the balance. In this instance there was no pulse detectable at the wrist before operation; at its conclusion, as the direct result of transfusion, a good radial pulse of 98 to the minute was present. The instrument used was that devised by Dr. Burford and Mr. Johnstone, and, as already stated, the transfusion was carried out during operation by Dr. Wynne Thomas.

THE ABDOMINAL ROUTE AS A MEANS OF TUBERCULAR INFECTION.

BY THE SENIOR EDITOR.

THAT both infants and adults can be infected directly through the alimentary canal, we have not the least doubt. A similar view is held by Behring, who believes that all tuberculosis is secondary to infection through the intestinal mucosa of the child. We have a sadly vivid recollection of the death-bed ritual of an infant six months old, at which the present writer played the part of chief priest. In this case the disease began in the mesenteric glands, and then in the course of a week or

two spread to lungs and brain. The whole course of the disease was not longer than six or eight weeks. So far as the parents were concerned there seemed no reason for this catastrophe, and we could only account for it by the fact that we had used home-made raw meat juice rather freely. It is cases such as this that make one feel how imperfect the teaching in regard to tubercular disease was twenty years ago, and even is to-day, when everything in regard to this important subject seems to be in a state of flux. The investigations of Calmette and his co-workers, referred to in our leaderettes for September, are well worth careful perusal.

Another case we can recall. This time a young man, aged 37, a butcher by trade. He was also, unfortunately, a "hard drinker" for many years. Now, butchers have a bad habit of picking up bits of raw meat off the "block" or counter and chewing them, much in the same way that the ordinary working man chews tobacco, only the butcher swallows both juice and meat. The case puzzled me a good deal, as the temperature kept up so persistently. During the course of the illness he passed on several occasions large quantities of tape-worm. One night, quite suddenly, the abdomen became very tympanitic. This lasted for several weeks, and when it had partly subsided one could feel an elongated firm mass lying obliquely athwart the abdomen, beginning in the left hypochondrium and ending in the lower part of the right lumbar region. In the light of subsequent events, this was the thickened, shrunk and puckered great omentum, and due to tubercular infiltration. A structure something like this is also found in cancer and sarcoma, but it is much more common in tuberculosis. In sarcoma, for example, we may find a long sausage-shaped lump passing across the abdomen in front of the umbilicus, fading away at the two ends. Gairdner has called special attention to this form of tumour in tuberculosis, but this was the first occasion on which I had seen it—or felt it, rather. It also occurs in children, and cases are on record where it has undergone gradual resolution. In our case a resonant percussion note could be elicited *above the mass*, and there never was any abdominal tenderness. There was a certain amount of free fluid, but not in large quantity; in tuberculous

peritonitis the amount of effusion is rarely large. The wasting of flesh was very rapid and extreme. The temperature varied from 104° in the beginning to 100° or 101° towards the end, and this went on for eight or ten weeks. In some respects it resembled typhoid fever—the slow course, tympanitis, and the low, continuous fever. Or was it the influenzal imitation of this fever? On one occasion I had got the apparatus in readiness for a “Widal,” but the presence of a small amount of fluid in the abdomen (among other reasons) made me put it off, and it was never done. It is a curious fact that abdominal tuberculosis is rare in America and Canada.

Cases like this, that at the end of ten or twelve days or longer, from the presumed beginning of the illness, have little else to guide us save the fact of pyrexia, are most anxious ones. It is not enough to call it a “febrile complaint.” What, then, are the conditions that may give rise to such a prolonged elevation of temperature? Probably the four most common causes are: (1) typhoid fever, (2) influenza, (3) tuberculosis, and (4) broncho-pneumonia, or some combination of them, *e.g.*, influenza may end in broncho-pneumonia. There are other conditions which are perhaps less common, but nevertheless must not be forgotten, such as: (5) ulcerative endocarditis; (6) suppurative pylephlebitis, with various other forms of “septic absorption,” from no evident external source; (7) pernicious anæmia; (8) syphilis, both in the secondary and tertiary stages; (9) Lymphadenoma; (10) Leukæmia, and other diseases of the blood and ductless glands; (11) Mediterranean or Malta fever, where the pyrexia may last from two to six months, may be met with occasionally; (12) attacks of pyrexia are common in *subacute combined degeneration of the spinal cord*, and do not depend on sepsis (from bedsores, cystitis, pyelonephrosis). It is also of the greatest importance to know, as recorded by Wunderlich and also by Dr. Wilson Fox, that a definite and constant pyrexia of septic type does *not* exclude the possibility of cancer or sarcoma. In some of these cases, no doubt, the fever may be due to a secondary sepsis, but in some the malignant growth is itself the primary cause, *e.g.*, lympho-sarcoma of *posterior* mediastinum, though many cases of cancer run their course, from first to last, without fever.

As regards *syphilis* the fever may occur *before* the skin rash, or it may occur with the secondary symptoms ("fever of invasion"), but it may also occur during the tertiary stage. The type of fever may be continuous or remittent or intermittent; when of the latter type it may be mistaken for "malaria." Of course, with honest and straightforward patients the diagnosis is easy; but, on the other hand, the temperature may cause a great deal of anxiety to the medical attendant.

In many cases the detection of *ulcerative endocarditis* is very difficult, unless the embolic symptoms are marked. It has been mistaken for typhoid fever, and for insanity, and the patient sent to a madhouse before now. The pyrexia is intermittent and may go on for weeks or months.

At first sight it might seem that cases of *lymphadenoma* (Hodgkin, 1832) are not likely to cause any difficulties in diagnosis. That may be so in cases where the external glands, such as the cervical, axillary and inguinal, are enlarged; but in cases where the disease is confined to such deep-seated and inaccessible glands as the bronchial, mediastinal and mesenteric, it is a very different story. Pyrexia in Hodgkin's disease was observed as long ago as 1879, by Sir William Gowers, and a case was recorded in the same year by Dr. Frederick Taylor, Guy's Hospital. The disease presents various types of fever: (1) a slight irregular fever; (2) later in the disease there may be a daily rise of three or four degrees, sometimes with a chill and sweat; (3) periods of fever of ten, fourteen or more days' duration, alternating with intervals of complete apyrexia. Gowers, Pet and Osler have recorded such cases. In some cases the temperature chart resembles very closely the orthodox typhoid fever chart. Pet had such a case, where there was at the same time enlargement of the spleen and a little diarrhoea, and typhoid fever was diagnosed; and the relapses of the pyrexia were explained by a too speedy return to the ordinary diet. Ebstein called the disease "chronic relapsing fever," as in his case there were no external enlarged glands to account for it, but the *post-mortem* showed the internal glands were all enlarged.

As regards the *differential diagnosis* of these conditions, some help will be derived from an examination of the blood.

Typhoid Fever.—The amount of hæmoglobin is always reduced, as well as the number of the leucocytes (*leucopenia* or *hypoleucocytosis*.) This latter is present throughout the course of the disease. The polymorphonuclear leucocytes are normal in number. This absence of leucocytosis is sometimes of real diagnostic value in distinguishing typhoid fever from various septic fevers and acute inflammatory processes. This fever is practically the only inflammatory abdominal affection, with the exception perhaps of purely tuberculous conditions, in which leucocytosis is almost invariably absent.

Influenza.—In contra-distinction to the majority of acute febrile diseases, there is no leucocytosis if complications are absent. Pfeiffer's bacillus may, however, be found in enormous numbers in the nasal and bronchial secretions of the patient.

Tuberculosis.—There is an absence of leucocytosis in purely tubercular affections, with the exception of tubercular meningitis. This latter is one of the few purely tubercular conditions in which leucocytosis is usually present. Should, however, the tubercle bacillus be associated with other pyogenic organisms, there will of course be leucocytosis; but then this is not a *purely* tubercular condition.

Broncho-pneumonia.—With simple bronchitis there is the usual inflammatory leucocytosis, usually about 12,000 to 14,000. In broncho-pneumonia the count is much higher—20,000 or more. This applies to both children and adults. The broncho-pneumonia excited by the tubercle bacillus and by Pfeiffer's bacillus are usually regarded as very fatal forms. The corresponding bacillus may be found in the bronchial secretions.

Ulcerative Endocarditis.—There is marked leucocytosis in this condition. Blood cultures may greatly aid in the diagnosis. The bacteria most frequently met with are streptococci, staphylococci, pneumococci and gonococci. Ulcerative endocarditis is very rare in tuberculosis, typhoid fever and diphtheria. In this form of endocarditis the intermittent pyrexia, occurring for weeks or months, has led in some cases to the diagnosis of malaria, but this disease can now be excluded by the blood examination.

Suppurative Pylephlebitis.—Leucocytosis may be absent in

the amœbic abscess of the liver ; in septic cases the count may be very high.

Idiopathic or Progressive Pernicious Anæmia.—The red corpuscles may fall to one-fifth, or less, of the normal number. The “colour index” is usually about or above unity, and this is regarded as almost pathognomonic of this form of anæmia. The red blood cells show a great variation in size : large giant forms (*megalocytes*) often ovoid in form : small round cells (*microcytes*). The corpuscles also show a remarkable irregularity in form—elongated, rod-like or pyriform, oval, tailed, horse-shoe, battledore or fiddle shaped (*poikilocytosis*.) Nucleated red blood corpuscles are almost always present : there are two types of such, *normoblasts* and *megaloblasts*. A relatively large number of megaloblasts usually indicate a grave prognosis. Karyokinetic figures may be seen in these bodies. *Leucopenia* is very characteristic.

Syphilis.—There is usually a marked and progressive secondary anæmia with moderate leucocytosis, due mainly to increase of lymphocytes, often of the large type. The red cells do not show any special alterations.

Lymphadenoma.—In the true Hodgkin’s disease there is at first no change in the blood, not even anæmia. Later there may be anæmia of a secondary type with a slight leucocytosis.

Various Blood Diseases—Chlorosis.—A moderate reduction of the red corpuscles and a great reduction of the hæmoglobin. Normoblasts are rare ; the leucocytes are normal in numbers, or there may be leucopenia.

Myelogenous leucocythæmia (“spleno-medullary”).—There is an enormous increase in all varieties of leucocytes, but the increase mainly affects the polynuclears and the eosinophiles. Eosinophile myelocytes and large cells with basophile granules are very characteristic. It is in this variety of leukæmia more especially that the X-ray treatment seems to be beneficial. The leucocytes rapidly fall in number to about normal ; the myelocyte percentage falls, and at the same time there is a rise in the number of red blood cells.

Lymphatic Leucocythæmia.—There is an enormous increase (100,000 to 1,000,000) of leucocytes, the increase consisting almost entirely of lymphocytes. In typical cases of *secondary*

anæmia the colour-index is only moderately below the normal—compare with *chlorosis*, where it is greatly below the normal, and with *pernicious anæmia*, where it is above the normal.

But to return to my patient. Typhoid fever and its influenzal imitation were ultimately ruled out. That some toxic process was going on was certain; for many weeks the rapidity of the pulse was out of all proportion to the height of the temperature. I ought to have mentioned, too, that the patient had a troublesome cough and some unexplained sounds in the chest, but both heart and lungs were working under difficulties on account of the great distension of the abdomen.

At the *post-mortem* every organ in the body (with the possible exception of the heart), including the brain, was riddled with tubercular deposits.

It has been observed that certain morbid conditions of the abdominal organs predispose to the development of tuberculosis. For example, patients with cirrhosis of the liver very often die of acute tuberculous peritonitis. Thus in 706 cases of cirrhosis collected by Rolleston 28 per cent. presented signs of tuberculosis, the site of which, in 9 per cent., was the peritoneum. The frequency with which the condition is met with in operations upon ovarian tumours has been commented upon by various gynæcologists. "The association of salpingitis with an ill-defined anomalous mass in the abdomen should arouse suspicion, as should also involvement of the pleura, the apex of one lung, or a testis in a male."—(OSLER). It has also been known to follow trauma of the abdomen. The incidence is most frequent between the ages of twenty and forty, but no age is exempt.

Perhaps in no form of disease is it more important to make *obsta principiis* the settled rule of action than in the tubercular. The difficulty is that the "beginnings" are often so very obscure and indefinite that they are apt to be overlooked in the "latent" or "pretubercular" stage of the disease—the period when it is pre-eminently curable—till its signs are only too obvious.

Some Early Signs.—Dr. Galbraith (*Practitioner*, June, 1907) has a long paper on the subject, written from the point of view of an expert. (1) There may be a period of ill-health

stretching back for months or years, though not sufficiently intense to make the patient consult a medical man ; it may show itself in a condition of "langour" merely, or in a state of being "very easily tired." (2) There may be a history of continued exposure to infection some three or four years previously. (3) Want of appetite with dyspepsia and some loss of weight, symptoms which, in those with a hereditary predisposition, should put us on our guard. For many years I have regarded obstinate "indigestion" under such circumstances as specially ominous ; in such cases, too, *calcareæ symptoms* will often be present. (4) An easily induced pyrexia from some slight cause, such as an ordinary "cold," and which in an ordinary person would cause but a merely passing disturbance ; but in tuberculous subjects it gives rise to symptoms resembling "influenza," and which in many cases are, no doubt, regarded as cases of "gastric influenza." Daremberg regards the occurrence of such a pyrexia with no sufficient apparent cause, as well as a rise of temperature persisting after exercise, to be diagnostic of tuberculosis. (5) Hæmoptysis, without the presence of discoverable physical signs. We have known at least one case to be thus affected for years before any obvious signs of tubercular disease were evident. (6) Attacks of pleurisy, which in nine cases out of ten are tubercular ; or it may be a pneumonia which has had no definite "crisis," and which does not "clear up" as it ought to do.

Such cases in the hands of the old school are very apt to become cases of "galloping consumption," and die in the course of a few months of this disease. In the hands of a homœopathic physician, however, such a catastrophe should rarely, if ever, happen, for he alone is fully equipped to intelligently carry out the principle of *obsta principiis*, and has the means at his disposal which will in most cases prevent a pleuritic effusion passing on to an empyæma, or a pneumonia into a case of phthisis, hereditary predisposition notwithstanding : he alone, in other words, is able to treat the *patient*. In such cases when *aconite* has done its work, in nine cases out of ten the second remedy indicated is not *bry.* or *phos.*, but *sulph.* Under such circumstances I always use *sulph.*, in high potency and infrequent doses, because I

have been afraid to use it in any other way. Brigham, Finckè, Farrington, H. C. Allen and Kent, all unite in cautioning us against the use of low potencies of sulphur in these cases. I have never had the courage or been daring enough, therefore, to use *sulph.* low in pleurisy or pneumonia; for it is well to remember that the risk is run not by the medical attendant, but by the *patient*. I cannot, therefore, speak from experience of the relative value of the "high" and the "low"; I can only say that all my cases hitherto have recovered, and that, too, without leaving any ill effects behind.

(7) Frequently recurring attacks of "influenza," and a liability to catch cold, both of which are apt to end in bronchitis with patches of crepitation, which persist or recur from time to time. (8) The pulse is soft and weak, slow and regular in the recumbent position, but becomes rapid on the least exertion, with dyspnoea. At this stage, too, the heart is usually of small size, which may have something to do with the above symptoms. (9) Diminution of the thoracic perimeter. (10) No examination, I suppose, of a case of suspected tuberculous disease would now-a-days be reckoned complete without determining the tuberculo-opsonic index of the patient, with or without injections of tuberculin.

One of the most painful forms of tubercular disease is where the genito-urinary tract, especially the bladder, is affected. It is important, therefore, to detect its earliest signs. According to *The Hospital* they are: (1) Frequency of micturition, especially at night, while the total amount of urine passed is not over the average, *i.e.*, the bladder is unable to hold more than a small amount at a time. This in a young person, without other evident cause, is very suggestive of tuberculosis of the bladder. In an old man it would probably indicate an enlarged prostate with residual urine; but in a young person inflammation of the bladder is the most likely cause, and if the *nature* of the inflammation is not evident it is very likely to be tuberculous. (2) Another less common early symptom is occasional attacks of slight hæmaturia. (3) Later symptoms are pain in the hypogastrium, perineum or *tip of penis*, and (4) pyuria. To aid the diagnosis (1) the centrifugalised deposit of the urine should be stained for

tubercle bacilli, for they may be detected in apparently clear urines. (2) Examine the bladder with the cystoscope. (3) Take the tuberculo-opsonic index, if the case is still doubtful. *The Hospital*, April 13th, records a most interesting and instructive case:—

“A boy of 17 recently came up, complaining of ‘not feeling quite well, and of having to get up twice each night to pass a little urine.’ So indefinite were his symptoms that some thought he had no lesion at all. The urine was examined for tubercle bacilli, but none could be found. The tuberculo-opsonic index of the boy’s blood was estimated, and turned out to be 1.5. This made a tuberculous lesion somewhere almost certain. The cystoscope was used, and large numbers of nearly-healed tuberculous ulcers were seen, coated with phosphatic deposit.”

Among the medicines most likely to be of service in the pre-tubercular stage, we may mention *arsen. alb.*, *calcarea*, *calc. phos.*, *hepar*, *iodine*, *kali c.*, *luesin.*, *lyco.*, *med.*, *phos.*, *psor.*, *silicea*, *sulph.*, *tuberculinum*, &c. For fuller information we would recommend the reader to study the late Dr. Rollin R. Gregg’s book—*Consumption: Its Cause and Nature*, edited by Dr. H. C. Allen.

THE PRINCIPLES OF VACCINE THERAPY.

ABSTRACT OF SIR A. E. WRIGHT’S LECTURE TO THE HARVEY SOCIETY OF NEW YORK, BY DR. STONHAM.

THE lecture on this subject, delivered before the Harvey Society of New York by Sir A. E. Wright, M.D., F.R.S., contains such a clear exposition of vaccine therapy by the person most competent to give it, and the treatment is itself of such interest to us as homœopaths, that we think we need make no apology to our readers for placing before them a short summary of the lecture.

Sir A. E. Wright commenced by considering briefly the methods, other than vaccine therapy, which are at our disposal for the treatment of bacterial disease. These are five in number: (1) Treatment by chemical antiseptics; (2) treatment by extirpation of the obtrusive focus of infection; (3)

treatment by the determination of lymph to the focus of infection; (4) serum-therapy; (5) expectant treatment. He brings an indictment of failure against all these methods, though he allows the value in some cases of extirpation of a diseased focus as an auxiliary to cure, and also of serum therapy in diphtheria and tetanus, which are exceptions to what can ordinarily be accomplished by it. He then turned to his main theme—treatment by vaccine therapy. Firstly, with regard to the power of the leucocytes to resist bacterial infection, he distinguishes between spontaneous and “induced” phagocytosis, the former term being applied to the action of leucocytes on bacteria which have not been subjected to the influence of the blood fluids, and the latter to their action on bacteria which have been, or actually are at the moment, subjected to the action of serum. Spontaneous phagocytosis is slow, and of very modest proportions. Induced phagocytosis, on the contrary, is exceedingly rapid and thorough, all the leucocytes being filled with bacteria to repletion. This difference is due to the blood fluids containing bacteriotropic elements, which enter into combination with elements of the bacterial body, and render it assimilable by the leucocytes. The substances in the blood fluids which have this effect of so altering the bacteria that they are readily ingested by phagocytes, are called opsonins. An opsonic effect is, by either the normal or immune blood, exerted upon every species of bacteria. The opsonins can be very accurately measured so that an increase or reduction of the opsonic power of the blood can be determined, and the best way of gauging the immunising effect of a vaccine is an estimation of the opsonic richness of the blood serum as shown by the phagocytic reaction of the leucocytes. The method of vaccine therapy postulates that we have, in the curves which display the changes in the opsonic index of a patient’s blood, a record of blood changes which exert a dominating influence upon that patient’s bacterial infection.

When, after an inoculation of moderate dosage, the opsonic index of a patient’s blood is frequently tested, we normally obtain a curve showing the following results. First, there is a slight and quite transient rise of the opsonic index, followed by a fall, or negative phase, which may last a day

or two ; this is succeeded by a rise, often considerable, and lasting several days, called the positive phase, and then again the curve falls back to about, or a little above, the original level.

If the dose of vaccine is only just sufficient to produce a reaction, there results only a small positive phase ; the negative phase is elided.

If an excessive dose, one sufficient to produce severe constitutional symptoms, is given, the negative phase is proportionately accentuated and prolonged. If the dose is immoderately large, the negative phase may be prolonged for several weeks, and the advent of a positive phase may be awaited in vain. With regard to this last contingency, Sir A. E. Wright makes an interesting note : " Where by inadvertence an excessive dose of vaccine has been administered, it is unnecessary indefinitely to await the return of the bacteriotropic pressure (opsonic index) to the normal. In such case the desired rise can practically always be obtained by re-inoculating, as soon as all constitutional symptoms have disappeared, with a minimal dose of vaccine.

Immunising effects are often obtained within a few hours, especially when very small doses are employed, and the negative phase thus avoided. Haffkine claims that he obtains an immunising effect within twenty-four hours after inoculation with plague vaccine, and Sir A. E. Wright has had numerous cases which have shown augmented opsonic power associated with clinical improvement within an hour after inoculation of tubercle vaccine in an infection of the eye, and in as short a time after inoculation of staphylococcus vaccine for furunculosis.

It might be thought that by rapidly succeeding inoculations a greater output of opsonins would result, but this is rarely, if ever, the case. The proper policy would appear to be to treat each inoculation as an independent event, following up one inoculation by another as soon as the effect of the antecedent one is passing off. And with regard to dose, the right principle is never to advance to a larger dose until it has been ascertained that the dose which is being employed is too small to evoke an adequate immunising response. " Where, in association with a slight initial fall after inoculation, the index

is, after the expiration of a week or ten days, found to stand higher than it was at the outset, I take it that an appropriate dose has been administered."

Observations point to the local production of bacteriotropic substances, generally at the point of inoculation, and this fact, as well as clinical experience, seems to make it preferable that when possible the inoculation should be made in some part of the lymph watershed which drains through the focus of infection, when the protective substances produced at the point of inoculation may be expected to be applied to the focus of infection in a comparatively undiluted condition.

The foci in which bacteria cultivate themselves are in every case foci of lowered bacteriotropic pressure, necessarily so, as the opsonins are absorbed by the bacteria when the blood stream comes in contact with them, and when the infected focus is shut off from the blood stream the opsonins brought by the lymph stream to it cannot keep pace with the absorption.

As an instance of lowered bacteriotropic pressure at the focus of infection may be mentioned the case of a tuberculous peritonitis with ascitic fluid. The ascitic fluid has always a much lower opsonic index than that of the circulating blood, and the bacteria which are in contact with such fluid are exposed to a diminished opsonic action. This accounts for the success attending laparotomy in these cases, which drains off the stagnant ascitic fluid of low opsonic index, and replaces it by fluid of higher efficacy freshly derived from the circulating blood. It is the same with abscesses, with the addition that when leucocytes disintegrate into pus a tryptic ferment is liberated which paralyzes phagocytic action. The evacuation of the pus, either by incision or by aspiration, which Sir A. E. Wright thinks the more advantageous, secures the filling up of the evacuated cavity with an antitryptic and opsonic lymph which will both inhibit bacterial growth and arrest further digestive destruction of the tissues. Similarly with sinuses which are freely discharging pus, treatment should be directed to procuring a free outlet for the pus, and to stimulating a flow of fresh lymph into the sinus. When the sinus is choked the inflow of lymph is hindered by the density of the granulation tissue and the lining membrane

of fibrin which clothes the wall of the sinus. The infecting microbes have a favourable nidus for their growth. Sir A. E. Wright combats this condition by introducing into every dry sinus a solution of 0.5 per cent. citrate of soda and 5 per cent. sodium chloride. The citrate of soda decalcifies the lymph, and prevents coagulation and scabbing, and the salt acting by osmosis causes fluid to transude from the blood-vessels. Under the influence of this application, a clear lymph wells out from the choked sinus, and the local condition rapidly improves.

In the case of brawny swelling the bacterial growth is cut off from the blood and lymph stream by the clotting of the lymph in the lymphatics, large doses of citric acid given internally tend to remove the clotted lymph, and to re-establish through the infected focus a circulation of opsonin-containing fluid. The benefits derived in many cases from poulticing, massage, or Bier's bandages, are procured by the circulation through the bacterially infected area of a large quantity of opsonin-bearing blood.

The following general therapeutic principle is laid down :
"We must provide for the conveyance of bacteriotropic substances into the focus of infection. In the case where an accumulation of stagnant fluid in the focus of infection effectually prevents the entrance of bacteriotropic substances, we must as a preliminary measure draw off the fluid which occupies that focus. In the case where there are other obstacles to the free streaming of lymph through the focus of infection we must remove these obstacles."

When an organism is the subject of a bacterial disease, and bacteria or their products pass from the infected foci into the blood stream, immunising responses similar to those obtained by the inoculation of bacterial vaccines occur—auto-inoculation takes place. It is by the agency of such auto-inoculations that Nature sometimes achieves curative effects in bacterial infections. When bacterial infections are of a generalised description, auto-inoculations are occurring in a continuous series, but when the infections are localised, auto-inoculation occurs intermittently or rarely, and it may be either spontaneous or artificially induced. It has often been induced by such procedures as the massage of tubercular and gonococcal

joints, and by surgical operations on them, by scraping operations for caries, by deep-breathing exercises in phthisical patients, or even by walking exercise in those patients; also by active and passive hyperæmia (fomentations and Bier's bandages) to limbs affected with tubercle and streptococcus infections respectively. This ability to induce auto-inoculation can be used for diagnostic purposes, *e.g.*, it may be desirable to know whether a painful joint is the seat of a bacterial infection; the patient's opsonic index is taken before and after a vigorous massaging of the joint, an altered index will show that auto-inoculation of bacterial products has taken place and will disclose the infective nature of the lesion.

Induced auto-inoculation is, however, too uncontrolled in its dosage and too uncertain in its effects for it to be in general a desirable method of treatment. Inoculation of bacterial vaccines which can be measured both as to quantity and to times of inoculation is preferable. Sir A. E. Wright concludes his lecture by summarising his personal experience of the practical results of vaccine therapy as follows:—

In cases where tubercle bacilli have effected a lodgment in lymphatic glands without generalised infection, and where staphylococci have penetrated into the connective tissue causing only suppurative (furuncular) as distinguished from necrotic (carbuncular) changes, he has had all but uniformly successful results, in the case of furunculosis within a few days, in the case of tubercle in the lymphatic glands in from five weeks to eighteen months.

The same success has occurred in tuberculous infection of the testicle, and in simple tuberculous infection of the kidney and urinary passages. With some reserve he would say the same of early cases of tubercle of the lungs. Vaccine therapy has been equally successful in ulcerative types of infection where secondary infections have not supervened.

With regard to skin infections: where the infected skin is dry, scaly and non-vascular, like the superficial scaly form of lupus (lupus psoriasis), he has found the disease extremely intractable to vaccine therapy. Where the microbes affect a region of the skin which is vascular, or when, as in staphylococcal sycosis they penetrate deeply, the disease is very tractable.

Infections of mucous membranes and of the glands and ducts which lead from them are very readily influenced by vaccine therapy. In these cases there is, however, often a mixed infection, and it does not follow that the restriction of one organism by vaccine inoculation will get rid of the others. In the treatment of sinuses very good results have been obtained when the inoculation of bacterial vaccines has been combined with treatment by local lymphagogues.

In the case of mixed infections, very successful results have been obtained when measures have been taken to immunise the patient against each of the different infections.

Of generalised infections, he has treated by vaccine therapy six cases of Malta fever, all of which were favourably influenced, and six cases of streptococcal septicæmia; of these, two cases of malignant endocarditis were completely cured, one was benefited, and the other three cases of streptococcal endocarditis succumbed, no immunising response having been made to the inoculations.

THE VACCINE TREATMENT OF INFECTIVE DISEASE.

By FRANK A. WATKINS, M.R.C.S., L.R.C.P., &c., Pathologist to the London Homœopathic Hospital.

It has been thought that a brief record of a few cases which have received this treatment would be of interest and a fitting sequel to the paper which I had the honour of reading at last year's Meeting of the British Homœopathic Congress. That Paper dealt more particularly with the theory of immunisation, the preparation of vaccines, and the method of estimating the opsonic index. In this short note I propose briefly to narrate a few clinical cases in which I have used this therapeutic measure, and will offer a few remarks as occasion arises.

H. S., housewife, aged 42, was suffering from extensive tubercular disease of the right kidney. In order that the patient should be under constant medical supervision during the commencement of the treatment, Dr. Byres Moir very kindly placed one of his beds at the London Homœopathic

Hospital at my disposal. She was admitted on May 30th, 1906. There was a history of pain in the right hypochondrium, which commenced during her last pregnancy seven years ago and had continued ever since. The pain was of cutting character and radiated to the vulva; micturition was painful but not increased in frequency. Lately she went into the London Hospital, where she was X-rayed; she was informed there that she was suffering from tubercular kidney, and its removal was urgently recommended.

On abdominal examination an abnormal distension of the right side of the abdomen was at once evident to palpation and inspection; and on more close examination a large tumour was easily felt, extending from the costal arch to a point below the umbilicus. The urine contained a copious deposit of pus, and tubercle bacilli were present in large numbers.

Before commencing treatment, measures were taken to determine whether there was any obstruction to the left urinary channel. With this view Mr. Dudley Wright kindly made a cystoscopic examination, and he reported that the bladder and openings of both ureters were healthy.

The amount of urea excretion was estimated by making quantitative examinations of all urine which was passed on three successive days: the average amounted to 195 grains per diem. The temperature fluctuated between 97° and 99·8°. The tuberculo-opsonic index was 0·39. Body weight 8st.

The vaccine treatment was commenced on June 19th, 1906. Injections of Koch's tuberculin R $\frac{1}{4000}$ mg. were given at ten days' intervals at first, and gradually lengthened to three and four weeks. She was discharged from the Hospital on August 1st, 1906, but she continued treatment as a dispensary patient. Gradually the pain disappeared, the temperature became normal, and the pyuria, tubercle bacilli and tumour disappeared.

On August 8th, 1907, Dr. Byres Moir again kindly examined the patient and gave me the following report: "Patient's weight 9st. 8lbs. Only the lower border of the right kidney can be felt; it is only slightly enlarged, tender, and movable." Urea excretion in twenty-four hours is 316 grains.

This case has been mentioned first as it illustrates so

well what can be effected by the vaccine treatment alone in a patient of the dispensary class. With the exception of a few weeks in hospital, which in itself, no doubt, was a valuable aid in starting the treatment, inasmuch as it gave the patient complete rest from household duties and worries, and plenty of nourishing food in a well-ventilated ward—with this exception, the recovery must be attributed entirely to the therapeutic means. Twelve months' treatment effected the absorption of a large tubercular tumour, and the general improvement of the patient's condition is well represented by an increase of a stone and a half in the body weight. Although improvement has been attended by an increase of the urea excretion, yet the smallness of its total amount indicates that the kidney substance has been irremediably damaged.

Another point worthy of note is that on two occasions I gave this patient injections during the negative phase, feeling assured that, though the estimations of the opsonic indices were made with the utmost care, they were not a true indication as to the patient's condition. After a good deal of experience of this method of treatment I have, in common with many others, come to look on opsonic estimations with a good deal of suspicion. Using the utmost care, different observers never obtain equal results with a given sample of blood—sometimes they are almost identical; but more frequently there is more or less difference, and in some cases an immense difference. Take, for example, an examination conducted under French by three different observers, who gave their results as follows :—

No. 1	observer	index	=	2.09
No. 2	„	„	=	0.862
No. 3	„	„	=	1.578

The present view I take is that it is a valuable aid in arriving at the correct dose, and proper intervals for repetition; but that it is fallible, and when it is at variance with clinical symptoms I do not hesitate to proceed with the treatment, and have obtained uniformly good results.

Mrs. E., aged 30, spinal caries. Came to me July 1st, 1906, complaining of pain in back, right hip and leg. Says that her doctor had been treating her for three years for rheumatism.

On examination of the spine a swelling as large as a pigeon's

egg was found over the twelfth dorsal vertebra; marked tenderness present. Walking downstairs is painful owing to the jarring. Temperature rises to 99.5°

Patient was admitted to the London Homœopathic Hospital under the care of Dr. Moir and given injections of *tuberculin* $\frac{1}{4000}$ mg. for four months. After this she was allowed to take gradually increasing amount of exercise, after having been fitted with a spinal support.

At the time of writing she has gained two stone in weight, and has been able to resume her household duties for some months.

L. B., aged 16 months, strumous dactylitis, affecting three fingers. The patient being the child of fairly well-to-do parents he was promptly sent off to Margate, and an open-air treatment supplemented as far as feasible. Injections of *tuberculin* were administered at suitable intervals, and within two months all tenderness and swelling had disappeared.

A. N., aged 30, tubercular gland of neck as large as a walnut. This patient was a neurasthenic, and as she was extremely nervous *Koch's tuberculin* was administered by the mouth in doses increasing from $\frac{1}{5000}$ mg. to $\frac{1}{100}$ mg., over a period of nine weeks. As no appreciable effect was produced, recourse was had to hypodermic injections. A week after the second injection the swelling began to subside, and after three months' treatment the swelling was only the size of an almond.

I have given *Koch's tuberculin* by the mouth in a number of other cases, but never have I obtained any clinical results superior to that obtained by the various dilutions of *tuberculinum*.

If the hypodermic needle is introduced quickly it gives little or no pain. I have found that in the most nervous women all dread of the needle disappears after the first injection; and frequently I have succeeded in injecting children of very tender years without giving rise to a single tear.

Mrs. P., aged 35, acute pulmonary tuberculosis accompanying childbirth. The patient was given a single dose of *tuberculinum* 12 by the mouth, and in a few hours it was followed by distress, rise of temperature, and general aggrava-

tion of symptoms. Thinking that possibly I might get a better result if I gave a higher potency, I gave her, a fortnight later, a dose of *tuberculinum* 200. This was again followed by a similar aggravation, and the patient next day implored me never to give her a repetition of that medicine (she had no knowledge of what the medicine was). This patient subsequently made good improvement on *stannum iodide* 12, suggested by Dr. Byres Moir in consultation. I am quite convinced that in acute tuberculosis the administration of *tuberculinum*, even in high potencies, is harmful.

The vaccine treatment of chronic pulmonary tuberculosis has been attended, in my hands, with such poor results that I have quite abandoned it; but in all other forms of the chronic disease the results are most encouraging.

SERUMTHERAPY AND HOMŒOPATHY.

Specially contributed to the "Review "

BY DR. PAUL TESSIER, PARIS.

WE wish, with regard to a recent lecture by Professor Chantemesse, of Paris, to speak on the *modus operandi* of serums, and on the analogy that is to be seen between serumtherapy and homœopathy.

From the beginning of homœopathy, some homœopaths proclaimed the triumph of their doctrine, seeing in this method of cure the application both of the principle *similia similibus* and of infinitesimal doses. What is more homœopathic, they said, than to cure diphtheria by diphtheria for example, and what dilution could be compared to that resulting from the introduction of a small quantity of toxin, elsewhere soon eliminated, into the circulating blood of a horse, blood that is incessantly being renewed, yet keeping its curative power for a considerable period ?

They ought to have deeply examined the question before giving these arguments, which, being false, fall with all their weight on those who, by their desire to prove too much, prove nothing, and are henceforth objects of suspicion to minds once animated with goodwill towards them.

At first, if the question was to treat diphtheria by diphtheria,

typhoid fever by Eberth toxin, it would not be an application of the homœopathic principle, *that* never consisted in curing a disease by itself, an intoxication by continuing the same intoxication, even attenuated, which would be an absurdity. We do not give mercury to our hydrargyric patients, and it is precisely by feigning to believe it that our adversaries are trying to ridicule us ; let us take care not to say that their argument is valid.

But it is not that that is produced by injecting into an animal a slightly attenuated virus, and giving repeated doses of the same, so as to render it immune for this toxi-infection. We give to its blood peculiar properties that are due, not only to the dilution in the blood of the injected substance, but to this fact, that the white corpuscles, the defenders of organism, obtain the power of secreting some product, whose name is of no importance, that neutralises the introduced toxin. When the animal is bled, white corpuscles, by dying, leave in the serum the products they contained ; this serum has then a marked antitoxic value, which it is possible to learn by experience. But in the living blood it was not the same ; there was not in it a definite quantity, ready formed, and able to be more and more diluted, of these antitoxic products ; the blood remained active because, for a certain time, the new white corpuscles had the same properties as the old, thanks to the reactions of the hæmatopoietic organs.

These products we name antitoxins ; the name is therapeutically good, it is bad in fact, for there is no chemical neutralisation of a poison by a counter-poison ; but we ought rather to say that there is a substance that did not exist before, and it is not the diluted toxin merely.

At first we are to remember the homœopathic principle ; that is, that some diseases are to be cured by agents producing symptoms similar to those of these diseases, *similia similibus curantur*, and not that diseases are cured by the products of the disease itself. In our case, we are examining a disease incontestably cured by the appropriate serum. *How then does this serum act, what are its effects on healthy organisms, and is this action similar to that of the morbid germ ? This is the only manner of putting the problem ; let us see the answer.*

Dr. L. G. Simon has published¹ his interesting studies on the reactions of blood and hæmatopoietic organs in the cases (1) of natural diphtheria or injection of diphtheritic toxin ; (2) of injection of Roux's serum into healthy animals ; and then (3) of natural or experimental diphtheria treated by serum. We will first consider his conclusions.

In order to see the reactions we will study the case of a relatively benign diphtheria, produced by injecting into a rabbit one dose of toxin, the tenth part of the lethal one. (It is the same in the human benign diphtheria, but it is not possible to see all its evolution, for on the one hand it is not seen during the first hours, and on the other hand, it is always treated by serum as soon as known.)

The first stage is characterised by a hypoleucocytosis on every variety of white corpuscles, with a little lessening of red corpuscles.

The second stage, the one we find in the disease at its stationary period, is characterised by hyperleucocytosis with hyperpolynucleosis, and same condition of the red corpuscles ; this stage, lasting till recovery, from twelfth day, when the number of leucocytes goes down to normal, polynucleosis being replaced by mononucleosis, with eosinophily ; there is at the same time a lessening of number of red corpuscles, or anæmia.

Then, when Roux's serum is injected into a healthy man or a healthy animal, what is the result ? A very transient lessening of the number of white corpuscles (hypoleucocytosis), soon replaced by a hyperleucocytosis already very marked after an hour, reaching its maximum at the end of the first twenty-four hours, then lessening slowly to come to the normal towards the third or fourth day. The percentage of neutrophiles and polynuclears rapidly increases at the same time as leucocytosis ; the day after, on the contrary, there are the mononuclears that become more numerous. "These modifications," says the author, "that perhaps happen a little more quickly in the rabbit than in man, are almost the same as those we have noticed during benign, spontaneously

¹ *Journal de Physiologie et de Pathologie générale* (September, 1903), *Archives de Médecine expérimentale et d'Anatomie pathologique*, November, 1903.

cured diphtheria. We find only this distinction, that the whole cycle of these variations is fulfilled in twelve to fifteen days in experimental diphtheria, whilst here it is ended after four or five days. It is the same, but the period of evolution is shortened. If we are to judge only by blood examination, the Roux serum gives a slight disease, that aborts."

But the author has not only observed the blood, he has also examined hæmatopoietic organs of animals injected either with toxin or with serum, and successively killed. These are the comparative results:—

Injection of Diphtheric Toxin.

After twenty-four hours, invasion of all organs by red corpuscles and neutrophile polynuclears; some of the polynuclears are normal, but a great number already show indubitable signs of degeneracy, uniform red colour of protoplasmic opacity, stretched and fragmented state of nucleus. Occasionally there is to be found a slight proliferating reaction of hæmatopoietic organs; appearance in spleen follicles of dark nucleated lymphocytes, and in bone marrow red corpuscles with budding nucleus.

Second stage, towards seventh day. You find in all organs residues of former destructions, nuclear ruins, &c. Against this destruction organs and marrow react by an over-production of cells; nucleated red corpuscles proliferate; basophile and neutrophile myelocytes actively multiply to form numerous polynuclears that pass into the blood. In adult rabbit, marrow, grown greasy, is replaced as to function by spleen, that suffers complete myeloid transformation.

In a third stage (tenth day) red corpuscles and polynuclears that had been produced in excess and become useless go to the deeper organs, where they are devoured by macrophages.

Injection of Roux's Serum.

First hour: Neutrophile polynuclears and red corpuscles invade all organs; at this stage they are all normal.

Second hour: Wandering cells are partially degenerated; the following reaction is seen: in bone marrow appear red corpuscles with budding nucleus, in lymphoid organs dark nucleated lymphocytes and cells of myeloid species.

Towards fifteenth hour, in the blood the destruction of red corpuscles and polynuclears is much lessened. In the marrow appear very numerous myelo-cells; nucleated red corpuscles are less abundant.

On third day are again to be seen, in spleen and other lymphoid organs, polynuclears that had been produced to excess, and very numerous red corpuscles; they are there destroyed, and it is here that the most active macrophages appear.

Towards fifteenth or sixteenth day, signs of recovery ; marrow is reacting by a slight production of myelocells, and by a marked growth of nucleated red corpuscles, that are able to go into the circulating blood. Marrow is even then reacting, against the anæmia, by a new production of nucleated red corpuscles (that are able to appear in the blood) and occasionally of neutrophile myelocytes.

Injection of Roux's serum then produces, in hæmatopoietic organs, and consequently in blood, reactions quite similar to those produced by natural or experimental diphtheria. We may say that, in order to remove every cause of mistake, the author has injected serum from a non-immunised horse, but this has not given these reactions.

Now what happens when serum is injected during disease ? In the cases followed by recovery, injection gives, after a rapid hypoleucocytosis, a hyperleucocytosis with polynuclears, and rapid return to normal. " It seems that serum is adding its action to that of anterior diphtheria. This would be the condition indispensable to cure."

We have only spoken of curable diphtheria because there it is possible to see all the evolution of the defences of the organism. In fatal diphtheria, the number of red corpuscles often decreases very much, the white corpuscles are much increased, and this hyperleucocytosis remains till death. In certain experimental cases, however, where the evolution is very rapid, a hypoleucocytosis is found (organism cannot react). Serum injected as before stimulates leucocytosis, but it is often insufficient, and even, in the far-advanced cases, the hypoleucocytosis of the early stages is not followed by the expected hyperleucocytosis, for the organism cannot bear the results of leucocyte destruction, which is the primary effect of serum, and we can tell here that the drug is acting far too violently in the same direction as the disease, thus producing a rapid aggravation.

So then, in any way we consider the question, we see that the specific curative drug, the serum, is acting in a manner absolutely similar to the disease, producing a sort of a medicinal disease that takes the place of the first, and goes rapidly to cure. And now we are able to affirm and claim fearlessly that this is a good example of a homœopathic cure.



Clinical Cases.

By E. W. BERRIDGE, M.D.

(Continued from p. 543.)

CASE 16.—*Comocladia Dentata*.—December 25th, 1891. Miss L., aged about 48, caught cold on December 20th, resulting in a cough. The cough has now decreased, though it is aggravated as soon as she lies down in bed. No sputa. For the last two days, on coughing, pain at the apex of left scapula, in the chest at the region of inner border of left mamma, about the level of the centre, and in left temple; the pain is as if something were tied in a knot; in the back and chest it feels like one pain going right through, and is felt more in the back if she is lying on back while coughing; at other times left temple feels bruised. Left lung feels as if it would not work. I found pneumonic crepitation at the seat of the thoracic pain. Feels weak.

Diagnosis of the Remedy.—The characteristic symptom was undoubtedly the peculiar constrictive pain affecting simultaneously the chest, back and temple. Several medicines have constriction of chest upon coughing, but none are recorded as possessing the same symptoms in back or temple, either in conjunction with a similar thoracic pain or separately. Lee's *Cough Repertory* gave, "Cough with pain under left mamma through to left scapula, *Comocladia*." This symptom is taken from Guernsey's "Cough Characteristics" in *Hahnemannian Monthly*, viii., 322, though it is there described as "under left nipple." As it is unrecorded in the materia medica it is probably clinical; but compare the analogous symptoms 106 and 241. I gave one dose of *Comocladia dentata* 10m. 7c. (F.A.) at 10.30 a.m.

December 26th.—Reports that a marked improvement commenced after forty-five minutes; the left lung felt working nearly as well as the right; none of the knotted pains in temple, back, or chest, but only a little pain all over chest. To-day, no trouble in these regions at all, not even the bruised pain in temple. The crepitation in left chest is larger in quality. Last night cough was more troublesome, more frequent, but without sputa and painless. This morn-

ing a little fluent coryza. Not quite so strong to-day, the weather, which had been very cold and foggy since 21st, having suddenly become milder.

December 27th.—Altogether much better. Cough much less and looser. No pain. Lung feels quite well.

December 28th.—Much less cough last night. Auscultation normal.

December 31st.—Has been quite well for the last two days and remained so.

Comments.—(1) This case illustrates the value of minutely-defined anatomical regions as a keynote for the selection of the remedy. Through the deficiency of our materia medica the peculiar character of the pain proved of little value, but the exact location of the pain in lung was emphatically a “guiding symptom.” It is this fact, only perverted to an unscientific use by being enlarged beyond its due proportions, and relied on to the exclusion of other indications, which has led to the erroneous system of “organopathy.” To claim that the “anatomical basis of therapeutics” is equivalent to Hahnemannian homœopathy, if not superior to it, is like asserting that one side of a cube is the cube itself.

(2) The value of carefully observed clinical symptoms is again demonstrated. A clinical keynote led to the selection of the remedy, and this case furnishes additional clinical symptoms which will prove of great value if verified.

(3) Before the *Comocladia* was prescribed the cough had decreased; yet new symptoms indicative of pneumonia had arisen, the patient's condition being really worse. Conversely, after the pneumonia had been relieved by the remedy, the cough increased for a time. The severity of the cough in pneumonia is by no means necessarily an indication of the severity of the inflammation itself, and hence of danger to the patient. Sometimes the diminution of the cough signifies that the minute air-tubes are becoming choked; and on the other hand, a more free cough is often an effort of nature to clear them. Hence, an increase of cough with a diminution of inflammation is really a favourable symptom, and the remedy should be allowed to act without interference.

(4) As the pulmonary symptoms decreased, fluent coryza supervened. This is always a favourable sign, and here also

the medicine should always be allowed to act without interference, and the catarrh will generally pass away without trouble. To select a fresh remedy for the catarrh, unless the symptoms become acute and persistent, would probably check the progressive improvement, and tend to drive the disease back to the lungs. If a catarrh descends from nostrils to chest, it is always a sign of the exacerbation of the disease; if it ascends from chest to nostrils, it is always a sign of improvement. Patients often think that the coryza means that they have "caught a fresh cold," and take some medicine on their own account, thereby thwarting the treatment of the physician, and sometimes necessitating much of the curative work to be done over again.

(5) This case illustrates the saying of C. Hering, that "any disease may require any remedy." Two methods of selecting the supposed homœopathic remedy have been taught, one is that of Hahnemann, and the other is that of the pathological section of our school. The first enjoins the selection of the semeiological *simillimum*: the symptoms stand in the first place, pathological indications being entirely subservient, even if they are here of any use at all, which is doubtful. The pathological school, on the contrary, teaches that we should first select the (pathological) *simile*, and that out of this list of similars select the semeiological *simillimum*. This proceeding reminds one of the story of the Irishman who enlisted in the 32nd regiment, so as to be near his brother who was in the 31st. A writer has stated: "When we have to treat a case of pneumonia, we limit our choice of a remedy among those drugs which have shown a power to cause the pathological appearances observed in pneumonia: *Bryonia*, *phosphorus*, *tartar emetic*, and some others, and seek for our similia among them." Were we to act thus, we should indeed be narrowed in our choice of a remedy, for we could use no remedies which had not been proved either on men or animals to the extent of actual poisoning. This case refutes such pernicious teaching. That it was a cure and not merely a recovery, will hardly be questioned, seeing that marked improvement occurred within an hour. But *comocladia* has not yet produced the "pathological appearances observed in pneumonia." That it has such power cannot be doubted,

otherwise it could not have cured this case in a single dose of a high potency ; see also symptom 234. But the fact remains that up to the present time it has not produced pneumonia ; and hence, according to the above *dictum*, I ought not to have prescribed it, neither ought it to have cured the patient ; but it did.

Cases from Hospital Practice.

This section is reserved for reports of interesting cases occurring in Hospital or Dispensary practice, new methods of treatment, and all purely professional matters. These should be carefully, or, if needful, elaborately recorded and described. Each contributor will, if necessary, be allowed two pages of the REVIEW every month for this purpose.

Reports should be sent on as early in the month as possible.

BRISTOL AND CLIFTON.

TUBERCULOUS PERITONITIS.

Reported by Dr. C. Osmond Bodman.

G. H., aged 3, first came under treatment on June 12th, 1906, with a complaint of general ill-health and enlargement of the abdomen. Eighteen months previously she had suffered from "congestion of the lungs and consumption of the bowels." Last winter she had pertussis and had not been well since. The child's father was away in South Africa on account of a "weak chest."

For three weeks swelling of the abdomen had been noticed, and the child complained of abdominal pain after exertion. The appetite was capricious. The bowels acted daily, but there was no diarrhoea and no mucus or blood had been seen in the stools. On examination the abdomen was seen to be generally enlarged, with well-marked superficial veins and a doughy feeling on palpation, but no definite mass could be made out. Percussion revealed scattered patches of dulness, with others giving a tympanitic note. No free fluid could be detected. The umbilicus was prominent and red. A diagnosis of tuberculous peritonitis was made, and on account of the symptoms and a history of the child having passed round worms, one dose of *tuberculinum* 6 (to be repeated in a week's

time) was ordered, with *cina* 3x three times a day. With this treatment, in conjunction with rest, a suitable dietary and abundance of fresh air, the child made good progress till a month later, when she developed measles. This left her with a cough, night sweats and stomatitis. For this condition *merc. sol.* 3 was prescribed, and the following week another dose of *tuberc.* 6 in addition.

By the end of July the mouth was well, but the bowels rather loose and the cough persisted. Examination of the lungs showed scattered areas of bronchial breath sounds over the lower lobe of the left lung, with rhonchi. *Phos.* 3 was ordered and *tuberc.* repeated. On August 21st the patient was found to be improving, but was still perspiring profusely during sleep. *Calc. c.* 6, *t.d.s.* At the end of September the patient came for the last time, looking quite a different child, having lost the cough, and the abdomen almost normal.

Remarks.—This case—a typical one of tuberculous peritonitis—illustrates well the value of *tuberculinum* given by the mouth. I have no doubt that it averted the formation of umbilical fistula and gave the patient a good start on the road to health. This complication I have recently seen in two cases of tuberculous peritonitis, in one of which the discharge has now stopped and the patient is making a good recovery.

BUCHANAN HOSPITAL, ST. LEONARDS ON SEA.
A CASE OF DISLOCATED LENS—OPERATION—GOOD SIGHT.

Reported by Dr. Clowes Pritchard.

M. G., aged 63, suffered with dislocation of lens of each eye, a rather rare condition. Ten years ago Mr. Knox Shaw removed the lens of the right eye, and as a result patient was greatly benefited, so that with spherical + 11 D she could see $\frac{1}{2}$, and with spherical + 13 D could read Y 2.

Six years ago patient became blind in the left eye, but as she had such good sight in the right one, and the left caused her no trouble, it was deemed advisable to leave it alone. On September 1st of this year, quite suddenly, patient experienced terrible pain in the left eye, "as though the eye had bursted (*sic*), and it began to stream with water." Thus ran the description. This continued until September 4th, when the

patient came to the Cambridge Road Dispensary to see me. I found her quite collapsed from the severity of the pain, and on examining the eye detected greatly increased tension. Consequently, I deemed it advisable to operate at once lest the good eye should be affected, and told her it might be necessary even to remove the eye. The same evening I operated on her at the Buchanan Hospital, and after a little difficulty succeeded in removing the lens, much to my surprise and pleasure. She made an uninterrupted recovery, and now has equal sight in both eyes, and can read and sew quite easily, using sph. + 13 D.

This I take to be a most interesting case, and I believe extremely rare. If any colleague has met with a similar one I should be very pleased to hear of it.

TWO INTERESTING GALLSTONE CASES.

(a) MRS. M., aged 56, has suffered on and off ever since she was quite a young woman with attacks of biliousness. For several years in addition has had frequent attacks of severe pain in right hypochondrium—these attacks becoming more and more frequent, so that for the last two years has practically been invalided.

On admission to the Buchanan Hospital patient was in a fairly well-nourished condition. On examination there was found to be a large tense and tender swelling, which was taken to be an enlarged gall bladder, and a little to the right and lower down there appeared to be a secondary tumour, larger than the former, but not so prominent. This latter caused us some "thoughtful moments," but without arriving at a diagnosis. Operation was deemed necessary.

On August 22nd *A.C.E.* was administered, and prior to operating the abdomen was again carefully examined, and this time only one tumour, that over the gall bladder area, could be found. We then came to the conclusion that the secondary tumour was simply irregularly contracted and hardened muscle caused by the irritation of the gall stones.

On opening the abdomen a very large and greatly distended gall bladder was discovered. This was carefully stitched up into position and then opened. A very large

stone was immediately encountered and had to be reduced in size before it could be removed. This was safely accomplished, and then several smaller ones were taken out. The large one measured just upon four inches in circumference. Patient made an uninterrupted recovery, the temperature never rising above 99°6'.

(b) MRS. W., aged 57. The usual sort of history, with attacks getting more and more frequent until she was quite incapacitated, and spent most of her time in bed, as the attacks were so persistent. She was admitted to the Buchanan Hospital, and on September 19th, under A.C.E., the operation took place.

The gall bladder was found to be enormous and of a long sausage shape, so that it was possible to protrude it for about two inches through the abdominal incision. On examination no stone could be detected, but the whole bladder felt thickened and very elastic. After carefully sewing to adjacent tissues it was opened, and a large quantity of thick glairy mucus and bile was removed, so glairy and tenacious that it could be pulled out with forceps. In this were several small stones, and at one part there was the appearance as though a quantity of chalk had been sprinkled into the mucus.

In this case convalescence was prolonged, owing to an abscess forming near the lower end of the incision. This, however, is now well, and patient has been discharged from hospital.

DEVON AND CORNWALL HOMŒOPATHIC HOSPITAL, PLYMOUTH.

Reported by Dr. Newbery.

Colocynth Case.—H. S., aged 22, a fine looking young man, was first seen at his own house, when he gave the following history.

Some five or six years ago he was laid up with "pain in the stomach." After this he was well until about two years ago, when he was again laid up, the doctor whom he saw telling him he had "inflammation." Between this time and when he was first seen he had had several attacks of similar pain, necessitating his knocking off work.

On March 15th he was in bed, manifestly in great pain in the abdomen, from which he had been suffering without intermission for about three weeks. There was great tenderness but no particular distension, no tympanitis, and no rise in temperatures.

When first taken ill he went to see a doctor, and on leaving him the pain was so intense that he had to be taken home in a cab. The bowels were moved freely but no diarrhoea. Tongue coated, whitish. Patient was taken in, put on milk diet, and given *colocynth* 3 mij., 3 h.

The pain left almost immediately, and in a few days he was able to take solid food and was discharged perfectly well in less than a fortnight.

NOTE.—*Gripping* pain, so characteristic of the physiological action of *colocynth*, was the indication for the remedy.

Hospital and Provincial News.

. The Editors request that all correspondents will kindly condense their reports as much as possible, consistent with a smooth and effective rendering of the facts they wish to convey. Items of *merely local* interest should be omitted.

As there seems to be some misunderstanding in regard to this section, we would point out that this section is reserved for:—

News, reports of meetings, &c., which must be compressed into one, or at the most two, paragraphs of not more than ten or twelve printed lines.

Newspaper reports, *unabridged*, need not be sent. Such reports must be condensed as above, otherwise they will not be inserted.

LONDON HOMŒOPATHIC HOSPITAL.—FESTIVAL DINNER.

ONE of the most brilliant gatherings for the furtherance of the Homœopathic cause that has taken place of late years was the Festival Dinner which took place on the evening of Wednesday, November 20, at the Hotel Ritz, Piccadilly. The object of the dinner was to raise the sum of £11,250 2s. 10d., necessary to complete the Building Extension Fund of £30,000 for the London Homœopathic Hospital. The guests were received by The Right Hon. The Earl Cawdor, who was Chairman at the dinner, which commenced at 7 p.m., and was held in a spacious and artistically constructed dining-room in this very modern and luxurious hotel. The company sat down in groups of eight to ten at a number of round tables, an arrangement which secured facilities for conversation, and added to the general conviviality. There were about 150 present. They were:—

Alexander, Arthur, Esq.; Arliss, Edward, Esq.; Attwood, Edward A., Esq.; Barker, R. S., Esq.; Barker, Mrs.; Bedford, Rev. E. C.; Bedford, Mrs.; Bennett, Dr.; Bennett, Theodore, Esq.; Booker, Miss; Broman, Allan, Esq.; Broman, Mrs.; Brown, Colonel Clifton; Brown, Mrs. Clifton; Brown, Dr. Dyce; Brown-Goold, Rev. H.; Burford, Dr.; Burwood, Dr. T. W.; Burwood, Mrs.; Burwood, Miss; Buswell, Miss; Callard, Ralph, Esq.; Callard, Mrs.; Callard, Miss; Carfrae, Mrs.; Cawdor, the Right Hon. the Earl; *Charity Record*, The Editor; Cooper, Stanley, Esq.; Cooper, Mrs. Stanley; Cooper, Miss Viola; Cox, Dr. Spencer; Cox, Mrs. Spencer; Cronin, Dr.; Cronin, Miss; *Daily Telegraph*, The Editor; Dart, J., Esq.; Day, Dr. Roberson; Deane, Colonel, H. E.; Dickins, H. F., Esq.; Dickins, Mrs.; Dickins, Miss; Edwards, Mrs.; Erba, Madame; Gedge, Sydney, Esq.; Gibbs, Miss Edith; Goldsbrough, Dr. Giles F.; Greig, Dr. C. J.; Green, Dr. Vincent; Green, Mrs. Vincent; Gurney, Miss; Hall, Dr. E. A.; Hall, Mrs.; Harford, Francis, Esq.; Harford, Mrs. Francis; Harris, Dr. Clifton; Harris, Mrs. Clifton; Heath, Dunbar, Esq.; Heath, Mrs.; Hey, Dr. Granville; Hey, Mrs. Granville; Hoadley, Miss Clara; Holman, S. H., Esq.; Holman, Mrs.; *Hospital*, The Editor; Hurndall, J. Sutcliffe, Esq.; Johnstone, Dr. James; Jones, Miss M. R.; Kelsey, Charles, Esq.; Kelly, C. A., Esq.; Kelly, Mrs.; Kirkham, Mrs.; Layton, Cuthbert T., Esq.; Layton, Mrs.; Leane, Miss; Lewin, Dr. Octavia; Lewin, Dr. Jessie; Lewin, Montague, Esq.; Lewis, Miss Florence; Longueuil, Miss E. de; Ludlow, Miss Violet; Macdonald, Miss; MacNish, Dr.; Moir, Dr. Byres; Moir, Mrs.; *Morning Post*, The Editor; Nankivell, Dr. Herbert; Nankivell, R. W. D., Esq.; Neatby, Dr.; Neatby, Miss; Neatby, Miss Freda; Noakes, Frederick, Esq.; Noakes, Mrs.; Pam, Miss; Pecskai, Louis, Esq.; Perks, R. W., Esq., M.P.; Perks, Mrs.; Petty, Benjamin, Esq.; Petty, Mrs.; Pite, W. A., Esq., F.R.I.B.A.; Plaistowe, C., Esq.; Powell, Dr. J. C.; Powell, Mrs.; Preston, Percy, Esq.; Preston, Mrs.; Purdom, Dr.; Reed, Dr. Wm. Cash; Roche, Raphael, Esq.; Rubio, Senor; Russell, C., Esq.; Russell, Mrs. C.; Sanders, Dr. Horace; Sanders, Mrs.; Searson, Dr. J.; Shaw, C. Knox, Esq.; Shaw, Mrs. Knox; Shaw, Frank, Esq.; Shaw, Mrs. Frank; Short, Angelo, Esq.; Short, Mrs.; Simon, Edgar Leon, Esq.; Simon, Miss Grace; Spensley, Miss; Staughton, Mrs.; Stewart, Charles, Esq.; Stewart, Mrs.; Stilwell, John P., Esq., J.P.; Stilwell, Mrs.; Stonham, Dr. T. G.; Stonham, Mrs.; Taylor, Litton, Esq.; Taylor, Mrs.; Temple, Miss; Thirlby, E. H., Esq.; Thirlby, Mrs.; Thorpe, Miss; *Times*, The Editor; Trapmann, W. H. Esq.; Trapmann, Albert, Esq.; Urwick, Mrs. Frederick; Wheeler, Dr. C. E.; Wheeler, Mrs.; Williams, A. T. Esq.; Williams, Mrs.; Wright, Dudley, Esq.; Yates, Miss.

Letters of regret were received from a number of friends, among whom were: The Earl of Morley, the Earl of Egmont, the Earl of Plymouth, the Earl of Donoughmore, Lord and Lady Newton, Lady Ida Low, Sir and Lady Hargreaves Brown, Sir Alexander and Lady Henderson, Sir Henry Tyler, Sir Albert Spicer, Major-General C. L. Brown, Colonel and Mrs. F. F. Ditmas, Mr. and Mrs. Hahnemann Epps, Dr. and Mrs. Blackley, Dr. Harper, Dr. and Mrs. Sandberg, Major Flood Page, Mr. and Mrs. Otto Beit, &c., &c.

The toasts, few in number, were interspersed with music, the artists

being : Senor Rubio, Mr. Arthur Alexander, Mr. Louis Pecsikai, Miss Grace Simon and Miss Violet Ludlow, with Mr. Ralph Roche at the piano, all of whom freely gave their services to promote the success of the evening.

The principal toast of the evening, given by Lord Cawdor, was "Prosperity to the London Homœopathic Hospital," and with the toast was joined an appeal for the balance of £11,250 2s. 10d., to complete the Building Extension Fund of £30,000. Lord Cawdor began by a short review of the hospital from its commencement in Golden Square, tracing its removal to Great Ormond Street in 1859, the construction of the present building with accommodation for 104 beds in 1895, and the successful effort in 1905 to wipe off the debt which had accumulated to between twelve and thirteen thousand pounds. He then showed how the ever-increasing work necessitated still more accommodation and the need there is for enlargement. For this purpose a sum of £30,000 would be required. Sir Henry Tyler had most generously promised £10,000, and Lord Dysart £2,000. Other promises had been given, but there still remained £11,250 to be raised, which he hoped they would succeed in doing that night.

Later in the evening Mr. Edward A. Attwood, Secretary of the Hospital, read the Donation List which was the response to the Chairman's appeal. The sum amounted to £9,244 19s. 4d., so that a sum of £2,005 3s. 6d. remains to be raised before December 31, in order to secure the £12,000 promised by Sir Henry Tyler and Lord Dysart. In addition to this amount Mr. Attwood announced that £2,000 had been subscribed towards the maintenance fund : per Dr. George Burford, Amy Lady Tate for the endowment of the first male bed in the new extension, to be called the "Sir Henry Tate Bed," £1,000 ; per Dr. Giles F. Goldsbrough, Miss Clauson-Thue, for the endowment of the first female bed in the new extension, £1,000. The principal donors were : Mrs. Rylands, £5,000 ; Captain Cundy, £1,000 ; "C. M., An Opponent of Vivisection," £1,000 ; the late Mrs. Elizabeth Mason, £500 ; Mr. Arthur Cates, £500 ; J. H. Houldsworth, Esq., £500 ; the Executors of the late Alfred Beit, Esq., £400 ; Henry Wakeford Roberts, Esq., £350 ; Edwin Tate, Esq., £300 ; the Treasurer of Smith's Charity, £250 ; John Carter, Esq., £250 ; Lady Durning Lawrence, £150 ; Mr. R. W. Perks, M.P., £105 ; The Worshipful Company of Mercers, £105 ; The Rt. Hon. the Earl Cawdor, £100 ; Colonel Clifton Brown, £100 ; A. Ridley Bax, Esq., £100 ; H. W. Prescott, Esq., £100 ; William Willett, Esq., £100 ; An Old Friend, £100 ; A. Backhouse, Esq., £100 ; Mrs. Kynaston Cross, £100 ; Mrs. Thomas Skarratt Hall, £100 ; Miss M. C. Martineau, £100 ; Mrs. Thomas Mason, £100 ; the Misses Maynard, £100 ; the Misses Maynard, second donation, £100 ; Mrs. Fellows Pearson, £100 ; Mrs. Westinghouse, £100 ; H. F. Dickens, Esq., £100 ; J. H. North, Esq., £100 ; Miss A. Paget, £100 ; Sir Alexander Henderson, £100 ; In Memoriam, A. E. J., £100 ; An Old Friend, £100 ; An Old Friend, second donation, £100 ; Mrs. Dawson, £100 ; Mrs. Dawson, second donation, £100 ; St. Luke's Day, £100.

The list of donations read by Mr. Attwood was greeted with much applause. Subsequently J. P. Stibwell, Esq., J.P., Chairman of the Board of Management, replied to Lord Cawdor's toast. The toast of "The Ladies' Guild" was proposed by Sidney Gedge, Esq., and replied to by R. W. Perks, Esq., M.P., and the toast of "The Chairman," which should have been

proposed by Sir Henry Tyler, was, in his unavoidable and regretted absence through illness, given by Mr. Knox Shaw, who in the course of his remarks read a letter from Sir Henry Tyler to Lord Cawdor, explaining his absence and showing his sympathy. The Chairman's reply and his thanks, on behalf of the guests, to Senor Rubio and his colleagues, brought to a close a very delightful and successful evening.

LAUNCESTON HOMŒOPATHIC HOSPITAL,
TASMANIA.

EIGHTH ANNUAL REPORT.

DURING the twelve months included in this report there have been admitted to the hospital seventy-three patients, exactly the same number as the previous year, and more than any other year since the opening of the hospital. There were six remaining in hospital on July 1st of last year, and seventy-seven were discharged during the year, leaving two in hospital on June 30th this year. Of those discharged fifty-seven, or 74 per cent., were cured; thirteen, or 17 per cent., improved; four, or 5 per cent., died; two were unimproved, and one was discharged at his own request. The deaths were due to inoperable cancer, advanced phthisis, severe burn in a little child, and perforated gastric ulcer leading to septic peritonitis. Those discharged unimproved were suffering from advanced phthisis and inoperable cancer. A further series of nine cases of enteric fever were under treatment, and were all discharged cured. We have now successfully passed through the hospital fifty-six cases of this disease, and have not yet had a fatality, a fact which it is most gratifying to be able to record.

Of the seventy-three patients admitted, thirty-six were residents of Launceston, thirty-six from the country, and one from Victoria.

P. DOUGLAS SMITH, M.B., C.M.

BRISTOL AND CLIFTON.

THE Hahnemann Hospital was honoured by a visit from the Lord Mayor (A. J. Smith, Esq.) and Lady Mayoress of Bristol on October 18, the occasion being the inauguration of the extensions and alterations recently completed. These

have been referred to on a previous occasion, but it may be well to state here that the principal items are an electric lift, an operating room and a verandah.

A large number of subscribers and friends of the hospital were present, and also all the members of the medical staff, including Dr. G. H. Burford, of London.

The Lord Mayor and Lady Mayoress first ascended to the third floor by means of the lift, and inspected the operation room, and then the private and general wards, proceeding from the top of the building to the ground floor. After this all present adjourned to the large consulting room on the ground floor, which had been tastefully decorated for the occasion, and a vote of thanks to the Lord Mayor and Lady Mayoress was proposed by Dr. T. D. Nicholson in a speech which clearly set forth the needs and the objects of the institution and the importance of Hahnemann's reform in therapeutics. Appropriate speeches in support of the resolution were made by Dr. F. H. Bodman, Mr. Tudor Trevor and Dr. G. H. Burford. The vote having been carried with acclamation, the Lord Mayor responded with hearty good wishes for the prosperity of the institution; after which a handsome bouquet of flowers was presented to the Lady Mayoress by a little daughter of Mrs. Melville Wills.

Refreshments followed, in the shape of an excellent tea, provided by the arrangement of the Ladies' Committee.

J. H. B.

Correspondence.

To the Editors of the BRITISH HOMŒOPATHIC REVIEW.

SIRS,—I have to thank you for drawing my attention to the comments of the *Medical Press and Circular* on our recent Congress. The President's address and my own remarks during the discussion have come in for an equal "slating" by the editor, but as Dr. Wolston can speak for himself, I ask permission to say a word for my own share of the criticism passed on us. We have known the *Medical Press and Circular* of old regarding its attitude to homœopathy,

and it is evident that the Ethiopian has not changed his skin, though it is perhaps not quite as dark as it formerly was. My remark that has evoked his criticism was "that the truth of homœopathy was what held us together, and the mystery attaching to it was the source of endless discussion." Now I venture to repeat that statement, as it is certainly true. We *have* had endless discussion as to the *rationale* of the homœopathic cure, just as, to use your own illustration, physicists have disputed about the nature of gravitation, and, you might have added, the nature of the constitution of matter, and indeed about most things that lie outside the region of easy demonstration. The first half of my sentence, as you remark, viz., the truth that holds us together, the editor did not advert to, but that is really the vital part and upon which we are all agreed. The *rationale* we can wait for. It is evident the editor of the *Medical Press and Circular* does us the honour to read the Review, and if he could find time to investigate he might favour us with his own explanation of the few following facts amongst a thousand others. Burns and scalds, for instance, are curatively treated by *cantharides*, *alcohol* and *turpentine*, erythema of a scarlatinal character by *belladonna*, gastric ulcer by *bichromate of potash* and *nitrate of silver*, autumnal dysentery by *bichloride of mercury*, gastric irritation by *arsenic*, vomiting and spasmodic cough by *ipecac.*, and hæmaturia and nephritis by *turpentine* and *cantharides*. A simple explanation of these few facts, by way of example, would be a help towards a host of others that we are familiar with in daily practice. Germicidal treatment, which covers so much ground nowadays, will hardly apply in these cases, and we must look in other directions. It has already been a matter of debate in some societies whether there is not an antidotal relationship between the effects of the small and the large dose, and much argument has been adduced on the allopathic side as well as our own in support of the idea. The Therapeutical Society could hardly do better than take up the point and discuss it fully. If a simple physiological explanation could be arrived at that would fit the above half a dozen cases, there would be no further occasion for editorial comments on the obscurity in the homœopathic cure of disease, and we on our part should be highly delighted,

as it is a desideratum we have long wished for, and it would settle many doubtful points.

Our critical editor says : " It is just this mystery that attracts a certain class of mind which has not the openness to prefer demonstration to speculation." Now we, on the other hand, say that he represents a class of mind that will not even look at demonstration unless it fits in with preconceived ideas. " All we who practise homœopathy in this country have had to do violence to our feelings in adopting the homœopathic practice, and it was only by the force of demonstration that we could bring ourselves to accept the rule of similars. Homœopathy appeals to facts and to facts only for its truth. The boot is certainly on the other leg. One has only to look at the allopathic journals to see the persistent manner in which the writers refuse to look at certain facts fairly and squarely ; they avert their gaze, and endeavour to explain them by any other means than the obvious one. That this aversion to admitting the law of similars should exist at all is a very odd thing, seeing that it, as well as the law of opposites, is as old as the art of medicine, and is part of our common tradition ; and it is only in modern times that the latter has been exclusively insisted on, and has constituted a barrier that no amount of demonstration has hitherto been able to overcome. But the future is full of hope ; we do not now see any blank denial of our law expressed in the journals ; there is only a carping criticism of details and collaterals, but no bold denial of the principle itself. Indeed, with the present development of opsonic treatment, the other school has gone ahead of us. At the most we asked for " a hair of the dog " that was like the one that bit us, but now it is a hair of the identical dog that is employed in the cure. We look hopefully to developments in this direction, feeling sure that they will throw light upon our position, and add to our strength, as recent developments in other branches of physics have undoubtedly done. It will be a singular outcome of opsonic treatment if it should afford a physiological explanation of the homœopathic law. This is highly probable, for the close relationship of the two is too obvious to be ignored, and in certain quarters the principle of similars is frankly admitted in the case. If the view should gain general acceptance, we

should most probably meet with the statement that usually denotes the third and final stage of discovery, "there is nothing new in it, and we have known it all the time."

I remain,

Yours truly,

P. PROCTOR.

To the Editors of the BRITISH HOMŒOPATHIC REVIEW.

SIRS,—In his recent evidence before the Royal Commissioners on the subject of vivisection, Dr. Burford, as reported in the current number of your Review, speaks as a mouth-piece of homœopaths generally, and talks of their having thrown overboard Hahnemann's doctrine of the immateriality of disease in its essential nature and origin, and of the nature of psora. Now, as these two ideas lie at the basis of Hahnemann's teachings, as abundantly proved in his classical works, the *Organon* the first volume of the "Chronic Diseases," the *Materia Medica Pura, et multa alia*, it would be interesting to know on what ground those who have thrown these doctrines overboard consider themselves consistent followers of Hahnemann and his fellow pioneers, and competent witnesses to voice homœopathy to leaders in the allopathic branch of the medical profession.

Yours, &c.,

Liverpool.

EDWARD MAHONY.

To the Editors of the BRITISH HOMŒOPATHIC REVIEW.

SIRS,—I have to thank you for your courtesy in according me a preliminary inspection of the foregoing letter. It is obvious that the writer has not verified his references in the Blue Book, and I must therefore, without discourtesy, at this juncture withhold any further criticism of his deductions. Nor do I intend, under any circumstances, to be drawn into participation in fruitless logomachies.

I am, &c.,

GEORGE BURFORD.

Foreign Reports.**THE CITY HOMŒOPATHIC DISPENSARY IN
KOLAPUR, INDIA.**

A HOMŒOPATHIC Dispensary was opened in Kolapur in June, 1904, and put in charge of a medical officer, who having obtained the degree of L.M. & S., was sent by the Durbar to study homœopathy in Calcutta, and afterwards to undergo the full course of study in America. He is assisted by a hospital assistant and a nurse.

There is no accommodation for in-patients, but many avail themselves of its benefits as out-patients from 8 to 10 a.m. and 4 to 5 p.m. During the first nine months the total attendances numbered 36,217. This institution was kept open even when the town was evacuated on account of plague. Of 57 cases of plague treated during this first year of its existence, 17 were known to have recovered; of the 22 cholera cases treated, 16 recovered, 2 died, and of 4 cases the results were unknown. During the second year of its existence, from April, 1905, to March 31, 1906, the Dispensary was removed into another building, giving more and better accommodation.

The average attendance was less owing to the evacuation of the town from September to March on account of plague, the total number of attendances for twelve months being 45,339.

During this year the number of cholera cases treated was 424, of whom 298 were cured, 95 died, and of 31 cases the result is not known. Of 80 cases of plague treated, 48 recovered and 24 died, 8 unknown.

Besides these and among other cases of illness, there were 54 cases of small-pox, 799 of malaria, 543 of tuberculous diseases, 146 of chest complaints, 5 of leprosy, and 995 cases of skin diseases treated at the Dispensary. The nurse attended 32 midwifery cases, and there were 195 minor operations performed during the year.

The medicines are obtained from Messrs. Boericke and Tafel in America.

The report for 1907 is not to hand, but a visit paid to the Dispensary early in the year showed everything in good order and very clean.

DR. S. V. TENGSHE.

Therapeutic Digest.

NUCLEINATE OF SODA AS A PROPHYLACTIC IN PERITONITIS.—M. Chantemesse has brought before the Académie de Médecine a proposal to treat by injection of *nucleinate of soda* patients who are the subjects of acute peritonitis, with or without perforation. The purpose of the injection is to produce a hyperleucocytosis and so to favour the production of a plastic peritonitis. When in the course of typhoid fever signs of peritonitis occur he immediately makes an injection, and finds that within twenty-four hours the pains have ceased, whilst on the following days, if the injection is repeated, the abdomen becomes supple and the tympanitic note over the liver region gives place to the normal dulness. He thinks that in many of these cases it could be said that perforation had occurred. In other cases where a subsequent autopsy clearly demonstrated large perforations, the good effects of *nucleinate of soda* were observable ; although the injections were delayed till fifteen or eighteen hours after the perforation, yet twenty-four hours afterwards symptoms had ameliorated and the patients lived twelve days, but refused to undergo an operation, although their improved condition would have permitted it. At the autopsy a defensive organisation of leucocytes into connective tissue was being developed and was obliterating the perforation.

The injection of *nucleinate of soda* increases the opsonic power of the patient's blood : in one case of M. Chantemesse's the index, which before the injection was 1·6, rose after it to 2·5, and the peritoneal inflammation at the same time entered the stage of resolution.

The injections consist of 40 centigrammes of *nucleinate of soda* dissolved in 40 cc. of normal saline solution. At the end of some hours there is a slight rise of temperature and some local pain, which soon disappear. He therefore advises that when an injection is given to render a patient who is undergoing laparotomy more resistant to peritonitis it should be administered on the evening previous to the day of operation.
—*Dr. Marck, in l'Art Medical*, August, 1907.

METALLIC FERMENTS IN PNEUMONIA.—Dr. Marc Jousset records three cases of influenzal pneumonia, treated by homœopathic medicines and at the same time by metallic ferments. The first case was that of an enfeebled old lady, aged 79, who developed pneumonia beginning at the upper part of the right lung, but soon involving the whole of the lung. She did not expectorate, slept much, had no appetite, urine scanty and albuminous, and delirium at night. She was given *bryonia* 12, then *bryonia* 12 and *phosphorus* 12 in alternation, and finally *arsenic* 3 trit. On the eighth and ninth days of the disease, an injection of metallic ferment (*palladium*) was given, but the course of the disease was not affected by it, and she died on the thirteenth day.

The second case was that of a woman aged 45, who was taken with shivering and a rise of temperature to 40·1°, stitch in the right side, cough, and fine crepitant râles with deep blowing sound under the armpit. *Bryonia* 12 and *phosphorus* 12 were given in alternation. On the third day there seemed to be a reaction, and the temperature fell considerably, but rose again in the evening. On the fourth and fifth days an injection of metallic ferment (*palladium*) was given on each day. On the sixth day there was improvement, and on the seventh defervescence commenced. *Bryonia* and *phosphorus* had been continued throughout.

The third case was that of a lady aged 55, who was seized with a pain in the left side, oppression, cough, and a temperature of 38·8°. Pneumonia was diagnosed, and she was at once put on *bryonia* 12 and *phosphorus* 12 in alternation. On the next day there were tubular breathing and crepitant râles at a limited spot in the arm-pit. The medicines were continued, but in addition an injection of metallic ferment (*palladium*) was made and repeated on the following, the third day. On the fifth day defervescence took place. On the twelfth day the patient had a pain at the left base and some effusion, which cleared up in a week under *bryonia* followed by *cantharides*.

Dr. Jousset thinks the injections of metallic ferment hastened the convalescence in the last two cases. But as the pneumonia was in both cases of very limited extent,

and they were having good homœopathic treatment all the time, we cannot consider this proved.

L'Art Medical, July, 1907.

CHLORIDE OF CALCIUM IN TETANY.—M. Arnold Netter obtained in three cases from the administration of *chloride of calcium* only the prompt cure of tetany. The cure occurred quickest when the largest doses were given. The administration of the *salts of calcium* has given good results in other nervous affections of children, such as spasm of the glottis, convulsions and laryngismus stridulus. M. Arnold Netter adds the following note to the description of his cases: "We should not neglect to mention a recent memoir of Stoeltzner, whose opinions are diametrically opposed to our thesis. Stoeltzner attributes tetany to an intoxication by calcium. Exceptionally occurring with breast-fed children, it is seen especially with those fed on cow's milk. One can make it disappear by giving a watery diet, to reappear after the administration of *salts of lime*. Whilst given by us *calcium* cures tetany, administered by Stoeltzner it produces it.—*Dr. Paul Tessier in l'Art Medical*, June, 1907.

POISONING BY BORAX.—Dr. J. C. McWalter records the following case: An infant, born strong and healthy, developed thrush a fortnight after birth, for which borax and honey were applied with curative effect as far as the thrush was concerned, but it developed such a liking for the application that it was used most liberally—from two to three four-drachm boxes having been used every week from the second to the eighth week. During this time the child progressively wasted, and a marked erythematous eruption came out on the palmar aspect of the hands and on the plantar aspect of the feet, with distinct desquamation between the toes and fingers; well-marked urticarial eruption was present on the arms and forearms, but the region between the legs was free from eruption. There were tumefaction and tenderness of the abdomen, and a raw, pinky redness of the lips, tongue, palate and throat, with vomiting and looseness of the bowels. The face had a wizened look, the skin was soft and brownish, the eyes were bright, and the joints, especially the knees, tender, swollen and somewhat stiff. No evidence of syphilis or other cause for

the wasting except the borax. The child was fed from the breast throughout. On stopping the borax and still confining the infant to the breast-milk, together with a little raw beef juice, it appeared to recover rapidly.—The *Lancet*, August, 1907.

Reviews of Books.

Index of Clinical Cases and Record of Essays and Papers reported in the British Homœopathic Journals. Prepared by order of the British Homœopathic Society. London: John Bale, Sons and Danielsson, 1907. Price 5s. net.

THIS useful book is the work of an Editorial Committee, the members of which were the late Dr. R. E. Dudgeon, Dr. Washington Epps, and Dr. George Burford, assisted by a body of collaborators. Its purpose is to render accessible the store of clinical material contained in British periodical homœopathic literature, and to this end seven of the British Homœopathic Journals have been systematically examined and all important clinical cases tabulated under two headings—the disease, and the remedy. So if we wish to know what remedies have been found curative or useful in any given disease we have only to turn to the name of the disease in its alphabetical order, and there we find arrayed the list of remedies, each with its reference to the volume and page of the journal on which is reported the case in which the given remedy was employed. On the other hand, if we are studying a drug and wish to know its clinical range of action, we similarly find under the heading of the drug a list, with references, of the diseases in which it has been used. Nothing could be plainer or more simply arranged, and the amount of labour that will be saved to writers of papers in the matter of hunting up illustrative cases is incalculable. The serial publications that have been brought under contribution comprise practically the whole of our periodical literature since homœopathy obtained a footing in this country. They are *The British Journal of Homœopathy*, *The Monthly Homœopathic Review*, *The Homœopathic World*, *The Journal of the British*

Homœopathic Society, The London Homœopathic Hospital Reports, The Annals of the British Homœopathic Society and London Homœopathic Hospital, and The Homœopathic Times. In addition to the reported cases classified under the headings of disease and remedy, there is also a list of Essays and Monographs on the subjects of disease and remedial measures that have been contributed to these journals, so that anyone with this book to guide him can easily lay his hand on all the British homœopathic literature extant which treats of any subject in which he may be interested.

The book is well got up, there is a wide margin for notes, the type is clear, the paper good, the matter excellently arranged, and so far as we have been able to test the references we have found no mistakes. The only criticism we would make is that we wish it could have been brought down to a more recent period. The references end with the journals of 1896. This is a pity, as much interesting material has accrued since then. This kind of work needs to be kept up to date, and a supplement should be published at least every ten years, if not oftener. Doubtless the labour in connection with this Index has been very great, and the editors may feel that they deserve a rest; we hope, nevertheless, they will not allow the arrears to go on increasing, but will take measures to ensure the early production of a supplement which shall bring the Index down to 1906.

"The Waste of Daylight." A Pamphlet by Mr. William Willett, of Sloane Square, S.W.¹

MR. WILLETT, like Byron, must have awoke one morning to find himself famous, for this able and interesting pamphlet already has received the commendation of every competent critic who has written on it. As a public economist, Mr. Willett notes the valuable hours of summer sunlight daily wasted by our conventional arrangements, and our absurd preference for the hours of darkness, with which we seek to replace the heliosthenic loss. He advocates, in the interests of the commonwealth, that our hours of activity should be brought more into line with the available hours of sunlight, and is therefore acting on sound and scientific lines.

¹ Copies of this Pamphlet are issued only by the Author.

The enormous loss to the community in health, in time and in dollars, by refusing to commence our daily activities in summer until the sun is high in the heavens, is only realised by the calculating economist. As regards dollars alone, Mr. Willett estimates that by his plan there would be an annual saving of £2,500,000 in Great Britain and Ireland. As regards time, the available daylight during the sun-potent periods of the year would amount to "eighty minutes more after 6 p.m. every day during May, June, July and August, and an average of forty-five minutes more every day during April and September." As regards health, the leisure thus afforded for out-door recreation during the time of sunshine should add inches to the chest-measurement and something to the foot-pounds of οἱ πολλοί.

Mr. Willett's plan—apparently the *ne plus ultra* of simplicity and practicability—has received an approving criticism by experts in the public press. So sound an economist as Lord Avebury, so renowned a scientist as Sir Robert Ball, have pronounced in its favour. The detail of the suggested alteration is duly set forth in the pamphlet, which we would counsel our readers to forthwith obtain and digest.

That Mr. Willett is a notable homœopath, with cosmopolitan energies that range from Sydney, N.S.W.—whose Homœopathic Hospital he took a vigorous initiative in establishing—to Southport in the British Islands—where the erection of a new Homœopathic Hospital has recently engaged his present attention—will add to our appreciation of his many-sidedness. And as a great employer of labour, with a familiar knowledge of fiscal problems, none could be better equipped to deal with the actual practical bearings of the reform he advocates than Mr. Willett himself.

The Enthusiasm of Homœopathy. By John H. Clarke, M.D. (reprinted from the *Journal of the British Homœopathic Society*, January, 1907). London Homœopathic Publishing Co., 12, Warwick Lane, E.C., 1907.

THIS little book is the presidential address given by Dr. Clarke before the British Homœopathic Society at the opening of the Session 1906-7. Many who heard Dr. Clarke's stirring address will be glad to have it in this form. In it

Dr. Clarke endeavours to infuse some of his own enthusiasm for the cause of homœopathy into the breasts of his hearers and as an illustration of what enthusiasm can do, he narrates the story of Dr. Mure who, originally a French merchant of Palermo, was struck down with phthisis pulmonalis, and after being despaired of by his allopathic physicians, was cured by the homœopathic treatment of Dr. Count des Guidi. Abandoning commerce he studied medicine and obtained the legal qualifications for practice, and by his untiring devotion to homœopathy he succeeded in establishing that system firmly in Sicily, did much to forward it in Paris, and then, crossing the Atlantic, laid the foundation of the homœopathic movement in Brazil. Dr. Clarke draws from the career of Mure encouragement for a forward policy, and the necessity for taking the public more into our confidence with regard to our practice and aims.

The Physician's Diary and Case-book for 1908. London, Keene and Ashwell, Ltd., 6, South Molton Street, W.

WE have received the above for 1908, and have once again, as in many former years, to recommend it heartily to our colleagues. It is a most useful addition to the consulting-room, and should be in the hands of every practitioner. It not only, as formerly, contains a quarto page for every three days, for short notes, appointments, or memoranda, but this is followed by a lettered index, and about 200 pages of blank quarto paper for fuller notes of cases. There is also the usual information and general almanack details.

Notices, Reports, &c.

CALCUTTA HOMŒOPATHIC COLLEGE.

THE Annual Meeting and Prize Distribution of this College was held at the General Assembly's Institution, on Saturday evening, September 28. The Hon. Jogendra Chandra Ghosh presided, and there was a large attendance.

Dr. Chandra Sekhar Kali, Secretary, read the annual report, which stated that the College was started in 1902 with thirteen

students, while last year there were seventy-nine students. The College had been divided into two sections, namely : (1) the English ; and (2) the Vernacular. For both these sections a three years' course was compulsory for the final examination. There was another examination in the College styled the "Special Membership Examination." On July 10 last the College was registered under Act XXI. of 1860, by which the College became a public institution. It was hoped that the College would have a building of its own.

The President then gave away the prizes, and afterwards briefly addressed the gathering. He referred to the rapid strides homœopathy was making, and dwelt on the excellent work done by the Calcutta Homœopathic College, and exhorted the students to be diligent and studious, and make the best use of their time and opportunities.

BRITISH HOMŒOPATHIC SOCIETY.

THE second meeting of the Session was held at the London Homœopathic Hospital on November 7th, at 8 p.m. Dr. A. SPEIRS ALEXANDER, the President, was in the chair.

Edwin Cronin-Lowe, M.B., B.S.Lond., was balloted for, and elected a member of the Society.

Mr. DUDLEY WRIGHT showed a specimen of a calculus removed from the pelvic portion of the ureter with successful result.

Dr. J. HERVEY BODMAN exhibited a large gall-stone occluding the ileum, and which caused fatal intestinal obstruction ; it occurred in an old lady who declined operative interference. Dr. Bodman also showed photographs of a case of bilateral herpes zoster on the left side of the trunk and in the bend of the right elbow.

Dr. E. A. NEATBY showed a large fibro-adenoma of the breast undergoing myxomatous degeneration, and which had existed more than twenty years. It had been successfully removed by operation.

Mr. DUDLEY WRIGHT then showed to the Society a case of rodent ulcer of the left side of the nose near the orbit in a woman, and which had been cured by two applications of zinc electrolysis by means of zinc point electrodes.

Dr. J. HERVEY BODMAN then read a striking paper entitled "The Curability of Acute Tuberculosis." His conclusion that acute tuberculosis is curable, if treated early enough, was based on the cure of four consecutive cases in which meningeal involvement was present or threatened; and on four consecutive cases in which peritoneal involvement predominated. The cases, which were fully related, were of an unusually interesting character, and the successful result in all of them was mainly due to the persevering use of *calcarcea carbonica*, usually in the 30 dilution. Other medicines were used intercurrently, such as *bell.*, *iodoform*, *iodine*, and *tuberculinum* in the meningeal cases, and *ars-iod*, *iodine*, *tuberculinum* and the local inunction of *vasogen-iodine* in the peritoneal cases. A discussion followed, in which the President and Drs. Byres-Moir, Day, Clarke, Stonham, Watkins, Burford, Neatby and Hey took part. Praise was unstintedly given to the author's paper—one of an unusually high order.

Dr. C. E. WHEELER then read a paper entitled "The Relation of Phosphorus to the Opsonic Power of the Blood over the Tubercle Bacillus." The paper was an epitome of some original work done by Dr. Wheeler on the power of phosphorus to influence the opsonic index of the blood for the tubercle bacillus, and was the outcome of some experiments on his own person extending over many months. After determining the normal opsonic index of his blood to the bacillus of tubercle he, on several occasions, took doses of phosphorus 3 x., with the result that every time there was a marked rise of the opsonic power. The inference drawn was that phosphorus and the tubercular poison affected the blood in the same way, both increasing its bacillus digesting power, and that therefore, in his case at least, phosphorus would be the homœopathic remedy to tubercular disease. Dr. Wheeler's experiments were illustrated by diagrams of curves showing the fluctuations of the opsonic index of his blood before and after taking the phosphorus. The original work had been carried out in the laboratory of the British Homœopathic Association: and much interest was evoked by the description of the special measures taken to ensure accuracy in the opsonic findings, which were in each case independently checked by Mr. Collings, the laboratory assistant. The paper

was enthusiastically received, and the subsequent discussion, opened by the President, was joined in by Drs. Madden, Neatby, Watkins, Storrar, Byres-Moir, Goldsbrough, Hey and Macnish.

BRITISH HOMŒOPATHIC ASSOCIATION.

SUBSCRIPTIONS and Donations received from August 21st to November 19th, 1907.

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BOOKS AND PERIODICALS RECEIVED.

St. Louis Medical Review, The American Physician, The Calcutta Journal of Medicine, Medical Century, The Medical Times, The Vaccination Inquirer, Le Mois Medico-Chirurgical, The Hahnemannian Monthly, The Chironian, The Homœopathic Envoy, The New England Medical Gazette, Pacific Coast Journal of Homœopathy, The Medical Brief, The Homœopathic Recorder, The North American Journal of Homœopathy, The Homœopathic World, The Indian Homœopathic Review, Universal Homœopathic Observer, L'Art Médicale, Revue Homœopathique Française, Revue Homœopathique Belge.

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